ORIGINAL ARTICLE

Assessment of Depression among cancer patients in a Public Sector Cancer Hospital of Lahore

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ABSTRACT

Background: A cross-sectional study was conducted to assess depression in sixty patients of different types and stages of cancers.
Aim: To assess the effect of education, economic status and the duration of cancer causing depression
Methods: A cross-sectional study using questionnaire was carried in June 2018 at Inmol Hospital Lahore.
Results: The cross tabulation between various factors and the cancer patients with anxiety and depression yielded the following factors as significant with associated value <0.5: Family history of cancer, education of patient, awareness about anxiety and depression and severity of pain. Out of 60, 33(55%) did not have unpleasant thoughts while 3(5%) had such thoughts.
Conclusion: The study showed that the patients suffer from depression worsening their prognosis. Counseling and screening can improve their health.
Keywords: Assessment, depression, cancer, patients, public

INTRODUCTION

During biomedical care of cancer, the psychological progressions are not paid due attention[1]. For the assessment of clinical and demographic traits along with determination of risk factors for depression in patients after being diagnosed of cancer, the studies have been carried out[2]. While comparing objective traits of sickness and perception of sickness itself, the latter was concluded to be the better predictor[3]. Use of antidepressants is lesser in depressed cancer patients than in the patients suffering from depression only[4]. Studies regarding religious coping and religiosity among cancer patients are scant. Depression is more prevalent in those cancer patients who possess lesser levels of faith and indulge less in religious activities[5]. Music therapy is also positively recommended to decrease the depression levels in cancer patients[6]. The prevalence of both the pre and post cancer depression incidences in older patients with head and neck patients has also been studied[7]. Depression is highly prevalent in cancer patients[8], in which existence of depression is a known fact[9]. Several emotional upheavals and stressors are experienced by cancer patients[10]. Cancer patients face death fears, changes in physical appearance, devastation of life planning, drastic change in life style and sociability[11]. For Pakistan, prevalence of depression and associated factors of cancer patients remained obscure[12].

METHODOLOGY

In INMOL Cancer Hospital Lahore, the study was conducted to assess the depression using questionnaire (instrument) DSM-5 Self-Related Level 1 Cross Cutting Symptom Measure-Adult[13]. INMOL (Institute of Nuclear Medicine and Oncology Lahore) is a public sector hospital for cancer patients giving them free medicine and rehabilitation. Nearly all cancer patients of hospital were taken as study population at the study time. Sixty patients consented to participate in research. Data was collected from them by the above mentioned instrument. Maximum age was eighty eight and minimum age as sixteen. Mean age was 45.5 years having standard deviation 15.3. Twenty six (43.3%) patients were male and 34(56.7%) were female. The resulted frequencies were shown in the tabulated form.

RESULTS

Maximum age was eighty eight and minimum age as sixteen. Mean age was 45.5 years having standard deviation 15.3. Twenty six (43.3%) patients were male and 34(56.7%) were female. Seventeen patients (28.3%) showed none interest (not at all) in doing things. Twenty one patients (35%) had shown rare interest. Ten (16.7%) thought that they express interest in many days (mild), 5(8.3%) showed half day interest (moderate), 7(11.7%) had shown that that have interest in doing things daily (severe). Different frequency distributions are shown in the following tables.

Table 1: Frequency distribution of cancer patients according to interest in doing things

Interest in doing things	Frequency	Percent
None	17	28.3
Rare	21	35.0
Several days	10	16.7
Half a day	5	8.3
Every day	7	11.7
Total	60	100.0

Table 2: Frequency distribution of cancer patients according to feeling of depressed or hopeless

Feeling of Depressed or Hopelessness	Frequency	Percent
None	18	30.0
Rare	14	23.3
Several days	11	18.3
Half a day	12	20.0
Every day	5	8.3
Total	60	100.0

Table 3: Frequency distribution of cancer patients according to feeling of irritated, grouchy and angry

Feeling of Irritated, Grouchy and Angry	Frequency	Percent
None	20	33.3
Rare	17	28.3
Several Days	9	15.0
More than half a day	6	10.0
Every day	8	13.3
Total	60	100.0

Table 4: Frequency distribution of cancer patients according to sleeping less than usual but energetic

Sleeping less than usual but energetic	Frequency	Percent
None	25	41.7
Rare	10	16.7
Several days	12	20.0
More than half a day	5	8.3
Every day	8	13.3
Total	60	100.0

Table 5: Frequency of cancer patients according to unpleasant thoughts, urges, images and mental acts

Unpleasant thoughts, Urges, Images and Mental acts	Frequency	Percent
None	33	55.0
Rare	14	23.3
Several days	6	10.0
Half a day	4	6.7
Every day	3	5.0
Total	60	100.0

DISCUSSION

One of the common complications in cancer patients is the state of depression[14]. In current study 11(18.3%) cancer patients remained depressed or hopeless for several days. Current research literature supports the fact that about 25% patients suffering from cancer have clinically significant depression[15]. Depression remains usually un-diagnosed and hence untreated in patients suffering from cancer. On the other hand the research studies to examine the predictive value of instruments to detect it are also scant[16]. If untreated, depression in cancer patients leads to poor compliance with treatment, lengthy hospital stays and enhanced morbidity and even mortality. Such patients are more prone to suicide than none- cancer patients[17]. In current study 6(10%) cancer patients had unpleasant thoughts, urges, images and mental acts for several days. Moreover 9(15%) cancer patients showed angriness and irritation for several days. Lifetime depression in depressed cancer patients was not more than none-depressed patients[18]. Associations were also studied between assessments of mortality and depression in these patients[19]. Five areas for depression in cancer patients may be emotional inhibition, psychiatric assessment, hopelessness in depression and its test measurement[20]. In the current study, twenty one patients (35%) had shown rare interest. Ten (16.7%) thought that they express interest in many days (mild), 5(8.3%) showed half day interest (moderate), 7(11.7%) had shown that that have interest in doing things daily (severe). Female gender, altered role in society and decreased physical activity are additional factors to predict depression. Because untreated depression could lead to high mortality, an evidence based interventions are required in this regard[21]. Twenty six (43.3%) patients were male and 34(56.7%) were female in our study. Some evidence-based reports have also reviewed the literature in context with depression in cancer patients putting more emphasis on assessment, occurrence and treatment[22]. HADS (Hospital Anxiety and Depression Scale), GHQ28 (The General Health Questionnaire 28) and RSCL (Rotterdam Symptom Checklist) are valid instruments for detection of depression in patients suffering from cancer[23]. Even well implemented instruments to screen distress are considered insufficient to precisely identify psychological load on genetic testing[24]. Patient Health Questionnaire PHQ-9 is usually used screening instrument regarding depression in research in clinical settings. If gender and age is not considered, the burden of Hodgkin lymphoma and testis cancer is underestimated[25]. For cancer patients, studies have proved that PHQ-9 (The Patient Health Questionnaire) is a valid instrument to test depression[25]. A study also proved that HAD (Hospital Anxiety and Depression Scale) is also a valid tool in clinical settings to predict depression after passing six months of cancer diagnosis[26]. In current study we have used questionnaire DSM-5 Self-Related Level 1 Cross Cutting Symptom Measure-Adult, as an instrument[13]. Further studies are required to prove that if differences are there in depression prevalence due to cancer type, level of treatment and the type of instrument used to detect it[27].

CONCLUSION

The study showed that the cancer patients suffering from depression have worse prognosis. Counseling and screening can improve their health.

REFERENCES

1. Khalil A, Faheem M, Fahim A, Innocent H, Mansoor Z, Rizvi S, et al. Prevalence of depression and anxiety amongst cancer patients in a hospital setting: a cross-sectional study. Psychiatry journal. 2016;2016.
2. Cardoso G, Graca J, Klut C, Trancas B, Papoila A. Depression and anxiety symptoms following cancer diagnosis: a cross-sectional study. Psychology, health & medicine. 2016;21(5):562-70.
3. Goldzweig G, Hasson-Ohayon I, Alon S, Shalit E. Perceived threat and depression among patients with cancer: The moderating role of health locus of control. Psychology, health & medicine. 2016;21(5):601-7.
4. Jacob L, Kostev K, Kalder M. Treatment of depression in cancer and non-cancer patients in German neuropsychiatric practices. Psycho-oncology. 2016;25(11):1324-8.
5. Ng GC, Mohamed S, Sulaiman AH, Zainal NZ. Anxiety and depression in cancer patients: the association with religiosity

and religious coping. Journal of religion and health. 2017;56(2):575-90.
6. Jasemi M, Aazami S, Zabihi RE. The effects of music therapy on anxiety and depression of cancer patients. Indian journal of palliative care. 2016;22(4):455.
7. Rieke K, Boilesen E, Lydiatt W, Schmid KK, Houfek J, Watanabe-Gallow ay S. Population-based retrospective study to investigate preexisting and new depression diagnosis among head and neck cancer patients. Cancer epidemiology. 2016;43:42-8.
8. Jadoon NA, Munir W, Shahzad MA, Choudhry ZS. Assessment of depression and anxiety in adult cancer outpatients: a cross-sectional study. BMC cancer. 2010;10(1):594.
9. Trask PC. Assessment of depression in cancer patients. JNCI Monographs. 2004;2004(32):80-92.
10. Pinquart M, Duberstein P. Depression and cancer mortality: a meta-analysis. Psychological medicine. 2010;40(11):1797-810.
11. Ibbotson T, Maguire P, Selby P, Priestman T, Wallace L. Screening for anxiety and depression in cancer patients: the effects of disease and treatment. European Journal of Cancer. 1994;30(1):37-40.
12. Lynch ME. The assessment and prevalence of affective disorders in advanced cancer. Journal of Palliative Care. 1995;11(1):10-8.
13. Association AP. DSM-5 self-rated level 1 cross-cutting symptom measure–adult. Arlington, VA: American Psychiatric Publishing. 2013.
14. Bottomley A. Depression in cancer patients: a literature review. European Journal of Cancer Care. 1998.
15. Nordin K, Berglund G, Glimelius B, Sjödén P-O. Predicting anxiety and depression among cancer patients: a clinical model. European journal of cancer. 2001;37(3):376-84.
16. Akechi T, Okuyama T, Onishi J, Morita T, Furukaw a TA. Psychotherapy for depression among incurable cancer patients. Cochrane Database of Systematic Review s. 2008(2).
17. Hopko DR, Bell JL, Armento ME, Robertson SM, Hunt MK, Wolf NJ, et al. The phenomenology and screening of clinical depression in cancer patients. Journal of Psychosocial Oncology. 2007;26(1):31-51.
18. Ciaramella A, Poli P. Assessment of depression among cancer patients: the role of pain, cancer type and treatment. Psycho-Oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer. 2001;10(2):156-65.
19. Pirl WF. Evidence report on the occurrence, assessment, and treatment of depression in cancer patients. JNCI Monographs. 2004;2004(32):32-9.
20. Aass N, Fosså S, Dahl A, Aloe T. Prevalence of anxiety and depression in cancer patients seen at the Norw egian Radium Hospital. European journal of cancer. 1997;33(10):1597-604.
21. Bieliauskas LA, Garron DC. Psychological depression and cancer. General Hospital Psychiatry. 1982;4(3):187-95.
22. Krebber A, Buffart L, Kleijn G, Riepma I, De Bree R, Leemans C, et al. Prevalence of depression in cancer patients: a meta-analysis of diagnostic interview s and self-report instruments. Psycho-Oncology. 2014;23(2):121-30.
23. Pasquini M, Biondi M. Depression in cancer patients: a critical review. Clinical Practice and epidemiology in mental health. 2007;3(1):2.
24. Ringw ald J, Wochnow ski C, Bosse K, Giel KE, Schäffeler N, Zipfel S, et al. Psychological distress, anxiety, and depression of cancer-affected BRCA1/2 mutation carriers: a systematic review. Journal of genetic counseling. 2016;25(5):880-91.
25. Hinz A, Mehnert A, Kocalevent R-D, Brähler E, Forkmann T, Singer S, et al. Assessment of depression severity w ith the PHQ-9 in cancer patients and in the general population. BMC psychiatry. 2016;16(1):22.
26. Bailey R, Geyen D, Scott-Gurnell K, Hipolito M, Bailey T, Beal J. Understanding and treating depression among cancer patients. International Journal of Gynecologic Cancer. 2005;15(2):203-8.
27. Evans DL, McCartney CF, Nemeroff CB, Raft D, Quade D, Golden RN, et al. Depression in w omen treated for gynecological cancer: Clinical and neuroendocrine assessment. The American journal of psychiatry. 1986