

Review

Elderly cancer patients' psychopathology: A systematic review Aging and mental health

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ABSTRACT

This review of the literature on elderly cancer patients and their psychiatric disorders was undertaken to determine the extent of the problem. It consists of articles with elderly cancer patients. Keyword terms included “cancer”, “elderly”, “aging”, “geriatric”, “psychiatric disorders”, “psychiatric symptoms”, “psychological problems”, “aged >60 years”, “suicidal ideation, geriatric, cancer”, “suicide geriatric cancer”. We conducted searches on the following databases: PubMed; PsychINFO (1980–2013); finally, 102 publications were suitable for the current review. Depression in elderly cancer patients is the most common disorder in elderly cancer patients associated with disability, morbidity and mortality. Anxiety disorders may be less frequent in geriatric patients; however, it seemed to be a major problem in late life. Psychiatric disorders are common in geriatric patients with cancer especially at advanced stages of the disease. In addition, health care professionals can help provide treatment and emotional support. Future research should aim to provide data about the real prevalence and severity of psychiatric disorders in elderly patients with cancer, for the improvement of patients' quality of life and their caregivers.

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1. Introduction

Cancer in the elderly population seemed that has become an increasingly common problem (Murray & Lopez, 1997; Spoletini et al., 2008) as 60–70% of people aged 65 years or older suffer from cancer (Beechey-Newman & Kulkarni, 2004; Yancik, 2005) despite

the fact that younger cancer patients have been found to be more negatively affected by the cancer experience than older, they are more likely to change their resulting behaviors because of it (Bellizzi & Blank, 2006; Blank & Bellizzi, 2008; Eton & Lepore, 2002). However, the magnitude of the overlap between old age and cancer is increasing because of improved life expectancy, more sensitive methods of diagnosing cancer and the fact that many cancers occur more commonly with increasing age. Thus, the management of patients in elderly is an important part of general oncology (Beechey-Newman & Kulkarni, 2004). Older cancer

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patients and their caregivers often have different needs than younger patients, and thus, they should consider these needs when making decisions about their care and treatment. There is considerable evidence showing under assessment and under-treatment of symptoms of older people to palliative care (Bernabei et al., 1998; Cleary & Carbone, 1997; Jones, 2005; Kearney & Miller, 2000; Rose et al., 2000; Teunissen, de Haes, Voest, & de Graeff, 2006; World Health Organization [WHO], 2004).

The most commonly recorded symptoms in elderly patients with advanced disease are pain, anorexia, nausea, constipation, dyspnea, fatigue, insomnia, anxiety, depression and delirium (Addington-Hall, Altmann, & McCarthy, 1998; Extermann, Overcash, Lyman, Parr, & Balducci, 1998; Lundh Hagelin, Seiger, & Furst, 2006; Seale, 1991).

Elderly patients experienced equal or even less need for support, despite the reduced availability of informal caregivers; a possible explanation could be a better emotional, role and social functioning of elderly patients as reported in the literature (Addington-Hall et al., 1998; Lundh Hagelin et al., 2006). The objective of this paper is to review the existing literature regarding the relationships between aging, cancer and psychiatric disorders or psychological problems, in order to propose an integrated point of view about psychological impact cancer in elderly patients.

2. Method

2.1. Search limits

2.1.1. Inclusion and exclusion of articles

Inclusion criteria were as follows: (1) mean age of 65 years and older; (2) period of publication between 1980 and 2013; (3) articles with a specific focus psychological-psychiatric problems/disorders in elderly patients with cancer; (4) psychiatric disorders according to clinical diagnosis as described in DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) (American Psychiatric Association [APA], 2000), or Hamilton Rating Scale for Depression and Hamilton Rating Scale for Anxiety (HRSD/HRSA) (Hamilton, 1959, 1960), Geriatric Depression Scale (GDS) (Mystakidou et al., 2013; Yesavage et al., 1983), Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983), The ICD-10 Classification of Mental and Behavioural Disorders (ICD 10, 1992); Mini Mental State Examination (MMSE) (Folstein, Folstein, & McHugh, 1975), Confusion Rating Scale (CRS) (Williams, Ward, & Campbell, 1988), Confusion Assessment Method (CAM) for cognitive impairment and confusional symptoms (Inouye et al., 1990), the Memorial Delirium Assessment Scale (MDAS) (Breitbart et al., 1997). Exclusion criteria were: (1) articles with non-cancer population, (2) articles with children population and (3) cancer patients <65 years of age.

2.1.2. Selection process

For the literature purposes, the following search terms included: “cancer”, “elderly”, “aging”, “geriatric”, “psychiatric disorders”, “psychiatric symptoms”, “psychological problems”, “aged >60 years” “suicidal ideation, geriatric, cancer”, “suicide geriatric cancer”. Results of the current search revealed that there were a large number of studies in this field investigating the psychosocial factors, with a considerable number focusing on the role of depression, anxiety and delirium in geriatric cancer patients.

We identified 1055 titles from MEDLINE-PubMed, and PsycINFO as potentially relevant: 25 articles were selected by matching the keywords “geriatric cancer patients and psychological problems”, 19 by “elderly cancer patients and psychological problems”, 63 by “geriatric cancer patients and psychological symptoms”, 265 by “geriatric cancer patients and psychiatric

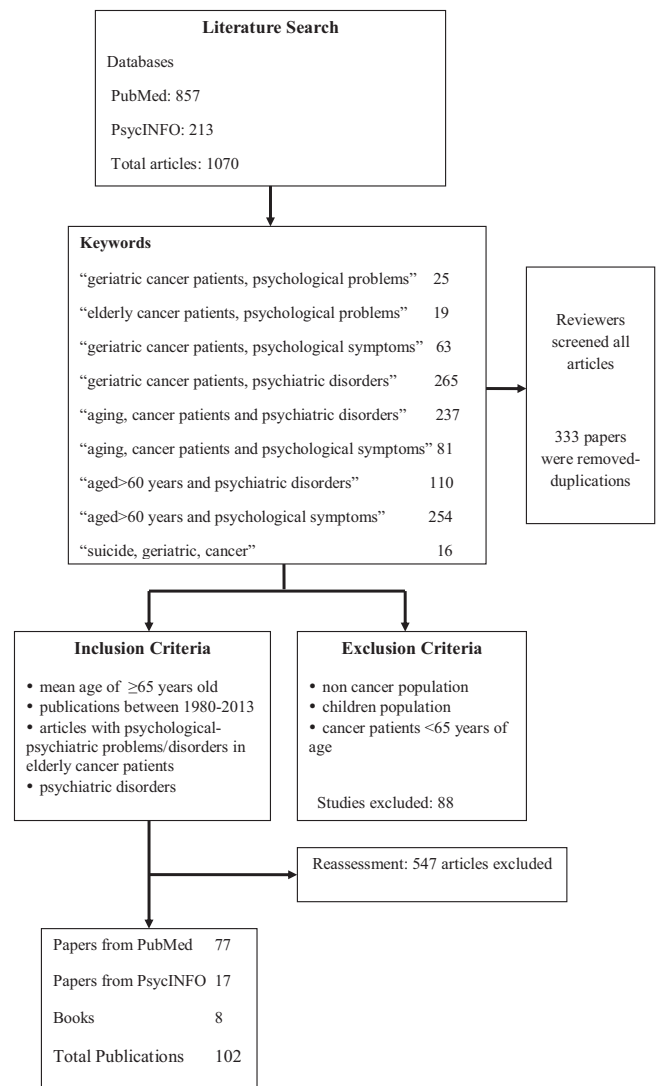


Fig. 1. Process of literature search and review.

disorders”, 238 by “aging, cancer patients and psychiatric disorders”, 81 by “aging, cancer patients and psychological symptoms”, 110 by “aged >60 years and psychiatric disorders”, 254 by “aged >60 years and psychological symptoms”, 0 by “suicidal ideation, geriatric, cancer”, 16 by “suicide geriatric cancer”. From all of them, 333 papers were removed as there were duplications. We included all papers (editorials, letters, articles and research reports) discussing research related to geriatric cancer patients. Eighty-eight papers were excluded at this stage. Each of the remaining papers was retrieved and reassessed against the inclusion and exclusion criteria. All extracted studies were independently reviewed by two reviewers to identify relevant articles achieving a consensus. A further 547 papers were excluded after this process. A Google search was used to identify books that were not included within academic databases. Hence, 102 publications were suitable for the current review (Fig. 1).

3. Results

Depression seemed to be most common among patients at advanced stages of cancer, those with uncontrollable pain, and those of poor physical status (McKenna, 1994; Stommel, Kurtz, Kurtz, Given, & Given, 2004). It is frequently unrecognized and untreated (Maguire, 1985); patients may be reluctant to report

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