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# THE RELATIONSHIP BETWEEN ANXIETY, DEPRESSION AND SENSE OF ILLNESS UNDERSTANDING IN PALLIATIVE CANCER PATIENTS

**Roxana Andreea Rahnea-Niță[1], Mihaela Popescu[2], Anda Natalia Ciuhu[3], Antuanela Loredana Tuinea[3], Gabriela Rahnea-Niță[3]**

[1]*"Dr. Constantin Gorgos" Titan Psyhiatric Hospital, Department of Oncology, Bucharest, Romania*
[2]*Clinical Hospital "Colentina", Department of Hematology, Bucharest, Romania*
[3]*Chronic Disease Hospital "St. Luke", Department of Oncology–Palliative Care, Bucharest, Romania*

## Summary

Background: Patients with advanced illness often experience psycological distress. Depression and anxiety are common in palliative care.
Material and methods: Palliative cancer patients were evaluated, regarding anxiety and depression using Hospital Anxiety And Depression Scale (HADS) and regarding illness understanding, using Item 4 of Needs Near the End of Life Screening Tool (NEST 13).
Results: Regarding anxiety: 40.91 % female and 25.71 % male are abnormal case. Regarding depression: 31.82 % female and 11.43 % male are abnormal case.
Discussions: Anxiety is more frequent than depression, and females are more affected than males.
Conclusions: The association between somatic symptoms and depressed mood supports a holystic approach that integrates physical and psychological symptom control.
Key words: anxiety, depression, illness understanding

## Résumé

***La relation entre l'anxiété, la dépression et l'acception de la maladie chez les malades cancéreux palliatifs***

Introduction: Les patients en stade avancé de la maladie on l'expérience d'un détresse psychologique. La dépression et l'anxiété sont habituelles dans les soins palliatifs.
Matériel et méthode: Les patients cancéreux palliatifs ont été évalués en ce qui concerne l'anxiété et la dépression en utilisant l'Échelle de l'Anxiété et de la Dépression de l'Hôpital (EADH) et l'acception de la maladie à travere l'article 4 de l'Instrument de Visualisation de besoins proches de la fin de la vie (NEST 13).
Résultats: Concernant l'anxiété: 40,91% femmes et 25,71% hommes sont des cas anormaux. Concernant la dépression: 31,82% femmes et 11,43% hommes sont des cas anormaux.
Discussion: L'anxiété est plus fréquente que la dépression et les femmes sont plus affectées que les hommes.
Conclusions: L'association entre les symptômes somatiques et le caractère déprimé appuit à l'approche holistique qui couvre le symptôme physique et psychologique.
Mots clefs: anxiété, dépression, acception de la maladie

## Background

While emotional distress is natural and expected in individuals experiencing serious illness, the differentiation between a normal and appropiate reaction to dying versus a more serious psychiatric disorder such as major depression can be clinically challenging. (1)

Depression and anxiety are common in palliative care. They might be very often associated with reduced treatment adherence, poorer prognosis and higher mortality. Detecting depression in palliative care is difficult as somatic symptoms (sleep disturbance, poor appetite, fatigue) may be due to the depression, advance desease or medical treatment (2). Also, is difficult to distinguish from normal fear and distress, which often accompany terminal

*Correspondence address:* *Mihaela Popescu, MD*
*Clinical Hospital "Colentina", Șoseaua Ștefan cel Mare 19-21, district 2, Bucharest, Romania*
*e-mail: 73mihaela.popescu@gmail.com*

illnesses (3). It is important to detect and treat properly those possible compounds, because this may lead to an improvement of the quality of life, and also to the increase of the end of life quality (4). A good collaboration between palliative care and mental health professionals could lead to better results.

## MATERIAL AND METHODS

Palliative cancer patients admitted into the Department of Oncology - Palliative Care of the Chronic Disease Hospital "St. Luke" from Bucharest, over a period of two weeks, in november 2015, were evaluated, concerning anxiety and depression using Hospital Anxiety And Depression Scale (HADS) and concerning illness understanding, using Item 4 of Needs Near the End of Life Screening Tool (NEST 13) (5,6,7,8).

Of the 246 patients admitted into the department, 114 were eligible for inclusion and enrolled (enrollment rate of 100%). 132 patients were excluded based upon cognitive deficits or based on their poor functional status.

The approval from the Medical Ethical Commission of the Chronic Disease Hospital "St. Luke" has been previously obtained.

The participants were explained about the purpose and the importance of the study and the patients signed a written informed consent, in accordance with the research, in which they freely agreed to join this study.

Data obtained were analyzed using Microsoft Office Excel 2007.

## RESULTS

Mean age is 63 years. Patients distribution according to the gender is: male: 61.40 % and female: 38.60 % (Fig. 1).

Patients distribution according to the life environment is: urban: 59.65 % and rural: 40.35 % (Fig. 2).

Patients distribution according to the studies and education is: elementary: 54.39 %, secondary: 33.33 % and universitary: 12.28 % (Fig. 3).

Patient's distribution according to the disease is: lung - 47.37%, breast -15.79%, colo-rectal - 14.04%, head and neck - 5.26%, prostate - 5.26%, urinary bladder – 3.51%, gastric – 1.75%, pancreas – 1.75%, ovary - 1.75%, uterus - 1.75%, renal - 1.75% (Fig. 4)

Regarding HADS and NEST 13 - Item 4, the authors analyzed the results separetely in women and in males.

Responses on Hospital Anxiety And Depression Scale are based on the relative frequency of symptoms over the past week, using a four point Likert scale ranging from 0 (not at all) to 3 (very often indeed). Responses provide separate scores for anxiety and depression symptomology (each of anxiety or depression scale has a score range of 0-21).

Total score is: 0-7 = Normal, 8-10 = Borderline abnormal (borderline case), 11-21 = Abnormal (case).

The results are: Anxiety (Fig. 5):

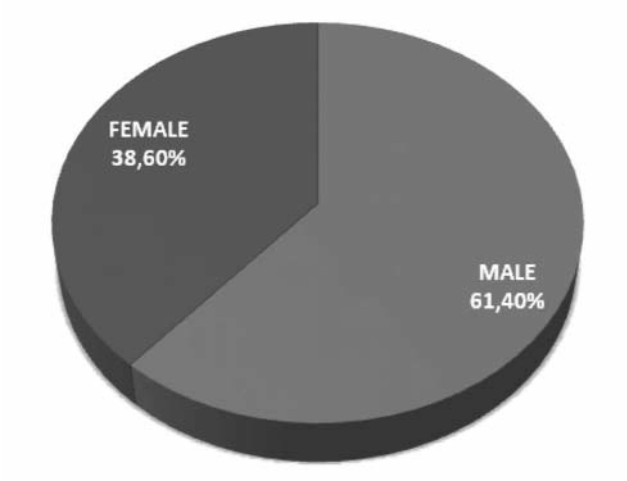


*Figure 1 - Patients distribution according to the gender*

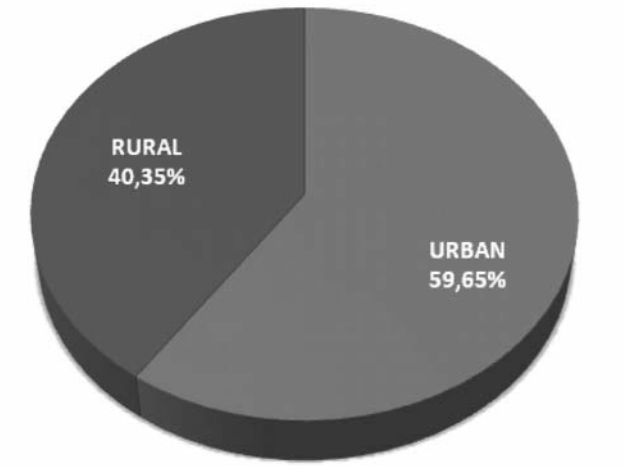


*Figure 2 - Patients distribution according to the life environment*

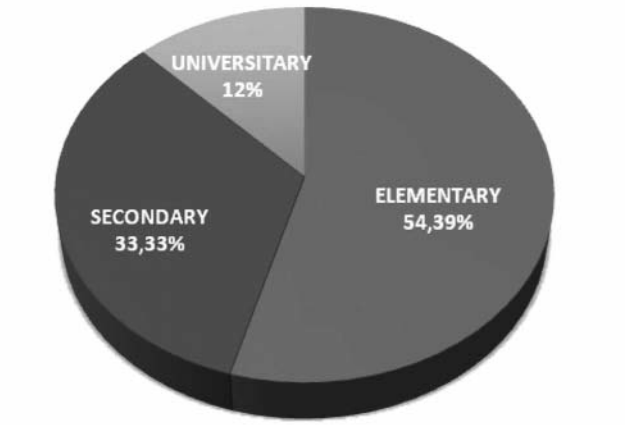


*Figure 3 - Patients distribution according to the studies and education*

- Female: 27.27 % normal case, 31.82 % borderline case, 40.91 % abnormal case;
- Male: 71.43 % normal case, 2.86 % borderline case,

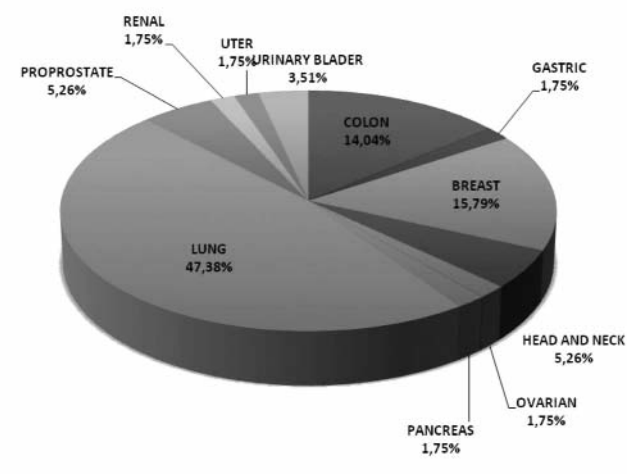


*Figure 4 - Patients distribution according to the disease*

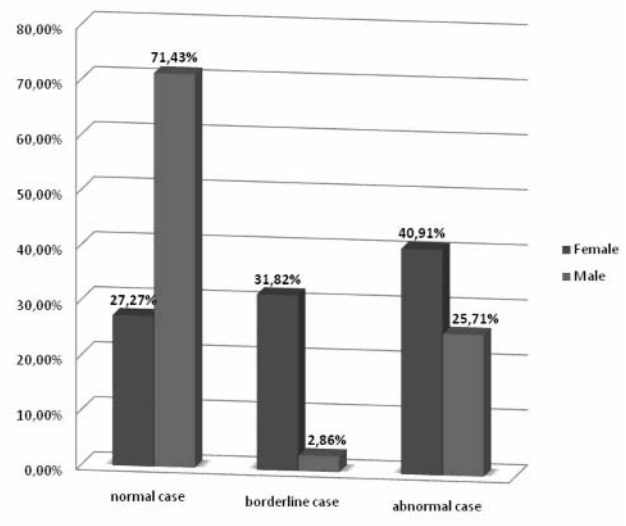


*Figure 5 - Anxiety*

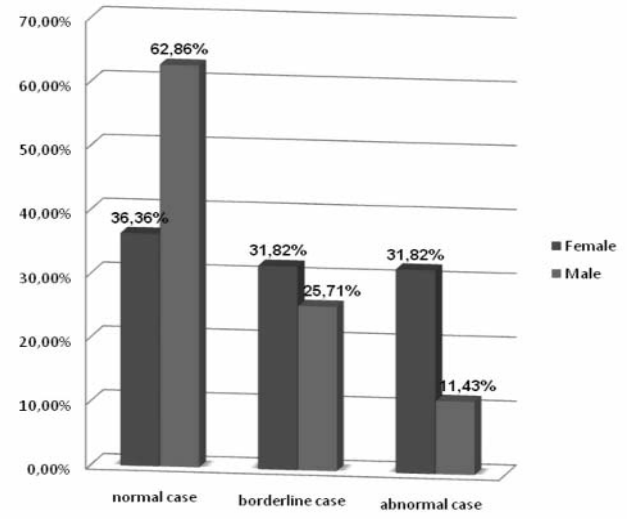


*Figure 6 - Depression*

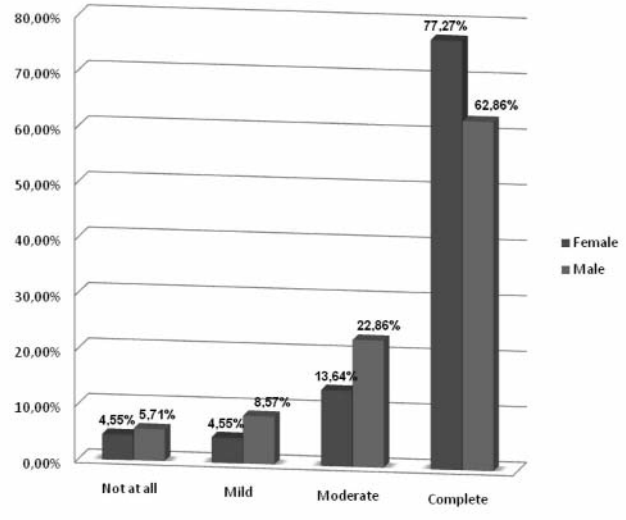


*Figure 7 - How much does the illness seem senseless and meaningless*

25.71 % abnormal case

Depression (Fig. 6):

- Female: 36.36 % normal case, 31.82 % borderline case, 31.82 % abnormal case;
- Male: 62.86 % normal case, 25.71 % borderline case, 11.43 % abnormal case.

Item 4 of Needs Near the End of Life Screening Tool uses a scale from 0 (not at all) to 10 (complete). It assesses how much does the illness seem senseless and meaningless. The results are (Fig. 7):

Not at all: Female: 4.55 %, Male 5.71 %.

Mild: Female: 4.55 %, Male 8.57 %.

Moderate: Female: 13.64 %, Male 22.86 %.

Complete : Female: 77.27 %, Male 62.86 %.

## Discussions

The analysis is based on a comparison between female and male, 61.40% from the patients were male, and 38.60 % female, and according to the life environment in 59.65 % the origin was urban. Almost half of the patients, according to the desease, were suffering from lung cancer.

According to HADS, the results demonstrated that the women are more depressed and anxious than the men, and also, that anxiety is more frequent than depression, repectively, 40.91% female are anxious and only 25.71% male, and 31.82% female depressed compared with only 11.43% male.

According to how much illness seems senseless and meaningless, the results demonstrated that the impact is significant in most of them, female, and male as well, respectively 77.27 % female, and 62.86% male.

## Conclusions

The association between somatic symptoms and

depressed mood supports a holistic approach that integrates physical and psychological symptom control. (9)

Some people with anxiety and depression may require intervention and some may not. Often, reassurance, presence, addressing their concerns directly, and controlling symptoms is all that is needed (10). While many patients have worries, fears, and apprehensions, they do not rise to a level of an anxiety and depression disorder. In addition, anxiety and depression should not be assumed to be an inevitable part of a serious illness. (11)

In palliative care, for patients with depression and anxiety, a different approach might be useful and those with severe or treatment resistant depression should also be referred to a mental health specialist, and additional interventions should be considered. All treatment options should be considered and discussed (including those that may be beneficial). Response to treatment and side effects must be monitored regularly. (12,13)

The most interesting result to our study is the conclusion regarding the senseless and meaningless of the desease. Most of the patients do not exactly understand their situation, they simply ask themselves why this happened to them, why them. This thing explains why they are exposed to the appereance of anxiety and depression.

### *Limitation of the study*

This study was performed in a single Oncology-Palliative Care department. A multicentre study with a larger sample size would allow to more definite conclusions.

### *Aknowledgement*

MD Roxana Andreea Rahnea Nita had elaborated and written this present article, within doctoral studies, since 2015, at UMF Carol Davila, Bucharest, under the coordination of Prof. Dr. Rodica Anghel, MD, PhD - Oncology Department

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