



Original article

Relationship between anxiety disorders and domains of health related quality of life among Nigerians with breast cancer



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ABSTRACT

Purpose: Health Related Quality of life (HRQoL) is increasingly recognised as an important indicator of outcome and well-being in oncology care. We set out in this study to evaluate whether significant association exists between anxiety disorders (ADs) and HRQoL in breast cancer, such that any intervention addressing ADs would potentially improve HRQoL.

Methods: A cross sectional evaluation of 200 attendees of an oncology clinic was done using designed questionnaire to gather socio-demographic and clinical data. Subsequently, the Schedule for clinical Assessment in Neuropsychiatry was used to ascertain ADs and the *European Organization for Research and Treatment of Cancer QOL Questionnaire (THE EORTC QLQ-C30)* Version 3 with its *breast specific supplement (QLQ-BR-23)* was used to profile HRQoL in participants.

Results: The mean age of participants was 49.6(±11.2) years, and 54% of participants had stage III and IV breast cancer. Findings on *EORTC QLQ-C30* following univariate analyses showed association between ADs and poorer mean scores on global health status, functional domains including physical, emotional, social, and cognitive functions ($p < 0.05$). On the symptom scale, those with ADs had higher symptom load including fatigue, pain, insomnia, appetite loss, diarrhoea and financial difficulties ($p < 0.05$). Similarly, the *QLQ-BR-23* showed correlation between ADs and poorer mean scores on breast cancer specific issues like body image, future perspectives, sexual functioning, sexual enjoyment, systemic therapy side-effects, upset by hair loss and breast symptoms ($p < 0.05$). Findings after controlling for age, treatment, cancer duration, recurrence and stage showed the same pattern of relationship between ADs and HRQoL; however, the global health status, cognition, sexual functioning, and higher symptom load with respect to appetite loss and financial difficulties were not independently related with ADs.

Conclusions: Scaling up of oncological services, supportive care and targeted psychosocial interventions are indicated for optimal outcome of breast cancer. Longitudinal research with focus on the complex relationship between HRQoL and ADs along with their modifiable determinants across the trajectories of breast cancer is warranted.

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1. Introduction

Breast cancer is the leading cancer in women globally and accounts for approximately one-quarter of new cases of cancers [1–3]. Less developed regions of the world account for more than half (52.8%) of all breast cancer cases worldwide and close to two-thirds (62.1%) of cancer deaths occur in less developed countries

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[4]. With rapid advancements in cancer treatments and better survival, outcome evaluations are becoming increasingly recognised as an important issue in oncology treatment and research [5]. In breast cancer, measurement of outcome using health related quality of life (HRQoL) is particularly important because it focuses on the ways in which health, illness and medical treatment influence the perception of functioning and well-being of individuals with breast cancer [5]. Equally important is that breast cancer is highly prevalent, linked with considerable psychosocial burden, and treatment outcome varies despite improved survival rate [6].

In general, assessment of HRQoL has been associated with significant benefits among cancer patients in relation to their illness and treatments. For instance, HRQoL is a good indicator of the patient's subjective wellbeing and reflects areas of the patient's experience that are presenting difficulties for the patient, which might be targeted for remediation with clinical services thereby facilitating doctor-patient communication [7]. Thus, HRQoL scores can be used as diagnostic tools for problem-oriented follow-up supportive care [6,8]. That said, measures of outcome like HRQoL can also be used to compare treatment, identify side-effects, evaluate consequences of cancer treatment, assess rehabilitation needs and plan for responses to future treatment among others [9]. In patients with breast cancer, four important domains of HRQoL measures have been identified as important, namely physical, psychological, social and spiritual well-being [10].

With regards to psychological wellbeing, the review of literature suggests negative influence of mental disorders on treatment and HRQoL in breast cancer in general [11]. For example, mental disorders have been linked with the denial of cancer diagnosis, poor adherence to cancer treatment, missed appointments as well as heightened negative interpretations of symptoms [12–15]. Furthermore, common emotional disorders like depression and anxiety disorders have been found to correlate independently with deficits in multiple domains of HRQoL [16–18]. However, findings on the roles of anxiety disorders (ADs) on the experience of breast cancer patients are both scanty and disparate, especially in less developed settings like Nigeria. This is compounded by the fact that ADs are often unrecognized as well as untreated despite its frequent occurrence among breast cancer patients [19]. This is not surprising because anxiety may be part of a normal adaptation to breast cancer. However, when anxiety reactions are excessive, intense or prolonged; it constitutes a disabling medical disorder known as AD warranting treatment. As it is, ADs may be encountered in patients with breast cancer during screening, diagnosis, initiation of treatment and the entire illness course, and precipitated by worrying about treatment side-effects and fear of recurrence after completion of treatment among others [20].

The few available studies suggested adverse relationship between ADs and treatment outcomes that include HRQoL. For example, AD has been correlated negatively with HRQoL at different phases of the course of breast cancer [21]. However, reports on the roles of specific cancer treatments on ADs and HRQoL in patients have posited the existent of complex moderating inter relationships [6,17,18]. This is particularly important in resource restricted settings where other external factors (including socio-economic, treatment-related and cancer-related) may interplay with HRQoL in breast cancers, thereby making the relationship between ADs and HRQoL complex and entwined with other predictors [6,16,18,20,22,23]. It is also not clear how anxiety symptoms profile in patients with breast cancer and HRQoL changes over time. A large proportion of earlier studies on ADs, and HRQoL in breast cancer were done on Caucasian subjects. Therefore, the extrapolation of their findings to developing settings is limited due to many factors including socio-cultural differences and poor health resources. More importantly, some of the questionnaires used have

not been validated in these settings including Nigeria.

These earlier mentioned gaps provided the impetus for this research so as to extend the available data and set evidence for developing treatment guidelines along with formulation of policies for optimal breast cancer care. To this end, this study aims to evaluate the relationship between ADs and HRQoL among individuals with breast cancer. It is hypothesized that there would be significant association between ADs and HRQoL among individuals with breast cancers, such that any intervention addressing ADs would potentially improve HRQoL.

2. Methodology

2.1. Location of study

This study was carried out at the outpatient clinic of Oncology unit of the state-owned tertiary health institution, which is situated within the cosmopolitan city of Lagos, Nigeria. It is a referral hospital for other general hospitals and private hospitals in Lagos State as well as adjoining communities. It provides services to the general public. Clinical services rendered chemotherapy, hormone therapy and immunotherapy or the combination of any of these treatment modalities depending on the need of patient, type of cancer diagnosis, cancer stage and other clinical indications among others.

2.2. Study participants

The study participants consisted of 200 attendees based on the calculated sample size using the formula for cross-sectional studies $n = Z^2pq/d^2$ [24,25]. Where 'n' is the required sample size, 'Z' is standard score corresponding to 95% confidence level (1.6), 'p' is the probability of anxiety disorders in breast cancer (0.16) [22], and 'd' is the precision of the study, which is (0.05). Recruitment was done by systematic random sampling. The sampling interval of three was used. This was calculated by dividing the population of interest (20) which is the average number of breast cancer patients on the clinic list by the sampling size (6) which is the maximum number of patients that could be studied in a day in this case. Thus, every 3rd patient that met the eligibility criteria following random selection of the index participant was recruited until the calculated sample size of two hundred was completed. Eligibility was based on criteria that include histological diagnosis of breast cancer, 18 years and above, informed consent and absence of medical conditions or medications that are associated with anxiety symptoms including thyroid disorder and pheochromocytoma among others [23].

2.3. Ethical issues

The study only commenced after obtaining approval from the Health Research and Ethical Committee of Lagos State University Teaching Hospital Ikeja. Participants were informed about the nature and purpose of the study and their right to withdraw at any time during the course of the study. They were also assured that anonymity and confidentiality would strictly be adhered to, after which written informed consent was obtained from volunteers for the study by requesting them to sign or thumb print the consent form before commencing the interview.

2.4. Instruments and study procedure

All eligible participants were interviewed using the designed questionnaire to elicit socio-demographic and clinical data of the participants; however, relevant clinical data were also extracted from participants' clinical notes. Information elicited include age,

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