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MAJOR PSYCHOLOGICAL PROBLEMS IN BREAST CANCER PATIENTS-OVERVIEW

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Abstract:

During the diagnosis and treatment stages, cancer patients may experience emotional and behavioral changes. This might express itself as a psychiatric condition as well as modest emotional signs and behaviors. Anxiety, sadness, adjustment disorders, and other mental diseases that are likely to be generated by medicine and general physical state are examples of psychiatric disorders. This review was conducted through searching the databases, up to 2021, May. It is also vital to address cancer patients' quality of life and offer them with emotional and psychosocial support. Every change in this process should be thoroughly monitored by an expert; all forms of mental changes that impair adherence to the treatment process should be addressed promptly, and social and medical assistance should be evaluated.

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INTRODUCTION:

According to data published by the World Health Organization, The global cancer burden has more than doubled in the previous 30 years [1]. Breast cancer is the most frequent type of cancer in the world, and one in every eight women will be diagnosed with it during their lifetime. Radiotherapy is the primary cancer treatment for more than half of all breast cancer patients (63%) [2]. However, many people are scared that they still have cancer or that it will return following therapy [3]. Any cancer diagnosis causes major psychosocial problems for the patient, his or her family, and society, as well as significant workforce losses [1]. It is a challenging disease that induces a crisis in the patient's psychological balance and is perceived as a disaster in the eyes of the patient and his/her family, causing significant physical and mental consequences including feelings of fear, helplessness, remorse, desperation, and abandonment [3]. Although behavioral factors have a role in the development of cancer, psychiatric difficulties may arise in cancer patients due to a variety of psychological effects with neurophysiologic and perceptual characteristics. Such mental problems and psychological challenges impede the patient's adjustment abilities and quality of life, as well as the course of disease and responsiveness to therapy [4]. The prevalence of psychiatric disorders in patients with cancer reportedly ranges from 29% to 47%. Depression can interfere with medication adherence and have a detrimental impact on illness progression, lengthening hospitalization and increasing treatment costs [5]. Recent research suggests that socioeconomic position, social support, performance capacity, recent losses, and awareness of a cancer diagnosis may all influence the prevalence of psychiatric problems [6,7]. Cancer, in addition to being persistent and malignant, is a significant cause of emotional, mental, and behavioral reactions. In this sense, it is important to identify mental problems and underlying factors in order to understand the patient better, to facilitate his/her adjustment to the new state, and to plan a proper approach [7].

Breast cancer, on the other hand, is the most frequent cancer type among women and has always been the most researched cancer type in terms of its mental and psychosocial elements since it threatens an organ that represents femininity and sexuality [8]. In the case of breast cancer, first reactions are usually related to pain and death, and subsequent reactions are concerning breast loss, which may occur as a result of surgical therapy. Breast loss, as an organ that embodies motherhood, sexuality, and esthetics, is commonly seen as a loss of attractiveness, fertility, sexuality, and femininity in general [9]. Moreover, chemotherapy, radiotherapy, and surgical treatments lead to deterioration of the quality of life to a considerable extent, and to certain adverse physiological and mental effects such as anxiety, depression, body dysmorphic disorder, infections, and vomiting [10].

METHODOLOGY:

Literature search was done through electronic databases; PubMed, Embase, and other. For all relevant articles that were published in purpose of mental health among breast cancer patients, that were published till the middle of 2021. No limitation to any language.

DISCUSSION:

In the diagnostic phase of breast cancer, social support has been viewed as a positive coping resource, having an anxiety-reducing effect and being essential in explaining disparities in women's coping techniques. In the diagnostic phase, findings on the relationship between demographics, anxiety, and stress have been contradictory. In terms of age, younger women have been reported to be more anxious [11]. Age, on the other hand, has been observed to be unrelated to anxiety and to be connected to higher levels of anxiety [12]. However, several of these studies had methodological flaws. Chen et al. [13], for example, included only women under the age of 65. When the emphasis has been placed on demographic variables and coping with a potentially or actually breast cancer diagnosis, more maladaptive coping strategies have been linked to low levels of education in women recalled after mammography screening, low age in women with newly diagnosed breast cancer, or both of these variables in breast cancer survivors [14,15]. In contrast, age was unrelated to coping among a study of women before and after diagnosis, and in women with breast cancer, low age was even linked to adaptive coping [16].

In addition to family and social issues, there are additional personal domains in which breast cancer can have an impact on a woman's life, including physical, psychologic, and social adjustments [17]. Several emotions that occur with a breast cancer diagnosis have been discovered in preliminary research. These emotions include feelings of estrangement, hopelessness, depression, animosity, and low self-esteem. These sentiments, which were described many years ago, are today recognized as major emotional components of the breast cancer experience. These difficulties are so emotionally charged that even women who are requested to return for extra evaluation and whose results ultimately show to be normal continue to have concerns one month

later [18]. Early study in this area tried to uncover the variety of emotional concerns linked with a breast cancer diagnosis. Recent studies have attempted to clarify particular factors, such as the effect of time since therapy, specific treatment suggestions, and the availability of support systems. Hanson and colleagues discovered variances in emotional challenges for women at different stages of the "disease trajectory" (e.g., freshly diagnosed vs recurring) and recommended physicians to understand these disparities in order to handle their patients' concerns more effectively [19]. The range of emotional outcomes varies depending several variables, including the medical realities of the disease, the patient's prediagnosis psychologic status and existing coping skills, and the availability of support [20]. For some patients, the reaction to breast cancer has been compared with the emotions of a person experiencing post-traumatic stress disorder (PTSD) [21,22]. Other investigators have cautioned that this comparison is inaccurate and overstates the situation, despite the fact that there is some similarity between the emotions of women with breast cancer and those of patients with PTSD [23,24]. Although there is considerable consensus that the symptoms experienced by women are better characterised as severe adjustment reactions rather than full-fledged psychopathology, one study indicated that the symptoms qualified as real psychiatric illness. According to several studies, the level of depression among women with breast cancer is twice that of the general population. According to Payne and Massie91, 10% to 25% of women develop depression that requires therapy, but others expect spontaneous remission of anxiety and despair. Clearly, many breast cancer patients face considerable emotional challenges [25,26].

The Lee-Jones *et al* FCR model is based on Leventhal's self-regulatory model of sickness behavior and consequently shares many similarities [27,28]. However, the model is tailored to cancer, with a focus on recurrence anxiety, and integrates the interaction of internal cues (symptom representation) and external cues (health professionals, media, family, and the individual's past coping behavior). These triggers also interact with cognitions and emotions, where the individual's perception of recurrence risk, driven by beliefs and negative sentiments such as fear, may play a role in FCR development. The consequences of these interactions can lead to both behavioural responses, such as excessive body checking, and negative psychological effects such as increased anxiety and interpreting neutral somatic stimuli as symptoms of cancer. As Soriano et al [29] demonstrated, FCR in breast cancer patients was connected with same-day monitoring behavior, which was prompted by internal and external daily life events such as skin discomfort, tingling sensations, and unfavorable encounters with health professionals. These triggers may be present in patients who are still receiving therapy as well as survivors. As with Leventhal's model, the Lee Jones et al model should be regarded as dynamic, with feedback loops connecting cognitions and emotions that may alter throughout the treatment as a result of internal and external signals, resulting in psychological impacts and behavioral reactions [30].

Women continue to describe strong emotional reactions to the skin changes, weight gain, and hair loss associated with chemotherapy, despite advances in the ability to mitigate some of the other traditional side effects of treatment [31]. Early research noted emotional difficulties in women receiving chemotherapy. Fatigue has been a major problem. One third of breast cancer patients have more severe fatigue when compared with age-matched controls.17 One study found that women with breast cancer who added exercise to their weekly routines had fewer days of higher fatigue levels [32]. Treatment-related fatigue also has been found to affect the ability to concentrate. In general, patients who have received chemotherapy have been found to have significantly more problems with memory and concentration. Many women seem intent to master the trials of this time and to move through the months of treatment with little interruption in their lives, whereas others report feeling totally hostage to the treatment regimen and feel the rhythm of their lives captive to the effects of chemotherapy treatment [33,34]. Women receiving radiotherapy face a range of emotional hardships. Fatigue, sleep disturbances, difficulty with concentration, and depression have been reported. Often, women have difficulty accepting the skin changes they may experience and have a negative reaction to having been ‘‘branded’’ by the tattoo markings [35,36].

CONCLUSION:

Breast cancer diagnosis, surgery, chemotherapy, and radiotherapy all result in side effects that can be misinterpreted as symptoms. These side effects, such as swollen and itchy skin and tingling sensations, can be internal triggers that cause patients to be concerned. As a result, how symptoms are interpreted can impact illness depictions. Patient views regarding cancer symptoms and radiation treatment side effects might make evaluating symptoms and determining the source of sickness difficult. A prominent theme was catastrophizing symptoms and experiences related to cancer and its treatment, indicating a possible coping

method to lessen anxieties about treatment side effects and associated experiences. Finally, evidence of failure of emotional/fear processing in patients due to early surface reassurance by health providers was discovered.

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