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Original Research Article

Psychological Morbidity, Quality of Life, Body Image, Concerns and Coping Mechanisms in Cervical Carcinoma Patients-A Cross Sectional Study

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Abstract:

Introduction: A diagnosis of cancer is shattering for patients and their loved ones. During the months after diagnosis, the cancer sufferer must attempt to come to terms with both uncertainty of the threat to life and disabling. Cervical carcinoma patients are concerned to sexuality, feminity and feeling of motherhood. The research available from India and other developing countries regarding psychosocial issues in malignancy in cancer of the cervix in particularly is meager.

Materials and Methods: The study was done in the department of medical oncology at Shirdi saibaba cancer hospital and research centre, kasturba hospital, manipal. The study period is August 2009 to February 2010.

Results: 30 Study subjects were selected for the study. The majority of the subjects were in the 41-50 age group.

Keywords: Cervical carcinoma, Depression, anxiety, coping mechanisms, Quality of life and Body image.

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Introduction

Globally cervical cancer is the 4th most common cancer and the 7th most common cancer overall, there were more than 604000 cases each year among these 75% of cases occur in developing countries (International Agency or research on cancer). Cancer of the uterine cervix continues to be a leading cause of morbidity and mortality among women worldwide. Death rates from cervical cancer in developing nations range from 5 to 15 per 100,000 populations. In India alone, approximately 71,000 new cases of cervical carcinoma, 16% of world's total occurs each year. It is the most common neoplasm among Indian women accounting for 20-25% of all cancers (Landis., et al,1998).Early-stage disease accounts for the vast majority of diagnosed cancers in women, and psychological morbidity associated with early-stage disease is of great public health significance (Seffrin, 2001). Initial reaction to diagnosis can be intense, reactions often involve shock, impaired concentration, emotional numbness, insomnia and nightmares, heightened arousal, depression, anxiety, and intrusive thoughts about dying or cancer recurrence (Epping-jordon et al., 1999).

For most women, the severe initial distress reduces, and their mood returns to normal levels 6 to 12 months after treatment (Coyne et al., 2000). However, in many women the psychological distress may remain to prolonged periods.

About 20% of women suffer from significant depression, anxiety also suffer with posttraumatic stress disorder (Green et al., 2000).

Objectives:

1. To assess the psychological morbidity, Concerns, Coping mechanisms in cervical carcinoma patients.
2. To determine the body Image in cervical carcinoma.
3. To determine the Quality of life in cervical carcinoma

Materials & Methods

The study was done in the department of medical oncology at Shirdi Saibaba cancer hospital and research centre, with liaison Department of psychiatry, Kasturba hospital Manipal. The study was done from August 2009 to February 2010. 30 subjects were selected for the study.

Inclusion Criteria: Patients of age 18 years and above admitted as inpatients in Shirdi Saibaba cancer hospital and research centre, which had been diagnosed with cervical carcinoma were included in this study.

The study subjects should have undergone the 2 sessions of Radiotherapy & chemotherapy. Able to read and Write English or Kannada & willing to give informed consent.

Exclusion Criteria: Study subjects previously diagnosed to have psychiatric disorders, subjects having delirium or cognitive deficits, Recurrence of cancer. History of chronic illness excluding Diabetes & Hypertension.

Instruments used:

1. Semi structured proforma to collect sociodemographic data.

2. Cancer related variables

3. Hospital anxiety & Depression scale

4. Coping checklist and concerns: The patient's concerns would be explored by using a checklist developed by Devlen.

5. WHO QOL- BREF Scale

6. Body image Scale (Hopwood et al, 2001)

7. Functional Assessment of cancer Therapy scale (Cello et al)

7. MINI PLUS International Neuro-psychiatric Interview (M.I.N.I) (Sheehan et al)

Initially a Semi structured Proforma used for evaluating sociodemographic variables. The clinical staging & disfigurement assessment done (According to FIGO staging of carcinoma of the cervix uterus).The patients were then requested to complete the HADS, the concerns, coping checklist, Body image scale, WHO QOL-BREF scale, functional assessment of cancer therapy scale. MINI PLUS used to rule out psychiatric disorders.

Data analysis: It was done by using SPSS version 13. Descriptive statistics were used. Group comparison for categorical variables was done by Chi square test, Mann Whitney test and Pearson correlation was used wherever appropriate.

Results

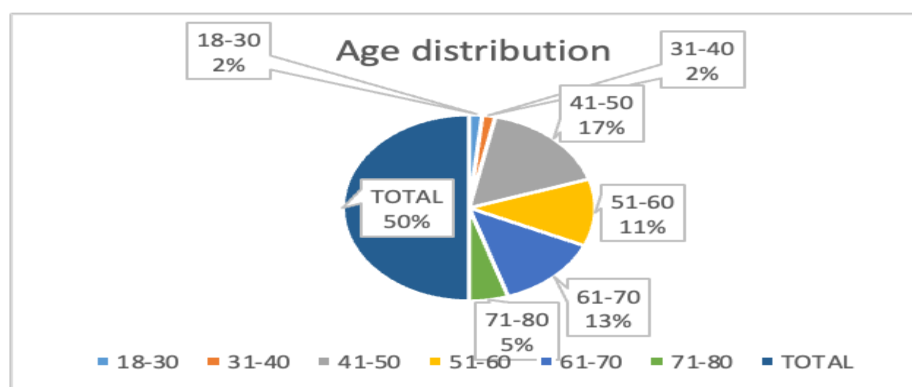

Figure 1: Majority of the study subjects were in the 41-50 years of age

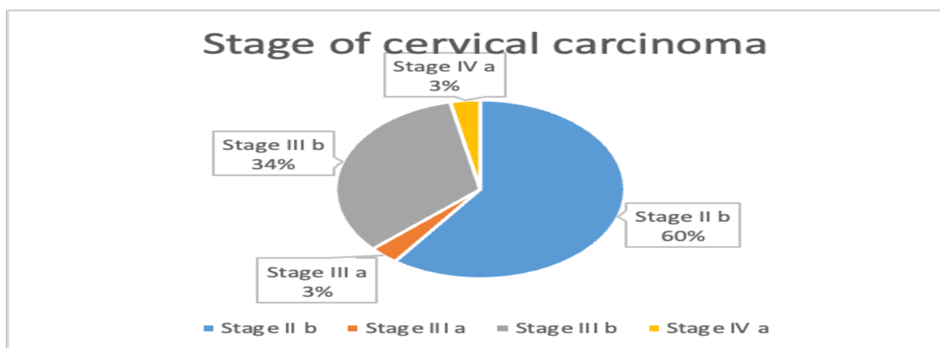

Figure 2: Majority of the study subjects were in stage II b

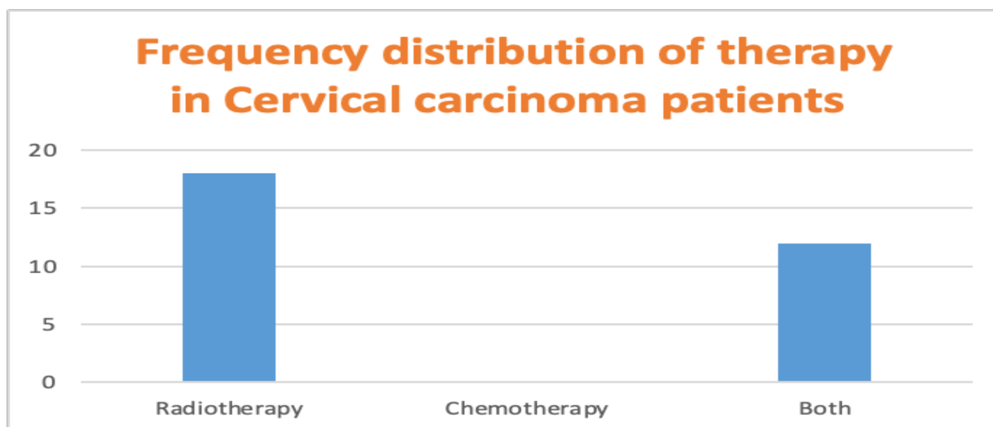

Figure 3: Frequency Distribution of therapy in cervical carcinoma patients

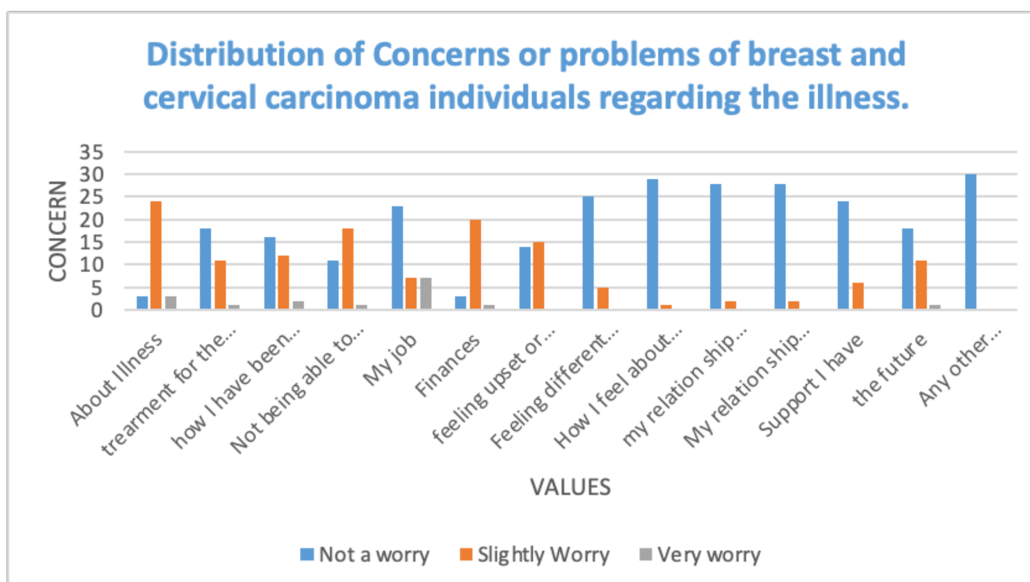

Figure 4: Distribution of concerns or problems of breast and cervical carcinoma individuals regarding the illness

Study subjects were more worried about finances, about illness and few study subjects are not worried about being self as a women and relationship with the partner.

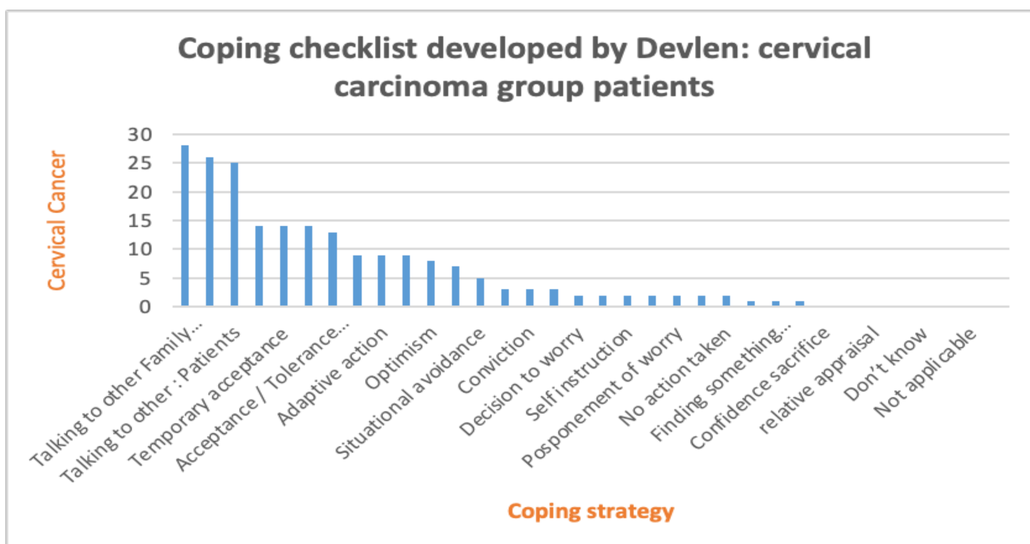

Figure 5: Coping checklist development by Devlen: cervical carcinoma group patients

Talking to others: Family and friends are the common coping strategies availing cervical carcinoma patients.

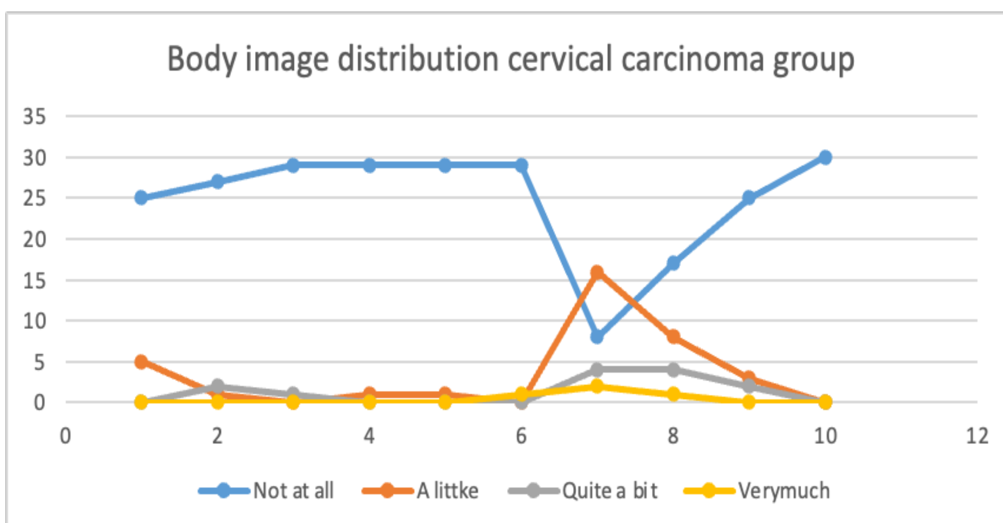

Figure 6: Body image distribution cervical carcinoma group

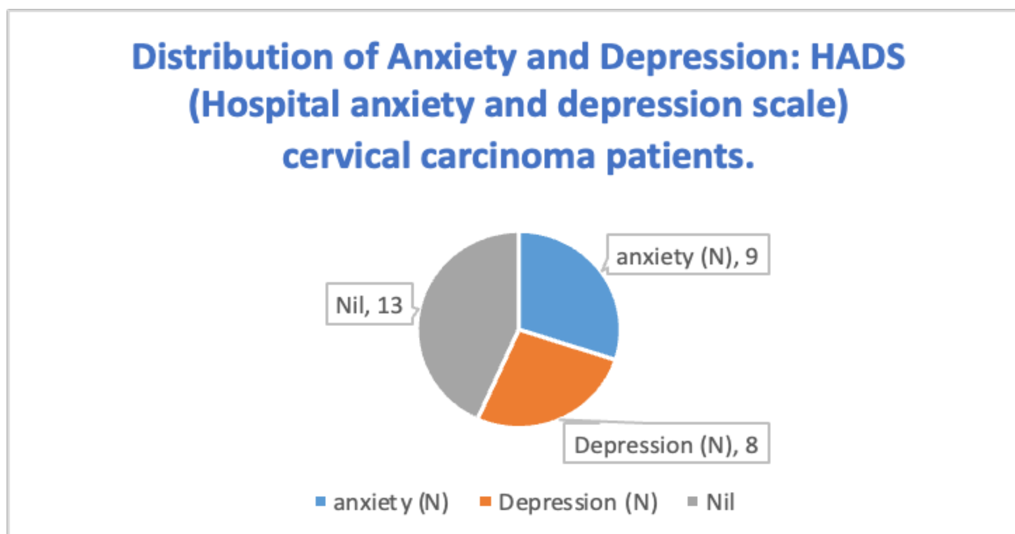

Figure 7: Distribution of Anxiety and Depression: HADS cervical carcinoma patients

Table 1: Comparison of anxiety & depression in Cervical Carcinoma subjects:

	Cervical carcinoma	t	df	Sig(2-tailed)
	Mean SD			
Depression	0.26 ± 0.44	1.16	57.17	0.11
Anxiety	0.30 ± 0.46	0.54	57.85	0.59

Table 9: Quality of life domains in cervical carcinoma patients: (WHO QOL BREF)

Domains Score	Mean ± SD
Physical domain	2.82 ± 0.45
Psychological Domain	2.77 ± 0.44
Social Domain	3.10 ± 0.57
Environmental Domain	3.18 ± 0.26

Table 10: Correlation of psychological symptoms with Quality-of-life domains

Psychological symptoms	Physical domain	Psychological domain	Social domain	Environmental domain
Depression	-0.60**	-0.59**	-0.20	-0.52**
Anxiety	-0.46**	-0.43**	-0.12	-0.43**

**** Correlation is significant at the 0.01 level (2-tailed)**

Higher scores in depression & anxiety negatively correlated with physical, psychological and environmental domains.

Discussion

The study was done in the department of medical oncology at Shirdi Saibaba cancer hospital and research centre along with liaison Department of psychiatry, Kasturba hospital Manipal. The study period is from August 2009 to February 2010.

The aim of the study was to determine the psychological morbidity, Quality of life, concerns, coping mechanisms, Body image in cervical carcinoma. Most of the patients are in 40-60 years, majority of them are Hindus residing from rural area and have primary education, home maker & living extended families. Socio-demographic variables were similar to other studies (Sharma et al, Fobair et, Koopman et al).

In the current study incidence of anxiety and depression is similar to that of previous studies (Derogatis et al, Maguire et al, Mahapatro et al, Sharma et al) during the course of illness. On correlation of psychological symptoms with the Quality-of-life domains (physical, psychological, social, and environmental domains), it was found that higher the scores in depression and anxiety negatively correlated with physical, psychological, and environmental domains but not with social domain. This indicates that higher the psychological symptoms poorer the Quality of life in physical, psychological, and environmental domains. The social domain of Quality of life also showed a negative correlation with psychological symptoms but was not statistically significant.

According to results of this study, cervical carcinoma patients were not concerned about femininity, relationship with their partner and being different from others, unlike western studies where issues about their femininity and being different are major concern, but they more concerned about their illness and financial issues. People use different coping strategies that depend on the individuals, circumstances, and cultures. Information seeking (Thinking about the disease) positive thinking, hope, intentional forgetfulness, negative thinking, hopelessness, fear, increased need for communication, common coping mechanism used by the subjects was talking to family & friends, talking to other patients, and indulging in religion.

In our study body image disturbances in cervical carcinoma individuals were not at all concerned about perceiving loss of femininity, appearance, looks at oneself self-naked and being loss sexually attractive because of disease and being less physically attractive avoid the people because of the way they appear, as it is not overtly visible to others. However, due to delay in diagnosis and treatment, it leads to comparatively greater physical complications and mortality.

Standardized psychological screening recommended for all women after their cancer diagnosis, during the treatment period and during the survivorship period. Such screenings can result in an appropriate flow of information between providers and survivors about the psychosocial needs and coping skills required to meet those needs. Health care providers should provide psycho oncology intervention programs to help patients and prepare them to use the coping strategies, special counseling required to improve their overall quality of life.

Limitations & Future directions: The global stress of cancer is determined by a multitude of stressors, which cannot be possibly measured in any one research. The cross-sectional design of the

present study could only establish certain associations, and not their cause-and-effect relationship. eg: the study does not answer the question whether coping strategies are employed in response to distress, or distress resulted from the ineffectiveness of the coping strategies. In addition, the sample size limits the generalization of the findings of the present study.

A follow-up, prospective study with periodic interval assessment i.e. prior to therapy, during the course of therapy and after therapy, which gives results that are more purposive.

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