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Relevance of psychosocial factors to quality of life in oral cancer and oral lichen planus: a prospective comparative study

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Abstract

We can improve our understanding of how patients cope with oral squamous cell carcinoma (SCC) by making a comparison with their processes of coping and those used in other conditions. We have therefore compared quality of life (QoL), severity of symptoms, coping strategies, and factors that influence coping between patients with oral SCC and those with oral lichen planus. We asked 104 patients with oral SCC and 51 with oral lichen planus to complete questionnaires about their coping strategies, social support, locus of control, spirituality, QoL, and severity of symptoms. The outcome was that patients with oral SCC were far more likely to resort to coping strategies such as depressive coping, distraction, and self-motivation. The groups also differed regarding QoL and severity of symptoms. Patients with oral SCC had a poorer QoL and higher depression scores, whereas patients with oral lichen planus had better scores in the social support and spirituality categories. Patients with oral SCC generally had more distress than those with oral lichen planus. Not only did the former resort to depressive coping strategies, but they also had poorer QoL and higher values for depression. For the patients with oral lichen planus, social support and spirituality were protective, whereas they were associated with distress by patients with oral SCC.

Keywords: Oral cancer; Oral lichen planus; Coping behaviour; Quality of life; Assessment of symptoms

Introduction

Oral squamous cell carcinoma (SCC) accounts for 90% of all malignant tumours in the oral cavity. It is the most common tumour in the head and neck region and the sixth most common worldwide.[1] The annual incidence of new cases is between 200 000 and 350 000,[2] which has increased over recent years courtesy of the general increase in the use of alcohol and cigarettes.[3] Although early diagnosis is important,[4] many patients are diagnosed at a late stage, which reduces the chances of recovery and survival.[5] Despite

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Table 1
Components of each questionnaire.

Questionnaire	Items	Scales	Internal consistency (r)	Validity
Freiburg Questionnaire on Coping with Illness (FKV-LIS)	35	Depressive reaction Active, problem-oriented coping distraction/ self-motivation spirituality/ search for meaning downplaying/ wishful thinking	0.80	Construct validity ensured
Health/Illness Locus of Control Questionnaire (KKG)	21	Internality Powerful others externality Chance externality	0.64–0.77	Criterion validity ensured
Social Support Questionnaire (F-SozU)	22	Emotional support Practical support Social integration	0.81–0.93	External, differential and construct validities ensured
System of Belief Inventory (SBI-15-R-D)	15		0.93	Criteria and differential validity ensured
Brief Symptom Inventory (BSI)	53	Somatisation Obsessive-compulsive behaviour Interpersonal sensitivity Depression Anxiety Hostility Phobic anxiety Paranoid ideation Psychoticism	0.70–0.89	Convergent and discriminant validity ensured
University of Washington Quality of life Questionnaire (UW-QOL V4)	12	Pain Appearance Activity Recreation Swallowing Chewing Speech Shoulder function Taste Saliva Mood Anxiety	0.74–0.81	Construct and content validity ensured

considerable advances in microsurgical technology, radiotherapy, and chemotherapy, the five-year survival of patients with oral SCC is about 50%, and has remained stable for the last 20 years.[6] Together with its prevalence and increasing incidence, this suggests that we need to focus more on its medical care and aftercare.

Although many studies have addressed quality of life (QoL) and severity of symptoms from the point of view of psychological distress,[7,8] we know of few studies of medical aftercare that deal with patients' basic coping processes, specifically with regard to their individual distress and mental resources.[9,10] For this reason we interviewed patients not only about outcomes such as QoL and severity of symptoms, but also about their coping strategies and the influence of social support, spirituality, and locus of control.

The characteristics of one disease can be uncovered when it is contrasted with those of another, and a comparison of different medical conditions can provide better understanding of individual coping strategies.[11] Patients with oral lichen planus are suitable for comparison with patients who have oral SCC as they can have some symptoms in the oral cavity that are similar to those of oral cancer such as pain and a burning sensation, but without the psychological burden of a life-threatening disease. Oral lichen planus is a chronic, precancerous, benign, inflammatory, autoimmune disease with a prevalence of 0.1% to 4% among adults, and is one of the most common diseases of the oral mucosa.[12] Symptoms include difficulty in eating, speaking, and swallowing, which lead to impaired QoL,[13] similar to oral SCC.

Our aim in this study was to point out individual coping patterns and degrees of suffering and distress, as well as mental resources, and to set out the potential implications for psycho-oncological care by making a comparison between the two groups.