International Journal of Medical Research Professionals
P-ISSN: 2454-6356; E-ISSN: 2454-6364
DOI: 10.21276/ijmrp

IJMRP

Original Research Article

Evaluation of Incidence of Psychiatric Morbidity among Breast Cancer Patients: An Institutional Based Study

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ABSTRACT

Background: Breast cancer is the most common cancer and also the leading cause of cancer mortality in women worldwide. Cancer-related distress can be expected to dissipate with time for the majority of individuals diagnosed with cancer. Hence; under the light of above mentioned data, the present study was undertaken for assessing the incidence of psychiatric morbidity among breast cancer patients.

Materials and Methods: Study was conducted on 96 patients who are diagnosed to have breast cancer. Firstly, the prior permission from institutional ethical committee was taken. The study was conducted on breast cancer patients who were diagnosed according to FNAC/Biopsy. Socio demographic proforma were filled containing the basic information about the patient. A questionnaire was made and was given to all the patients for assessing the incidence of psychiatric morbidity among them. All the results were analysed by SPSS software.

Results: A total of 96 breast cancer patients were analyzed. Among these 96 patients, psychiatric morbidity was found to be present in 35.42 percent of the patients. Among these 34 patients, 18 were housewives while the remaining 16 were working women. No correlation was observed while correlating the breast cancer patients with psychiatric morbidity among patients divided on the basis of past positive family history of breast cancer.

Conclusion: Extensive data on psychiatric morbidity, its effects, coping, counselling, and mental health are indication of the extensive belief that the way people cope is somehow linked to their belief and faith.

Keywords: Breast cancer, Morbidity, Psychiatric.

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Article History:

Received: 13-04-2016, **Revised:** 03-05-2016, **Accepted:** 24-05-2016

Access this article online	
Website: www.ijmrp.com	Quick Response code
DOI: 10.21276/ijmrp.2016.2.3.064	

INTRODUCTION

Breast cancer is the most common cancer and also the leading cause of cancer mortality in women worldwide. Approximately 1.38 million new breast cancer cases were diagnosed in 2008 with almost half of all breast cancer cases and nearly 60% of deaths occurring in lower income countries. There is a large variation in breast cancer survival rates around the world, with an estimated 5-year survival of 80% in high income countries to below 40% for low income countries.[1-3]

A significant proportion of persons with cancer at different stages of the disease trajectory develop mental disorders, primarily affective and anxiety disorders (henceforth, common mental disorders). Most women experience at least some psychosocial distress during the course of their breast cancer diagnosis and treatment. The level of distress varies from woman to woman and, within an individual, over the course of diagnosis and treatment. Cancer-related distress can be expected to dissipate with time for the majority of individuals diagnosed with cancer. For others, however, such distress may interfere substantially with comfort, quality of life, and the ability to make appropriate treatment decisions and adhere to treatment.[4-6]

Psychosocial distress varies along a continuum from the "normal" reactions to the stress of coping with cancer and its treatment, to symptoms so intense that the person experiencing them meets the criteria for a psychiatric disorder, a severe social or family problem, or significant spiritual distress.[7,8]

Hence; under the light of above mentioned data, the present study was undertaken for assessing the incidence of psychiatric morbidity among breast cancer patients.

MATERIALS AND METHODS

The clinical study was conducted in Department of Psychiatry, Srinivas Institute of Medical Sciences and Research Center, Mangalore, Karnataka (India). Study was conducted on breast cancer patients which are diagnosed according to FNAC/Biopsy. Study was conducted on 96 patients who are diagnosed to have breast cancer.

Inclusion Criteria

- Breast cancer patients which are diagnosed according to FNAC/Biopsy.
- Age group above18 years

Exclusion Criteria

- Age below18 years.
- Psychiatric disorder prior to diagnosis of breast cancer.
- Patients not consenting for study.

Firstly, the prior permission from institutional ethical committee was taken. The study was conducted on breast cancer patients who were diagnosed according to FNAC/Biopsy. Socio demographic proforma were filled containing the basic information about the patient. A questionnaire was made and was given to all the patients for assessing the incidence of psychiatric morbidity among them. All the results were analysed by SPSS software. Statistical analysis was performed using Chi-square test and student t -test. P-value of less than 0.05 was taken as significant.

Graph 1: Overall prevalence of psychiatric morbidity among breast cancer patients

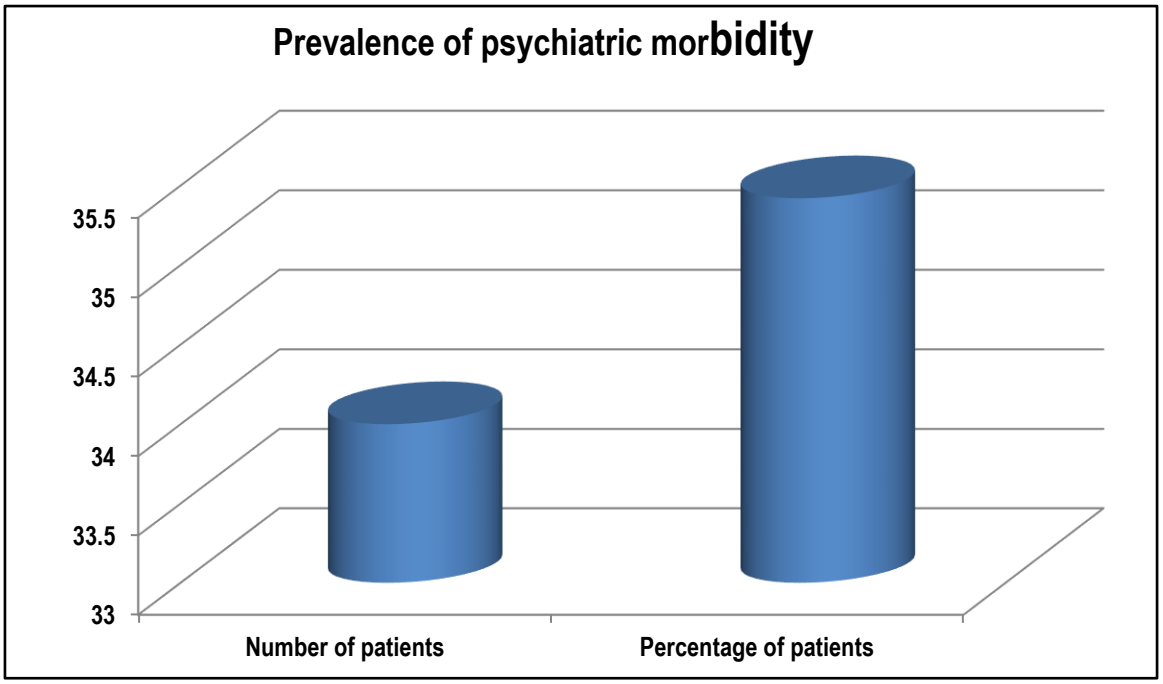

Table 1: Prevalence of psychiatric morbidity among patients divided on the basis of occupational group

Occupation group	Number of patients with psychiatric morbidity	Percentage of patients with psychiatric morbidity	P-value
Housewife	18	52.9	0.82
Working	16	47.1	
Total	34	100	

Table 2: Prevalence of psychiatric morbidity among patients divided on the basis of marital status

Marital status	Number of patients with psychiatric morbidity	Percentage of patients with psychiatric morbidity	P-value
Single	20	58.8	0.01
Married	8	23.5	(Significant)
Widow	6	17.7	

Table 3: Prevalence of psychiatric morbidity among patients divided on the basis of past positive family history of breast cancer

Past positive family history of breast cancer	Number of patients with psychiatric morbidity	Percentage of patients with psychiatric morbidity	P-value
Yes	13	38.24	0.00
No	21	61.73	(Significant)

RESULTS

In the present study, a total of 96 breast cancer patients were analyzed. Among these 96 patients, psychiatric morbidity was found to be present in 35.42 percent of the patients. Among these 34 patients, 18 were housewives while the remaining 16 were working women. In the present study, majority of the breast cancer patients with psychiatric illness were single. Significant results were obtained while correlating the prevalence of psychiatric morbidity among patients divided on the basis of marital status. No correlation was observed while correlating the breast cancer patients with psychiatric morbidity among patients divided on the basis of past positive family history of breast cancer.

DISCUSSION

Breast cancer refers to cancers originating from breast tissue, most commonly from the inner lining of milk ducts or the lobules that supply the ducts with milk. Worldwide, breast cancer comprises 10.4% of all cancer incidences among women, making it the second most common type of non-skin cancer (after lung cancer) and the fifth most common cause of cancer death. In 2004, breast cancer caused 519,000 deaths worldwide (7% of cancer deaths; almost 1% of all deaths). Breast cancer is about 100 times more common in women than in men, although males tend to have poorer outcomes due to delays in diagnosis. Cancer cells are very similar to cells of the organism from which they originated and have similar (but not identical) DNA and RNA. This is the reason why they are not very often detected by the immunz system, in particular, if it is weakened.[7,8]

In the present study, a total of 96 breast cancer patients were analyzed. Among these 96 patients, psychiatric morbidity was found to be present in 35.42 percent of the patients. Among these 34 patients, 18 were housewives while the remaining 16 were working women.

Pinder KL et al examined the prevalence of psychiatric disorder and associated factors in 139 women with advanced breast cancer. Patients completed a self-report assessment of mood, the Hospital Anxiety and Depression Scale (HAD). They were also interviewed to obtain sociodemographic details, UICC performance status and past psychiatric history. Overall, 35 (25%) scored 11 or above (out of a maximum of 21) on either the anxiety or the depression subscales, or both, of the HAD and were therefore probable cases of anxiety and/or depression. These patients are likely to benefit from psychosocial intervention. Clinical anxiety was unrelated to any sociodemographic or disease related factors. Clinical depression was significantly more prevalent amongst patients in the lower socioeconomic classes (P = 0.01) and those with poor performance status (P = 0.007). Depression can be difficult to detect in patients with advanced breast cancer and these factors may be useful indicators to clinicians of patients at high risk of this disorder.[9]

The research evidence on both the success and limitations of psychological and pharmacological treatments for common mental disorders is mounting. The National Institute of Health and Clinical Excellence (NICE) have published intervention guidelines for these disorders, and so has the World Health Organization (WHO), with the main focus on primary care practitioners (cf. the Mental Health Gap Action Program, that also made available in its website the effect sizes of recommended interventions).

Importantly for our inquiry, psycho-oncological research in recent decades has documented the efficacy of interventions for common mental disorders among persons with cancer.[10-13]

In the present study, majority of the breast cancer patients with psychiatric illness were single. Significant results were obtained while correlating the prevalence of psychiatric morbidity among patients divided on the basis of marital status. No correlation was observed while correlating the breast cancer patients with psychiatric morbidity among patients divided on the basis of past positive family history of breast cancer.

Lueboonthavatchai P et al identified the prevalence and associated psychosocial factors of anxiety and depressive disorders in breast cancer patients. Three hundred female breast cancer patients, aged above 18 years old were recruited into the study. The prevalence of anxiety disorder was 16.0%, and that of anxiety symptoms was 19.0%. The prevalence of depressive disorder was 9.0%, and that of depressive symptoms was 16.7%. Factors associated to anxiety and depression were psychosocial factors (social support, family relationship and functioning, and problem and conflict solving) ($p < 0.01$), number of hospital admissions, and presence of disturbing symptoms: pain, respiratory symptoms, and fatigue ($p < 0.01$). By regression analysis, the significant predictors of anxiety and depression were poor family relationship and functioning ($p < 0.05$), maladaptive problem and conflict solving ($p < 0.05$), and symptoms of pain ($p < 0.01$) and fatigue ($p < 0.05$). Anxiety and depressive disorders are two common psychiatric disorders in breast cancer. Strong predictors of anxiety and depression in breast cancer patients were poor family relationship and functioning, maladaptive problem and conflict solving, and presence of pain and fatigue.[14]

CONCLUSION

From the above results, it can be concluded that the extensive data on psychiatric morbidity, its effects, coping, counselling, and mental health are indication of the extensive belief that the way people cope is somehow linked to their belief and faith. However; further studies are recommended.

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Source of Support: Nil.

Conflict of Interest: None Declared.

Cite this article as: Bijoy Pratim Chaudhuri. Evaluation of Incidence of Psychiatric Morbidity among Breast Cancer Patients: An Institutional Based Study. Int J Med Res Prof. 2016; 2(3):284-87.