Review Article

A Review on Psychological Changes in Cancer Patients and its Management

Ch.V. Hemanth*, P. Nagaraju, V. Nuthansri, K. Priya and P. Seetharmaiah

Hindu college of pharmacy, Guntur, Andhra Pradesh, India.

ABSTRACT

Over the last several years, there has been a growing interest for the psychological aspects of cancer due to its severe impact on quality of life. Cancer is associated with depression and depressive symptoms. Depressive symptoms are markedly rise in the first 6 months of cancer diagnosis and gradually decreases over the time. Post-traumatic growth which had impact on the quality of life in cancer patients, associated with some psychological distress.Breast cancer patients are more commonly proned to anxiety rather than depression. Depression in cancer patients can be assessed by using standard scales like HADS, CSAS and WHO scale. The scales can provide the status of patient about mild, moderate and severe depression. Adequate nutritional status requirement and early detection of depression and other effects can lead to increase quality of life of patient in cancer patients. Several pharmacologic and non-pharmacologic interventions are available to treat depression in cancer.

Keywords: Cancer, Depression, psychological distress, Interventions.

INTRODUCTION

It is a well-known fact that cancer is a major cause of death worldwide with 14 million new cases in 2012 and new cases expected to rise by 70% over the next two decades. Psychologicalchanges in cancer patients has become the focus of intensive research efforts in recent years due to increased global burden. WHO estimates the unipolar major depression will be another major cause of death by the year 2030. It has been found that young adults are more likely to develop certain cancers like lymphomas, leukemias, invasive skin cancer, genital tract malignancies, endocrine cancers, brain and spinalcord tumours and breast cancer. Young women are more likely to develop triple-negative basal cell breast cancer.

EPIDEMIOLOGY

Psychiatric problems in patients who are suffering from cancer are most common, depression and anxiety symptoms range from 16% to 42%, minor depression or dysrthymic 20%, major depressive disorder ranges from 5% to 15%. The younger age is highly associated with higher rates of psychological distress and psychiatric syndromes.The untreated psychological conditions has major impact on the quality of life of patient. There is a considerable heterogenecity in psychological distress of colorectal cancer patients. Post-traumatic growth which impact the quality of life in cancer patients,associated with some psychological distress.

While most patients will regain normal levels of psychological health over time, a substantial number will experience longer-term effects and potentially disabling psychological morbidity. As the first line of clinical support for women at the time of diagnosis, oncology providers have a critical role in the screening and referral of psychological morbidity in breast cancer patients. Distress, according to the NCCN guidelines, is “an unpleasant experience of an emotional, psychological, social or spiritual nature that interferes with the ability to cope with cancer treatment. Anxiety and depression are common components of distress experienced by cancer patients.

It has found that patients with co-occurence of anxiety and depression especially women with breast cancer are younger, non-white, had lower performance status, received chemotherapy, had greater difficulty dealing with their disease and reported less support. Higher levels of symptoms of anxiety and depression are

associated with hopelessness, loss of control, decrease in life satisfaction and reported poorer QOL. The prevalence of psychological disorders in cancer patients range from 29% to 47%. Psychological distress is mainly found in young black patients. Some findings suggest that preventive methods for psychological problems in cancer patients may have a moderate effect upon anxiety but not depression.

Depressive symptoms are markedly rise in the first 6 months of cancer diagnosis and gradually decreases over the time. Cancer adults have 2 to 3 fold increase in the prevalence of insomnia symptoms compared to healthy adults.Sleep has key consequences for pro-inflammatory cytokine expression, loss of total sleep time which causes increases in production and circulating IL-6 levels.

Diagnosing the cancer in patients after one year, have impaired health related quality of life and a prevalence of anxiety of 37% and depression of 46% among cancer survivors in low-middle income countries especially in south-east asia. The patients mainly suffering from lung-cancer or lymphomas, advanced stage of cancer, low income status reported lowest health related quality of life and also anxiety and depression.

CAUSES

The dysregulation in nocturnal cortisol may result in functional disability, fatigue and vegetative depression. Cortisol also provides energy during the stress response, with chronic stress the negative feedback system regulating cortisol becomes impaired. In breast cancer patients, anxiety is the more common psychological problem faced by them rather than depression. So, the levels of anxiety should be diagnoses, early identification and therapy needed for maintenance of psychological well-being of breast-cancer patients.

The causes of poor physiological, psychological and immune outcomes in cancer patients is due to psychological disorders. Bladder or kidney cancer patients are not only faced with stressors like pain, fatigue, altered sexual/urinary function but also with psychological disorders like depression, anxiety, PTSD which is common among the cancer patients.

Psychological distress not only limited to the breast cancer, colorectal cancer but also has effect on ovarian cancer patients due to the aggressive nature of the illness and treatment. Social support was not related to the psychological morbidity. Ovarian cancer patients may be at high risk of developing psychological morbidity.

Fatigue, metastatus and functional limitations are the best interventions used to predict psychological distress than pain, duration of illness, psychosocial conditions or previous psychiatric treatment. Younger adults, Caucasians, those who were married were likely to have problem with sexual interest.

DIAGNOSIS

There are two main confounding factors in the assessment of depression in cancer patients. First, the distinction between normal sadness or greif and symptoms indicating a depressive episode is not well defined. Indeed, a phase of reduced mood or depression is considered part of healthy coping with grief. Further, such reaction patterns may recur as the disease progresses, by treatment failure, or by findings of metastases. Therefore, also time criteria may not capture the dynamics of disease progression.A second confounder is the lack of specificity of the depressive symptoms.

The ICD-10 and DSM-4 criteria for depressive episode include symptoms that are often present in patients with cancer as well, eg –loss of appetite, low energy levels or sleep disturbance.

Psychological interventions of patients with cancer are largely effective in reducing negative outcomes of treatment. Interventions can improve emotional adjustment, quality of life and patient satisfaction is the important goal.The pharmacological interventions are mainly depend upon the type and risk of cancer, there is general support for the correlation between the magnitude of disease/treatment and psychological and behavioural endpoints across sites of disease.

TREATMENT

The treatment of depression is mainly divided into two categories: Psychosocial and pharmacological interventions.

The single most important component of effective group therapy is cohesion-the bonding, collaborative, working alliance among members. Regarding use of treatment techniques, it is logical that patients who use intervention strategies have better outcomes. Over the past 30 years, a number of studies have suggested that anti-depressants can be effective in the treatment of depressive symptoms in patients with cancer. Malnutrition and psychological distress are seen in patients with head and neck

cancer and are inter-linked. Along with anti-depressants, cognitive behavioural therapy is recommended for depression and may be beneficial in depressed people with cancer. Meaning-centered group psychotherapy shows the better efficacy to reduce psychological distress or problems and improve spiritual well-being in patients with advanced cancer.

Depression in cancer can be best managed with a combination of supportive-psychotherapy cognitive-behavioural techniques and anti-depressant medication. Psychosocial intervention used to help individuals, families and groups. Cognitive behavioral therapy explore patients beliefs about the cancer diagnosis and its treatment in order to evoke unhelpful thoughts like helplesnes or hopelesness and correct these thoughts with new coping behaviours like relaxation.Group and individual treatment has shown to be effective in reducing depressive symptoms and distres and in improvement in quality of life. Psychopharmacologic interventions involved in the management of depression in cancer patients. Anti-depresants used in the treatment of depression in cancer are tri-cyclic anti-depressants, seretonin-selective reuptake inhibitors, heterocyclic anti-depressants and psycho-stimulants. Medication may help increase in patients ability to participate in rehabilitation services and improve overall functioning. Depressed patients who are suffering from insomnia may get benefit from mode sedating tri-cyclic anti-depressants, the patients with fatigue may be benefited from low-sedating seretonin-selective reuptake inhibitors. Cardiac-arrhytmias, ortho-static hypertension, cholinergic effects are the main side-effects of depression and the health care provider should be aware of it.The side efects of SSRIs include nausea apetite-supression, amnoehrroea and anorgasmia may be considered. The tri-cyclic anti-depressants like amitryptylline, doxepin, nortryptylline can be used in cancer.

Tricyclic anti-depressants should be started at a low dose 10-25mg at bed time and increased slowly until the beneficial effect has been achieved. This is especially important for patients who are suffering with advanced disease. The psycho-stimulants like methylphenidate, dextroamphetamine and pemoline offer an alternative for depressed patients with cancer. Mood, apetite and sense of well-being can be improved for the patient at the same time the medication is decreasing feelngs of weakness and fatigue. Tolerance may develop and dose adjustment is necessary. Side effects of stimulants are anxiety, over-stimulation, insomnia, increase in blood pressure, and tremors.

Pemoline has the advantage of having more sympatho-mimetic effects. This agent is available in a chewable tablet which can be absorbed through buccal mucosa, benefit for cancer patients who cannot swallow or have a intestinal obstruction. Cancer patients with depression are often reacting to the burden of the illness and the efect it has on their lives. Cognitive-behavioural techniques are often integrated in to treatment and are very usefull and effective. These therapies explore methods of enhancing coping and problem-solving skills, facilitating communication between the patient and others, social-support networks.

Depression is common in cancer patients and adversely affects many domains of functioning and quality of life, length of hospital stay, treatment compliance, and ability to care for oneself. Suffering is avoidable and psychiatric and psychological symptom control must be an integral component of the overall treatment of cancer patients throughout the course of their illness.

CONCLUSION

The patients with cancer has burden of illness and emotional imbalance due to various factors like social support, family support and others. Depression is commonly seen in such patients and the physician should aware and monitor the patients for depressive episodes or anxiety. Diagnosis the depression in patients early can increase the quality of life of patient with any stage of cancer. Several pharmacological and non-pharmacological therapies are available to treat depression In cancer. Providing appropriate management therapies related to patient can be effective and causes decrease in tolerance.

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