



ORIGINAL ARTICLE

Emotional and Psychopathological Disorders in Laryngectomized Oncological Patients[☆]



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KEYWORDS

Laryngeal cancer;
Total laryngectomy;
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Abstract

Introduction and objectives: It is unknown if patients who suffer from laryngeal cancer and undergo total laryngectomy experience as much emotional shock and psychological distress as patients with cancers in other locations do. The aim of the study was to identify the incidence of emotional and psychological disorders in laryngectomized patients and describe their symptomatological nuances.

Methods: A descriptive cross-sectional study of emotional and psychopathological response of 100 cancer patients undergoing total laryngectomy was performed. The patients were evaluated immediately after surgery (n=35), when initiating communicative rehabilitation (n=23) and 5 years after diagnosis (n=42), versus a control of 55 healthy subjects. Psychopathological assessment battery for anxiety, depression, intrusion, avoidance, arousal and posttraumatic stress disorder consisted of a specific interview, the Hospital Anxiety and Depression Scale (HADS) and the Impact of Event Scale-Revised (IES-R).

Results: Laryngectomized patients had low incidence of emotional and psychological disorders such as anxiety (6.9%), depression (5.9%) and/or posttraumatic stress disorder (28.4%), but with sufficient intensity to constitute a psychopathological diagnosis. A significant level of distress was found in 57.4% of patients, with clear diffuse traumatic nature in 52.6% of them, which was more prevalent and intense in the rehabilitation group.

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Conclusions: Symptoms of anxiety, depression and posttraumatic stress disorder during different stages after total laryngectomy are not of sufficient intensity and quality to be diagnosable clinical entities; they can be considered an adaptive disorder. The symptoms are less than those of patients with cancer in other locations and appear mostly in the rehabilitation stage, where preventive performances and psychological support should be focused.

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PALABRAS CLAVE

Cáncer de laringe;
Laringectomía total;
Alteraciones
emocionales

Alteraciones emocionales y psicopatológicas en pacientes oncológicos laringectomizados

Resumen

Introducción y objetivos: Se desconoce si afrontar un cáncer de laringe y someterse a laringectomía total son experiencias tan impactantes emocionalmente para el paciente como los cánceres de otras localizaciones. El objetivo del estudio fue identificar la incidencia de sufrimiento emocional y psicológico en pacientes laringectomizados y describir sus matices sintomatológicos.

Métodos: Estudio transversal descriptivo de la respuesta emocional y psicopatológica de 100 pacientes oncológicos sometidos a laringectomía total, evaluados inmediatamente tras la cirugía (N = 35), al iniciar la rehabilitación comunicativa (N = 23) y a los 5 años del diagnóstico (N = 42) frente a un grupo control de 55 sujetos sanos. La batería de evaluación psicopatológica para ansiedad, depresión, trastorno por estrés postraumático, intrusión, evitación y excitación constó de una entrevista específica, la Escala Hospitalaria de Ansiedad y Depresión (HADS) y el Inventario de Estrés Postraumático (IES-R).

Resultados: Los pacientes laringectomizados presentaron baja incidencia de alteraciones emocionales y psicológicas como ansiedad (6,9%), depresión (5,9%) y/o trastorno por estrés postraumático (28,4%) con intensidad suficiente para constituir un diagnóstico psicopatológico. Un 57,4% de los pacientes presentaba malestar emocional difuso de carácter postraumático (el 52,6% de ellos), más prevalente e intenso en el grupo en rehabilitación.

Conclusiones: Los síntomas de ansiedad, depresión y trastorno por estrés postraumático tras una laringectomía total no son de suficiente intensidad y cualidad para constituir entidades clínicas diagnosticables, sino cuadros de trastorno adaptativo. Son menores que los de pacientes afectados por cáncer de otras localizaciones y se presentan fundamentalmente en la fase de rehabilitación, donde deberían centrarse las actuaciones psicológicas preventivas y de apoyo.

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Introduction

The diagnosis and suffering of a cancer brings the patient face to face with his or her own death and finiteness. It constitutes a traumatic experience of such intensity and suddenness that it can shake the patient emotionally and psychologically, weakening their faculty of adaptation and control considerably.¹⁻⁶ From the moment the cancer is diagnosed and throughout the entire treatment and recovery process, many varied disruptive emotional reactions normally appear in the daily lives of patients and their relatives. During this process, high rates of stress and emotional and psychological alterations are found. Following diagnosis, the prevalence of anxiety symptoms increase in patients with limited adaptation to this stage.^{7,8} Likewise, depressive symptoms are more prevalent after active medical treatments against the disease.^{9,10} When oncological patients

suffer posttraumatic symptoms, these tend to evolve in parallel to the process of treatment and recovery from the cancer from which the situation triggering them arose. At any rate, the passage of time generally makes the set of symptoms initially detected in the oncological patients diminish in intensity. However, there can be periods of re-aggravation when patients have to face specific situations such as revisions and medical follow-ups. In many cases, the emotional symptoms that some oncological patients manifest are confused with the physical consequences of the treatment, leading to a low detection rate and, consequently, low index of therapeutic approach.

Therefore, symptoms belonging to depressive or anxious manifestations (such as social isolation, irritability, lack of appetite, vegetative symptoms, respiratory problems or sleep disorders) can be confused with the symptoms provoked by a total laryngectomy linked to the loss of speech

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