



Original article

Psychological distress in patients undergoing surgery for urological cancer: A single centre cross-sectional study

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Received 27 December 2016; received in revised form 6 August 2017; accepted 8 August 2017

Abstract

Purpose: Interest in the disease-specific psychological well-being of patients with cancer has increased, and it has been estimated that less than half of all patients with cancer are properly identified and subsequently treated for anxiety or depression. The aim of this study is to evaluate psychological distress in uro-oncological patients undergoing different surgeries: radical cystectomy, radical prostatectomy, radical nephrectomy, or transurethral resection (TUR) before the surgery.

Materials and methods: We performed a cross-sectional study in consecutively enrolled patients with bladder, kidney, or prostate cancer, scheduled for surgery. Demographic data, socioeconomic status, education level, and diagnoses were recorded. Patients with a previous diagnosis of depression or anxiety were excluded.

We evaluated the level of clinically meaningful depression and anxiety assessed by 2 tools: the Hospital Anxiety and Depression Scale (HADS; score ≥ 8 presence of anxiety and depression; score ≥ 11 clinical anxiety and depression) and the State-Trait Anxiety Inventory (STAI). To determine variables related to depression and anxiety among the demographic variables, logistic regression analyses were conducted, with $P < 0.05$ considered as statistically significant.

Results: A total of 207 patients were recruited, completed the questionnaires and were included in the study. Patients presented a mean age of 70.8 (± 10.8) years, 89% were males ($n = 184$) and 19% of patients presented previous cancer. The majority of patients underwent surgery for bladder tumors (60.4%) and the most common type of surgery was TUR. The most frequent procedures were performed for bladder tumors (60.4%), being TUR the most common type of surgery (52.7%) followed by radical prostatectomy (24.6%). Mean STAI-State score was 19.3 (± 10.3), and mean STAI-Trait score was 18.4 (± 11.9) points. Clinical levels of anxiety and depression (HADS ≥ 11 points) were found in 19 (9.8%) and 7 (3.6%) cases. And HADS anxiety 8 to 10 points was present in 14.5% ($n = 28$) and HADS depression 8 to 10 points in 5.7% ($n = 11$) of the sample, representing presence of psychological distress. Female patients showed a higher level of anxiety and STAI-Trait compared to males.

Conclusion: The present results show that our patients had lower levels of anxiety and depression than those described in the literature. Sex, tumor type, and surgical approach were significantly related to psychological distress in patients undergoing surgery for urological cancer. Females and patients with kidney tumor and patients undergoing radical nephrectomy presented higher levels of anxiety. Patients with radical cystectomy showed a higher level of STAI-State compared with other surgeries. © 2017 Elsevier Inc. All rights reserved.

Keywords: Prostate cancer; Kidney cancer; Bladder cancer; Anxiety; Depressive disorder; Psychological distress

1. Introduction

There has been increasing interest in the literature on the disease-specific psychological well-being of patients with

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cancer, and it has been estimated that less than half of all cancer subjects are properly identified and subsequently treated for anxiety or depression [1]. It is now widely recognized that psychosocial care is a crucial part of high-quality cancer care centers [2]. An elevated level of anxiety may increase the risk associated with surgery (like elevated heart rate, blood pressure, or the need of more medication to maintain an adequate level of sedation during procedure), including the morbidity and mortality [3]. Unfortunately, significant psychological disorders usually remain undetected and underestimated until their effect on quality of life becomes more visible [4]. This underestimation highlights the need to investigate different indicators of the psychosocial risk in oncologic populations.

Oncological patients face vital stress brought about by the disease, the prognosis, and the risk and fear of their outcome. Moreover, surgical treatment of cancer of the bladder, prostate, and kidney also carries important anxiety and depression related to the collateral effects of the surgery such as hospitalization, pain, and important psychophysical changes including alterations in body structure, urinary incontinence, and sexual dysfunction.

Anxiety and depression in surgical patients has been studied by several authors with variable results [5–7]. They highlight how psychological distress may have a negative influence on the affective state hindering the processes of postsurgical recovery and rehabilitation as well as reinsertion to socio-personal life. Caumo et al. [5] described a frequency of anxiety of 23.9%, measured with the State-Trait Anxiety Inventory (STAI) in general in a cohort of a general elective surgery. Kayhan et al. [6] reported that 37.5% of inpatients in a general hospital presented a psychiatric disorder, 14.4% mood disorder, and 24.2% anxiety disorder (measured with psychiatric interviews with Structured Clinical Interview for DSM-IV). Yazici et al. [7] investigated the rates of anxiety and depression in patients in medical and surgical departments with the Hospital Anxiety and Depression Scale (HADS) and found that 27.2% and 48.5% of the patients had anxiety and depression, respectively.

Mitchell et al. [8] described that the prevalence of anxiety and depression is higher in oncological patients than in the general population including that anxiety gets more elevated values than depression when considering the period just after diagnosis.

Schneider et al. [9] studied whether the effects of psychological distress in patients with cancer influence preintervention distress levels. The results of their meta-analysis were largely consistent with the conclusion that psychosocial interventions on anxiety and depression in patients with cancer have an effect on the patients' initial distress levels. This meta-analysis showed data for both anxiety and depression outcomes in studies based on HADS questionnaire evaluation, and it replicated the results in a nonoverlapping sample of studies assessing state-anxiety with the STAI questionnaire. The results for changes in

STAI-Trait-anxiety were equivocal, suggesting that preintervention distress may have a moderating effect that is more pronounced in cancer-specific distress than in the characterological distress forms of the subjects. Taking into account the stress induced by the diagnosis and treatment of cancer, research strategies have traditionally been aimed at providing selective psychosocial interventions to both alleviate acute distress and prevent emerging anxiety [10,11]. The results of the meta-analysis by Schneider showed higher levels of depression in studies with advanced cancer patients, in line with previous reports of more pronounced distress in patients with a poorer prognosis [12,13].

Up to date there is not enough specific knowledge about psychological distress in uro-oncologic patients surgically managed [14–16]. Existing research has methodological limitations and small samples so this is what aimed our study to assess the prevalence of preoperative anxiety and depression using validated self-administered questionnaires in patients with urological malignancies (prostate, bladder, and renal) undergoing surgery.

From this perspective, the importance of identifying presurgical risk factors for anxiety and depression is important to plan an integrated preventive assistance approach to promote the personal recovery and postoperative socio-occupational reintegration.

2. Materials and methods

This is a cross-sectional study performed by the Clinical Psychological Department/Service that included a cohort of patients with urological cancers (bladder, prostate, and kidney) surgically managed (transurethral resection, radical cystectomy, radical prostatectomy, and radical nephrectomy) at the Fundació Puigvert Urology Department. Patients were consecutively included in the study during hospital admission and the questionnaires were completed by patients before surgery. The questionnaires were collected on the discharge day. Patients previously diagnosed with depression or anxiety, and those with some disability (could not read or write or did not have good cognitive conditions) were excluded from the study.

The study was conducted following the guidelines and principles of the Declaration of Helsinki and standard ethical conduct for research involving humans. The study also guaranteed compliance at all times according to Law 15/1999 on Protection of Personal Data (Spanish Government). All the subjects enrolled provided written informed consent for study participation. Data collection for this comprehensive screening assessment were approved by the local Ethical Committee.

Socio-demographic and clinical variables were collected. All the patients included were evaluated with the following psychometric questionnaires: the HADS and the STAI.

The HADS [17] is widely used for its easy comprehension and completion and is administered as a self-report

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