

A Study to Assess Depression among Cancer Patients at Our Tertiary Care Hospital Ajmer: An Hospital Based Study

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ABSTRACT

Background: Individuals and families who face a diagnosis of cancer will experience varying levels of stress and emotional upset. Depression in patients with cancer not only affects the patients themselves but also features a major negative impact on their families.

Aims & Objectives: The aim of this study to assess the association between demographic data and level of depression among cancer patient admitted at our tertiary care hospital Ajmer.

Material and Methods: This descriptive survey approach, 50 samples by using structured interview technique (Hamilton depression rating scale) employed by convenience sampling technique.

Results: Consistent with Hamilton depression rating scale, level of depression 20 (40%) are in mild depression, 17 (34%) are in Moderate depression, 12 (24%) are in normal stage and 1 (2%) are in severe depression. Nobody in very severe depression. No association between demographic variables.

Conclusion: The most outcome of the study that some cancer

patients are always in depression. Any interventional program or awareness program on depression will help the cancer patients to attenuate Depression and that they will develop certain coping strategies.

Keywords: Hamilton Depression Rating Scale, Depression, Anxiety, Emotions.

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INTRODUCTION

Anxiety and depression in cancer patients are related to poor health-related quality of life (HRQOL).^{1,2} Poor HRQOL indicates poor survival.³ Depression may be a co-morbid disabling syndrome that affects approximately 15% to 25% of cancer patients. Depression is believed to affect men and ladies with cancer equally. Individuals and families who face a diagnosis of cancer will experience varying levels of stress and emotional upset. Depression in patients with cancer not only affect the patients themselves but also features a major negative impact on their families.⁴ Stress is usually a trigger for depression and anxiety, and cancer is one among the foremost stressful events that an individual may experience. These conditions may interfere with cancer treatment. For instance, the patients with untreated depression or anxiety could also be less likely to require his cancer treatment medication and continue healthiness habits due to fatigue or lack of motivation. They will also withdraw from family or other social support systems, which suggests they're going to not invite the needed emotional and support to deal with cancer. This successively may end in increasing stress and feelings of despair.⁵

A survey in England of girls with carcinoma showed that among several factors, depression was the strongest predictor of emotional and behavioral problems in their children. Fear of death, disruption of life plans, changes in body image and self-esteem, changes in social role and lifestyle, and financial and legal concerns are significant issues within the lifetime of a person with cancer, yet serious depression or anxiety isn't experienced by everyone who is diagnosed with cancer. Even as patients require ongoing evaluation for depression and anxiety throughout their course of treatment, so do family caregivers.

AIMS & OBJECTIVES

The aim of this study to assess the association between demographic data and level of depression among cancer patient admitted at our tertiary care hospital Ajmer.

MATERIALS AND METHODS

This descriptive survey approach was done by using convenience sampling technique. The study was done at our tertiary care hospital Ajmer oncology department. Ethical permission was

taken. Purpose of the study was explained to the topic. Informed written consent was taken from each subject. 'Hamilton depression rating scale' structured questionnaire was used to assess the extent of depression among cancer patient. Structured questionnaire was prepared to gather demographic data. The info was tabulated and analyzed in terms of objectives of the study using descriptive and inferential statistics.

Table 1: Distribution of Frequency According to Socio-Demographic Variables

Socio Demographic Variable	n	%
AGE (years)		
30-40	6	12%
41-50	10	20%
51-60	13	26%
61-70	18	36%
71-80	3	6%
GENDER		
Female	31	62
Male	19	38
RELIGION		
Hindu	45	90
Muslim	5	10
EDUCATION		
Illiterate	14	28%
Primary	17	34%
Secondary	14	28%
Higher Secondary	2	4%
Graduate	1	2%
Post Graduate	2	4%
OCCUPATION		
Worker	5	10%
Business	7	14%
Farmer	30	60%
Retired	2	4%
Other	6	12%
MONTHLY INCOME		
<5000	20	40%
5000-10000	13	26%
10000-15000	11	22%
15000-20000	6	12%
TYPE OF FAMILY		
Nuclear	18	36%
Joint	32	64%
Extended	0	0
HABITS		
Alcoholism	3	6%
Tabacco chewing	18	36%
Misery	18	36%
Cigarette smoking	5	10%
Other	6	12%
MARITAL STATUS		
Unmarried	2	4%
Married	45	90%
Widow	3	6%

Table 2: Association between demographic variable and levels of depressions

Demographic Variables	X ²	Df	'P' Value	Inference
Age	0.1877	1	0.6532	NS
Sex	1.124	1	0.1985	NS
Religion	5.701	1	0.0157	NS
Education	0.6425	1	0.4112	NS
Occupation	0.4461	1	0.4422	NS
Income	0.05858	1	0.8731	NS
Type of Family	0.001334	1	0.9612	NS
Habit	0.5736	1	0.4723	NS
Marital Status	1.178	1	0.2657	NS

Table 3: Levels of depression according to Hamilton depression rating scale and their demographic percentage

Level of Depression	n	%
Normal	12	24%
Mild	20	40%
Moderate	17	34%
Severe	1	2%

RESULTS

The results showed that maximum patients (36%) were 61-70 yrs of age group. Female preponderance (62%) in our study, in religion Hindu were 45 (90%), in education primary were 17(34%), in occupation Farmers were 30 (60%), in monthly income <5000 20 (40%), in types of family joint family affected more 32 (64%), in habits Tobacco chewing & Misery equally affected 18 (36%), in marital status married were 45(90%). (Table 1)

According to association between demographic variable and depression scale, no variables are associated with depression because p value is greater than 0.05. (Table 2)

According to Hamilton depression rating scale, level of depression 20 (40%) are in mild depression, 17 (34%) are in Moderate depression, 12 (24%) are in normal stage and 1 (2%) are in severe depression. (Table 3).

DISCUSSION

Our study found that maximum patients (36%) were 61-70 yrs of age group. Female preponderance (62%) in our study, in religion Hindu were 45 (90%), in education primary were 17(34%), in occupation Farmers were 30 (60%), in monthly income <5000 20 (40%), in types of family joint family affected more 32 (64%), in habits Tobacco chewing & Misery equally affected 18 (36%), in marital status married were 45(90%). Which was compatible with Novin Nikbakhsh et al⁶ who found that one hundred forty-six (97.3%) cases were married, 3(2%) cases single and 1 (0.7%) divorced. Seventy-eight (52%) cases were females and 72 (48%) were males. Regarding educational levels, below diploma, diploma, higher than diploma and illiterate were seen in 35.3%, 22%, 7.4% and 35.3% cases, respectively.

Our findings suggested with Zigmond AS et al⁷, According to Hamilton depression rating scale, level of depression 20 (40%) are in mild depression, 17 (34%) are in Moderate depression, 12 (24%) are in normal stage and 1 (2%) are in severe depression.

Another study across-sectional study was conducted in cancer patients admitted to a university hospital during December 2006 - December 2007. The Patient Health Questionnaire (PHQ-9) was used to assess all cancer patients. Of 108 cancer patients, 29.6% were diagnosed with a depressive disorder (mild, 14.8%; moderate, 5.6%; severe, 9.3%).⁸ The prevalence of depression is high in the cancer patients. However, depressive disorder in those patients is frequently undiagnosed. It is associated with several factors including pain, a number of cancer treatments, education duration, age and sex.⁹

CONCLUSION

All people with cancer are depressed. Depression in a person with cancer is normal. Everyone with cancer faces suffering and a painful death. Sadness and grief are normal reactions to the crisis faced during cancer. The important thing to know is that depression can be treated. Without treatment the symptoms of depression may go on for a very long time, sometimes months or years. So if you suspect you could be depressed, it is best to speak to your doctor so that you can have treatment quickly.

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