

Psychiatric Disorders and Problems of Patients with Cancer: A neglected issue

Sepideh Omidvari, Psychiatrist

1. Health Metrics Research Center, Iranian Institute for Health Sciences Research, ACECR, Tehran, Iran
2. Cancer Research Center, Cancer Institute of Iran, Tehran University of Medical Sciences

Over the centuries, cancer has been a reminder of early untimely death. Scientific advances in cancer treatment have led to the fact that, nowadays, in many cases, cancer acts like a chronic disease. Although cancer mortality is still very important, it should not cause policy makers and health care team members ignore cancer morbidities. Psychiatric morbidities of cancer, despite their high prevalence, are among the problems which are not detected and, consequently, treated in many cases around the world, especially in developing countries¹.

Evidence reveals that about 50% of the patients with cancer are afflicted with psychiatric “disorders”. It is important to emphasize that many cancer patients without mental “disorders” have psychological “problems” which need clinical attention. The largest group of those with psychiatric disorders (68%) suffers from adjustment disorders and 13% of them are affected by major depressive disorder. It should be mentioned that the incidence of depressive disorders in cancer inpatients is higher than that in the outpatients and depression is an important risk factor for suicide^{2,3}.

Patients with cancer are vulnerable to depression signs and symptoms in all phases of the disease, from manifestation of the early signs of cancer to diagnosis, during treatment, palliative care and even after remission or cure. Furthermore, anxiety disorders are common in the patients with cancer as well; some studies have suggested that about 32% of cancer patients suffer from post-traumatic stress disorder (PTSD)^{2,3}.

The studies conducted on the patients with cancer in Iran indicate that psychiatric disorders and problems are common in the patients and some findings have shown that more than 50% of enrolled patients suffer from psychiatric “disorders”⁴.

As noted before, the majority of cancer patients experience psychological “problems”. They need professional help to successfully pass different stages of psychological trajectory from a shock trauma to coping with the disease and to endure less distress.

During their journey, patients face different concerns and preoccupations. In fact, anxiety is the most common psychiatric symptom which cancer patients experience. Some factors causing anxiety in the patients include the essence of the disease, disease progression and metastasis, side effects of treatments, forthcoming death, disability, loss of independence, abandonment, disfigurement, role functioning impairment, disruption in relationships, financial problems, unasked questions, other cancer patients and their words, interactions between hospital personnel and patients and other people's spiritual interpretation of being affected by cancer⁵. In addition, psychiatric disorders and problems might harm the social health of cancer patients through impaired social function (a significant decrease in interpersonal relationships), the occurrence which could lead to the loss of their social existence before physical death. Detecting and treating psychiatric disorders could lead to increasing patients' treatment compliance concerning cancer, improving their quality of life and decreasing the probability of consequences such as desire accelerate death

and suicide^{2, 3}.

Treating "the patient with cancer", not "the cancer", needs a holistic attitude and approach, according to which the patient is considered as a whole and the aim of providing health care services would be helping the patient live to the fullest as much as possible and endure less suffering, not merely physically, but mentally as well.

REFERENCES

1. Pasquini M, Biondi M. Depression in cancer patients: a critical review. *Clin Pract Epidemiol Ment Health*. 2007; 3: 2.
2. Breitbart WS, Lederberg MS, Rueda-Lara MA, Alici Y. Psycho-Oncology. In: Sadock BJ, Sadock VA. Kaplan & Sadock's Comprehensive Textbook of Psychiatry. Ninth ed. Philadelphia: Lippincott; 2009: 2314-53.
3. Sadock BJ, Sadock VA, Ruiz P. Kaplan & Sadock's Synopsis of Psychiatry. Eleventh ed. Philadelphia: Wolters Kluwer; 2015
4. Omidvari S, Shahidzadeh Mahani A, Montazeri A, Azin A, Emami AH, Mohammadi M, Harirchi AM, Soori H, Goodarzi F, Jaafari H. Mood, anxiety and adjustment disorders in patients with leukemia and lymphoma. *Australian and New Zealand Journal of Psychiatry* 2007; 41 (Suppl. 2): A403
5. Omidvari S, Maghsudlu M, Montazeri A, Azin A. Factors causing anxiety in patients with cancer in preoperative period. *Iranian J Psychiatry* 2011; 6 (4): 181-182