Psychiatry Research 240 (2016) 343–347

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Depression in breast cancer patients

Jovana Cvetković *, Milutin Nenadović

Clinic for Neuropsychiatry, School of Medicine, University of Priština/Kosovska Mitrovica, Anri Dinana bb, Priština/Kosovska Mitrovica, Serbia

ARTICLE INFO

Article history:
Received 26 March 2016
Received in revised form
8 April 2016
Accepted 15 April 2016
Available online 22 April 2016

Keywords:
Breast cancer
Cytotoxic therapy
Depression
Beck inventory
Risk factors

ABSTRACT

Breast cancer is the third most common illness in the world and the most frequent malignant disease with women. Cytotoxic therapy is connected to significant psychiatric adverse effects, and the appearance of depressive symptoms is the most common. The main goal is determining the degree of depression with breast cancer patients in the oncology ward of the University Clinical Hospital in Niš and its connection to their marital status, age, level of education, economic status and the number of therapy cycles. This research is a prospective study. The statistical data analysis included measures of descriptive and analytical statistics. The presence of depressive symptoms of different intensity was showed in 76.00% of the interviewees in group I, and the second included 77.4%. The frequency distributions show that 27.084% interviewees from the first group showed signs of depressive symptoms, while the second included 25%. The intensity of these symptoms categorizes them into the group of moderate to significantly expressed depressive states, so they require therapeutic treatment. Depression is significantly more often recorded with cancer patients receiving cytotoxic therapy; mild depression is the most common, followed by moderate and severe depression.

© 2016 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Breast cancer is a disease that has long been known and represents one of the most significant health issues in the entire world population according to its participation in the morbidity and mortality (McPherson et al., 2000). Facing a malignant disease starting from its diagnosis, to a long-lasting, demanding and uncertain treatment is a large shock and stress for the patient, and a starting point of a life crisis which causes psychological instability. This can all have an adverse effect on the course and outcome of the treatment. Responsible for 20–25% of the mortality of the world population, malignant diseases are the second most common cause of mortality, the first being cardiovascular diseases. Breast cancer is the most common malignant tumor with women and represents a disease with over a million cases reported worldwide each year and an 18% proportional share of all cancers in women. According to the data published by the Institute of the Public Health of Serbia "Dr Milan Jovanovic Batut" in 2011, there were 4616 women diagnosed with breast cancer in Serbia, out of which 1647 women passed away.

Despite an undeniable progress in the fields of prevention and early diagnosis, the associations related to malignant diseases are still suffering, pain and death due to different prejudice. This is an instigator of many fears with patients, primarily the deepest existential fear, the fear of death, separation and isolation from their loved ones, as well as a fear of deterioration and pain. The most common psychological disorders that can be diagnosed with cancer patients are: mood disorders, anxiety, depression, somatoform disorders, and sexual dysfunction.

Modern research and clinical practice point to the fact that roughly half of the cancer patients have different psychiatric/psychological disorders which need optimal diagnostics and therapy (Massie, 2004).

Depression is a disorder which is most common in psychiatric casuistry. According to the WHO estimates (World Health Organization, 2001), over 120 million people worldwide suffer from depression at any given moment, and this number encompasses almost twice as many women as men. Depression was a fourth leading cause of functional disability in the 1990s, and it is estimated that it will reach the second position up to 2020, right after cardiovascular diseases (Murray and Lopez, 1997). It often occurs as a comorbid and concomitant disorder with numerous psychiatric and somatic diseases, complicating their course and outcome. Depression is followed by a high risk of suicide, as well as an increasing rate of morbidity and mortality. Life prevalence of the recurring depressive disorder depends on the sex and the age, so its incidence with women and men between the age 33 and 44, when it is most common, is 14% and 7% respectively. According to clinical phenomenology, depression is a heterogeneous disorder that often remains undetected an untreated.

It occurs as a result of mutual interaction between biological, psychological and social factors (the integral model). Biological

* Corresponding author.
E-mail address: jovana.cvetkovic@med.pr.ac.rs (J. Cvetković).

http://dx.doi.org/10.1016/j.psychres.2016.04.048
0165-1781/© 2016 Elsevier Ireland Ltd. All rights reserved.

correlates encompass genetic, biochemical, neurophysiological, and neuroimmuno logical factors, as well as neuroendocrine dysfunction. The ethiopathogenesis of depression includes multiple neurotransmission systems (noradrenaline – NA, serotonin – 5-HT, dopamine – DA and others) (Sadock and Sadock, 2000).

Although it is common, depression is often a side effect of other diseases and is often not detected and not treated as a normal reaction to a physical illness (Davidson and Meltzer-Brody, 1999). Earlier research points to the fact that there is a significant difference in the quality of life between patients from a disease that also suffer from depression as opposed to patients suffering from the same disease without the accompanying depression (Goldney et al., 2004).

Depression is an emotional state which is characterized by intense sorrow, negative thoughts, the feeling of personal worthlessness and guilt, withdrawal, a drop in energy and interest in common activities. As far as physiological symptoms are concerned, it is often accompanied by insomnia and a loss of appetite and sexual desire. The depressive effect is considered a normal occurrence, which is a result of the insight into the permanent inability of adapting to the environment (Beck et al., 1961; Naciye and Ozlem, 2015; Maass et al., 2015).

These distressing symptoms not only affect patients at diagnosis and during cancer treatment but also persist years beyond the end of treatment. Given the growing number of breast cancer survivors and the impact of receiving a cancer diagnosis and undergoing treatment on mood and quality of life, it is important to understand cancer-related mental health symptoms to inform treatment and prevention efforts. Breast cancer is the most common malignant tumor in the female population. Due to the negative consequences of a cancer diagnosis and the sequel of cancer-related treatments, many patients suffer from depression. The importance of detecting depression in good time and of its management during the treatment and survivorship phases of the disease trajectory. More research is necessary to study the psychological health, the role of illness adjustment, social support and adaptation among breast cancer patients from diagnosis, through treatment to disease-free survival.

The clinical forms of depression are recognized by a long-lasting high-intensity negative mood, a significant disturbance of social functioning and the loss of interest for previously pleasurable activities, a more frequent occurrence of physiological disorders, and a possible severe disorder in reality testing.

2. Method

The goal of the research was to determine the frequency of depression among patients with breast cancer. The research included 87 interviewees, ages 30–78. From the total number of interviewees, three of them did not fill out the form properly, and were therefore excluded from further analysis, so the final statistical analysis of the sample was performed on 84 interviewees. The research was performed in the oncology outpatient ward in the Clinical Center of Niš. Patients filled out questionnaires which contained two parts: a part for filling out the socio-demographic characteristics of the patient, where the interviewees had to write their age, marital status, level of education, economic status and the number of therapy cycles (Table 1). The second part was a standardized Beck Depression Inventory (BDI) (Beck et.al, 1961), which they filled out while they were waiting for their regular outpatient examination by their chosen specialist. The tests were handed out from March of 2013 to February 2014.

All the interviewees were members of a group which had to undergo cytotoxic treatment due to breast cancer. It was the diagnosis of breast cancer, which needs cytotoxic treatment, which was the basic criterion for including interviewees in the research.

The depression evaluation instrument was the Beck Depression Inventory (Beck et al., 1988), which is a one-dimensional scale for assessing depression and holds a significant place in research due to its reliability and validity. It contains 21 questions with a possibility of grading responses on a four-degree scale from 0 to 3, where the higher values on the scale presented imply the presence of symptoms of higher intensity. The total score is calculated by a simple addition of all answers collected for the given 21 claims, and the values of the summation score range from 0 to 63, where the higher summation score points to more severe depression. Depression can be quantified by determining one of its five degrees. The results acquired are added and placed into one of the following categories: 0–13 minimal depression; 14–19 mild depression; 20–28 moderate depression; and 29–63 severe depression. The interviewees were categorized into those that suffer from depression and those that do not.

3. Results

Distribution frequencies were shown in order to present a more informative overview of the distribution of depression within the first group of patients in cytotoxic therapy and the second group of patients with two or more therapies. The frequencies were formed according to five categories of symptoms of depression, depending on their level of severity within the Beck Depression Inventory (Tables 2 and 3).

As can be seen from the table, 76.00% of the interviewees from the first group showed the presence of depressive symptoms of different intensity, and the second included 77.4% of people suffering from some sort of depression. The frequency distributions show that 27.084% interviewees from the first group and 25% of interviewees from the second show signs of depressive symptoms categorized into the group of moderate to severe depressive states, and these states require pharmacotherapeutic treatment. The remaining 37.5% in the first group and 38.889% in the second group of the examined sample show presence of mild to moderate depression symptoms, which primarily points to their reactive etiology.

Previous literature dealing with the study of the psychiatric status of patients with breast cancer receiving cytotoxic therapy indicates that depression is the most common psychiatric disorder within this group of patients (Donald and Lawrence, 2002). It was also determined that depression appears in a range from one to two thirds of the sample tested, which was also highlighted in previous research. Upon closer inspection of the distribution of depression within the Beck Depression Inventory, we see that it strives left, i.e., that it mostly encompasses interviewees which are in the categories denoting mild and moderate depression. This kind of distribution points to the fact that the majority of the interviewed sample of depressed patients could be categorized as mild or moderate depression patients. There are multiple interpretations of these results. One of the assumptions refers to the interpretation that patients belonging to these two categories according to the Beck Depression Inventory do not express depression symptoms whose intensity requires pharmacotherapeutic care, and that they are an expected natural reaction to stressful circumstances, i.e. illness. Therefore, if we take into consideration the duration of the illness, the significance accorded to it, and the effects it has on everyday life, it can be assumed that the given depression symptoms developed as a natural reaction to the effect of the disease, and in time became an integral part of personal characteristics. It was this interpretation that lead to a dilemma regarding whether it was at all justified to speak about this group of patients as a group of people suffering from depression – on the one hand, a depressive reaction to a chronic illness is realistically expected, but on the other hand, it was unacceptable to take away the status of depression patients from people who do suffer from it, regardless of the intensity of the symptoms themselves. An additional aggravating factor in the interpretation of the given dilemma is the possibility of the overlapping of physical symptoms of chronic diseases and the symptoms of depression. In a given case, patients that exhibit physical symptoms (such as weight loss, sexual dysfunction, sleep disorder etc.), which were really brought about by the illness itself, would recognize the same symptoms as symptoms of depression. Therefore, the assumption that the exhibited symptoms were exclusively a consequence of depression cannot be confirmed with certainty. Unfortunately, the unavailability of data on the real prevalence of depression within the psychiatric population does not provide the possibility to compare it to this specific population. However, based on the information that, apart from anxiety, depression presents the most common psychiatric entity (1), it can be expected that the given prevalence is significantly higher when compared to the general population, and the population of cancer patients. Therefore, the given comparisons are significant primarily for understanding and highlighting the effect the disease itself has on the emergence of depression.

The majority of mildly to moderately depressed cancer patients were patients older than 60, i.e., those belonging to the age span of 61–78, while moderate to severe depression was frequent in younger women, ages 41–60. Severe depression was most frequent with women between 30 and 40. By comparing the degree of depression considering the age, occupation and the level of education, we found a statistically significant difference ($p < 0.000$) (Table 3) (Table 4).

4. Discussion

This paper explored the degree of depression in patients of the oncology ward in the University Clinic in Niš using the Beck Depression Inventory. The Beck Depression Inventory (BDI) is one of

Download English Version:

https://daneshyari.com/en/article/6813473

Download Persian Version:

https://daneshyari.com/article/6813473

Daneshyari.com