



## PSYCHOSOCIAL FACTORS AFFECTING CANCER PATIENTS IN INDIA

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**ABSTRACT****Aims:**

This article reviews the psychological and social factors affecting Indian cancer patients and explores the relationship between these factors and the age, sex and treatment protocol of the patient

**Settings and Design:**

This study was conducted at the Indo American Cancer hospital located in Hyderabad, India. A psychosocial form was designed and used for collecting the information in this article.

**Methods and Material:**

1000 patients at Indo American Cancer Hospital were asked to fill in the psychosocial assessment form. They were asked to tick the boxes which accurately reflected what they were feeling or were experiencing.

**Statistical analysis used:**

Descriptive Analysis

**Results:**

The three common psychological issues experienced by the patients who participated in the study were sadness, worry, and sleeplessness. The most common social issue experienced by the patients were family problems. Patients who were procuring treatment through surgical methods experienced more worry when compared to those procuring treatment via chemotherapy and radiation respectively. However, patients being treated via radiation experienced more sadness than those treated through surgery or chemotherapy.

**Conclusions:**

A higher proportion of surgical patients (71%) experienced more worry compared to chemotherapy or radiation patients. This could be due to fear of complications or fear of surgery itself. This can be reduced by regular counselling.

**KEYWORDS :** Psychosocial effects on cancer patients, Cancer patients India, psychological effects on cancer patients, social issues of cancer patients.

**INTRODUCTION**

Oncological cases are growing exponentially across the world, more so in India during the recent times. Cancer belongs to a select group of diseases which regrettably leaves an inefaceable effect on the patient's psychological, social and emotional health both during and after treatment.

Individuals experience different amounts of psychological distress during the course of their diagnosis and treatment. Cancer-related distress can be expected to dissipate with time, however, for a significant percentage of patients it may hinder or restrict their comfort, quality of life. Psychological distress can be related to physical problems like illness or disability. They could also be precipitated by psychosomatic problems, family issues and social concerns related to employment, insurance and access to care post-treatment

The incidence & mortality relating to cancer is rising at an alarming rate all over the world. [1] In 2012 there were 14.1 million new cancer cases and 8.2 million cancer deaths worldwide.

Unfortunately, large scale research on the psychological and social effects experienced by cancer patients in India, is inadequate in terms of published research. This combined with the perennial inequalities in survivorship of cancer patients in India when compared to the west demands investigation.

**SUBJECTS AND METHODS:**

Data for this form was collected over a period of four months by six counselors and two volunteers at Indo American Cancer Hospital, Banjara Hills, Hyderabad, India. A total of 1000 individuals being treated for oncological issues at the hospital were counseled during which they were asked to fill out this questionnaire

The form was printed in English and filled out primarily by the patients and by the counselors in situations where the patient was unable to do so for any reason. This form was designed taking into consideration the literacy levels of the patients it would be aimed at. Many of the patients who are part of this study have come from rural towns and villages and therefore a lot of them found it difficult to accurately express their feelings on a scale of numbers. In order to combat this, the form was designed in such a manner that the patient need only tick the box which accurately matches their current feelings and state of mind. Data entry was conducted by three counselors and two volunteers and entries were periodically verified and double checked by a counselor and a volunteer

The psychological issues listed on the form were;

- Denial
- Anger
- Sadness
- Worry
- Irritability
- Negative Overall Health
- Loneliness
- Sleeplessness
- Stress
- Guilt
- Loss of Appetite
- Depression
- Confusion
- Anxiety
- Loss of Memory

The social issues listed on the form were;

- Family problems
- Shyness

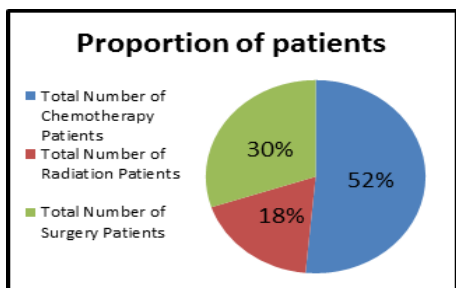
- Problems in coping with your social life
- Issues in meeting new people
- Sexual issues

We then decided to compare and evaluate the relationship of these psychosocial factors with the age, sex and type of treatment protocol of the patient.

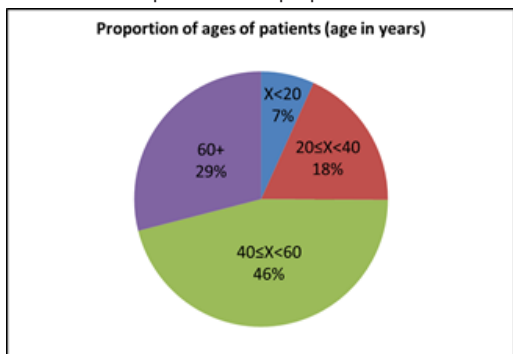
The majority of patients in the study were being treated with chemotherapy and surgical intervention. Collecting information on radiation patients proved to be more challenging as they leave as soon as they receive treatment. Therefore it proved difficult to interview them in the out-patient department. Some of the challenges faced during the collection of this data were that patients were often skeptical and closed off when the counselor approached them with the term 'counseling' and felt more comfortable and unreserved when they were simply asked to engage in conversation about how they were feeling. Their inhibitions were significantly lowered when the discussion was informal. It was also imperative to build a rapport with the patient before asking them questions or requesting them to fill in the form to assist with our research.

**RESULTS:**

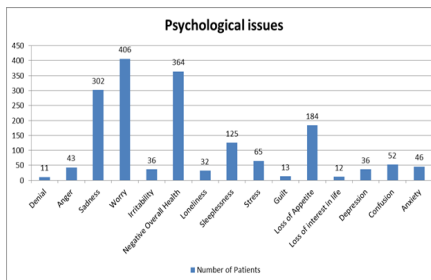
Out of the 1000 patients who participated in the study, 409 (40.9%) were males and 591 (59.1%) were females. The mean age of the patients was 48.4 years with a standard deviation of 16.2. The most common form of cancer recorded was cervical cancer, which was presented by 100 patients, 10% of the total sample. Other common cancers presented by the patients include breast, lung and rectal cancer.



523 patients were being treated with chemotherapy, 187 were being treated with radiation and 306 patients were being treated with surgery. Multimodality treatment was also given in combinations of Chemotherapy and Radiation, Chemotherapy and Surgery and Radiation and surgery to 16 patients (1.6%). Patients undertaking multimodality treatment were placed in both categories. If a patient was undergoing chemotherapy and radiation treatment, they were classified as both a chemotherapy patient and a radiation patient for the purpose of this article.

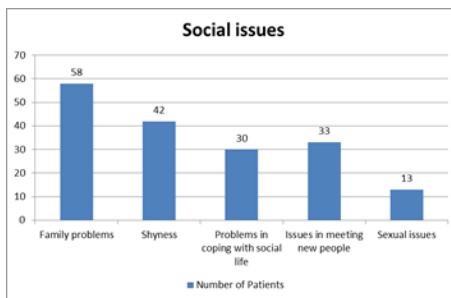
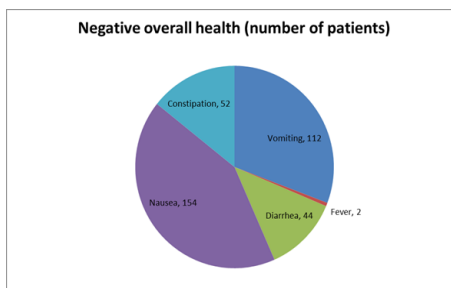


The majority of patients in the study were between the ages of 40 and 59 inclusive. Out of the 1000 patients, 72 patients were less than the age of 20 years, 217 patients were between the ages of 20 and 39 inclusive of both numbers, 459 patients were between the ages of 40 and 59 both ages inclusive and 252 patients were either equal to or above 60 years of age.

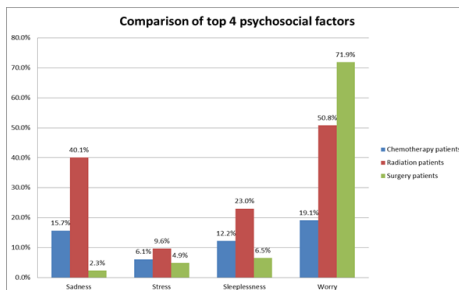


The most common psychological issues experienced by the patients who participated in the study were sadness (30.2%), worry (40.6%), sleeplessness (12.5%), loss of appetite (18.4%) and negative overall health (36.4%). The least common psychological issues recorded were denial (1.1%), loss of interest in life (1.2%) and guilt (1.3%).

Negative overall health involved a combination of Vomiting (112), Fever (2), Diarrhea (44), Nausea (154) and Constipation (52).



The social issues experienced by the patients were family problems (5.8%), shyness (4.2%), problems in coming up with social life (3.0%), issues in meeting new people (3.3%) and sexual issues (1.3%).



Radiation patients experienced more sadness, stress and sleeplessness (40.1%, 9.6%, 23.0%) compared to chemotherapy patients (15.7%, 6.1%, 12.2%) and surgery patients (2.3%, 4.9%, 6.5%). However, surgery patients experienced much more worry than chemotherapy and radiation patients. 71.9% of surgery patients experienced some form of worry compared to 19.1% of chemotherapy patients and 50.8% of radiation patients.

**DISCUSSION:**

Cancer is a very serious issue affecting individuals all over the world. It has the ability to shake the very foundations of the routine life of those who have been diagnosed. The purpose of this study was to explore the different psychosocial factors influencing Indian cancer

patients and which factors seemed to be more prevalent based on the age, sex and the type of treatment the patient was receiving. Indian patients experience multiple psychological and social issues which are fairly more uncommon in the developed countries such as the United Kingdom or the USA such as family problems, shyness and the inability to understand the diagnosis presented to them (confusion)

The population of India in 2012 was 1,258.3 million and newly diagnosed cancers that year was 1,014,900 [2]. This number could very possibly be much higher as many cancers are not reported. The mortality rate from cancer in the same year was 682,800, presenting India with a mortality rate of 67.3%. Western countries, such as the USA have made significant strides in reducing cancer-related deaths in recent decades. In 2012 there were approximately 1,638, 910 cancer cases and the mortality rate was only 35.2%. An estimated 71 percent of all cancer-related deaths have been found to occur in the age group between 30 to 69 years [3]. This correlates with the findings of our study, where the majority of patients diagnosed with cancer belonged to this age group.

Our study showed worry and sadness to be among the most common psychological issues. However, in the study published by Rashid et al[4], depression was determined to be the most common. In our study, depression was only reported by 36 (3.6%) of the 1000 patients. This difference in findings could be attributed to multiple factors such as the rural background and family structure of the patients. The majority of patients who come from rural areas did not receive a formal education and in a lot of cases the diagnosis is not fully explained to patients themselves but to their family members or attendees. This can cause built up worry, stress, and anxiety for the patient. This is something counselors can try to reduce by regularly interacting with patients and trying to explain the diagnosis in terminology that the patient understands. Alternatively, patients expressing worry and sadness could be integrated into music therapy sessions, group cancer awareness walks and discourses presented by cancer survivors. All of these are an integral part of raising the spirit and building morale. This may be associated with better outcomes[5] and a longer event-free survival[6]

Having adverse physical problems can take a toll on patients' morale and can reduce their day-to-day quality of life. In many cases, medication is the only solution to improve the quality of life.

As seen in Figure 1.6, a higher proportion of radiation patients experienced more sadness, stress, and sleeplessness than their chemotherapy and surgical counterparts. Being sad, depressed and tired is very common after multiple radiation sessions. The tiredness makes it even more difficult to cope with other emotions. Additionally, having multiple radiation sessions a few weeks apart might make it seem to the patient that they have lost their support network. This can take a serious toll on their psyche and can be reduced to a large extent by regular phone calls to patients in between treatment sessions to inquire about their progress, how they are feeling and to reassure them. Furthermore, a much larger proportion of surgical patients (71%) experienced more worry compared to chemotherapy or radiation patients. This could be due to fear of complications or fear of surgery itself. This can easily be reduced by regular counseling.

Family problems exist to be the most common social issue faced by patients in our study. Family problems can cover a wide range of issues, largely being disputes between spouses and relatives (in-laws). Other social issues detected were shyness and problems keeping up with their social life. This usually involved the difficulty of maintaining relationships with their friends and feeling secluded. Social issues form an integral part of a patient's treatment. If patients are shy, it makes it difficult to communicate their feelings accurately with healthcare professionals which could end up\*\* restricting the benefits of providing treatment, counseling and post-treatment recuperation.

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