

Anxiety and depression in postoperative Modified Radical Mastectomy patients

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Abstract

Background Breast cancer is the third leading cause of cancer in the women around the world and most common malignancy in women accounting for 23% of cancer. Anxiety and depression are most common complications associated with malignancy. The present study was carried out to find the acceptability of the Hospital Anxiety and Depression Scale (HADS) in subjects with post operatively hospitalized Modified Radical Mastectomy (MRM) patients.

Method Questionnaire based observational study design was used for the present study. Thirty post MRM patients who had undergone surgery within the age group of 35yrs-75yrs were randomly selected as per inclusion criteria and included in the study. HADS was used as an outcome measure. Written consent was taken from each participants and questionnaire was filled by asking the patients in their own language.

Results Out of the 30 subjects of MRM, 19 (64%) subjects had depression, 7 (23%) subjects had anxiety and 4 (13%) subjects had anxiety and depression both.

Conclusion The study indicated that according to the Hospital Anxiety Depression Scale, depression and anxiety was both seen in subjects with modified radical mastectomy. Age also had an impact on patients with modified radical mastectomy where it was seen that depression was more common for patients with below 50 years of age.

Keywords: Breast cancer, Modified Radical Mastectomy, anxiety and depression

Introduction

Breast cancer is most common malignancy in women accounting for 23% of cancer around the world.¹ Incidence of breast cancer in U.S. is about 32% and in India it is ranging from 21.1% to 27.8%.²

Several options are available for the treatment of breast cancer ranging from

lumpectomy to Modified Radical Mastectomy (MRM). Traditionally, Halsted radical mastectomy was performed in which there was removal of whole breast along with axillary lymphnodes and pectoral muscles. Thus a modification was designed to reduced the cosmetic deformity (by saving the pectoralis major muscle) and by

performing the block dissection of axilla. This is a widely used surgery called Modified Radical Mastectomy.

Physicians and surgeons who consider that depression and anxiety are associated with cancer and these “normal” reactions do not therefore merit treatment. The quality of life of many emotionally depressed patients can be greatly improved if they are recognized and referred for help³. Maguire et al (1978) claimed that 80% of clinically depressed or anxious patients post-mastectomy go unrecognized by their surgeons⁴.

Anxiety is common at the initiation of treatment, worrying of the potential side effects of the agents and fear of recurrence after completion of treatment⁵. The prevalence of depression varies between 8% and 36% depending on the site of cancer, diagnostic criteria and the rating scales used⁶⁻⁷.

The assessment tool used for anxiety and depression in the present study is Hospital Anxiety and Depression Scale (HADS). The tool was designed for medically ill patients and does not include physical symptoms. It has been found good validity and sensitivity with HADS⁸. The HADS contains seven items that assess anxiety and seven items that assess depression rated on a four-point Likert scale (0 to 3).

Previous studies have revealed that about half of all cancer patients suffer from psychiatric disorders⁹. Numerous factors contribute to the variability in the prevalence of depression which include age and gender of the patient, hospitalization status, cancer diagnosis, and stage of cancer¹⁰. One goal is to be able to fully understand important issues in assessing depression in cancer patients to provide interventions to those who are most likely to benefit. Depression in radical mastectomy patients may be caused by impact of removal prolonged painful treatment and re-integration in society with

cosmetic loss. The patients have to cope with their disfigurement every day. Loss of body image can ultimately lead to low self esteem.

Present study was carried out with main two objectives: 1.To determine the frequency of Anxiety and depression in radical mastectomy patients’ 2.To study prevalence of depression and anxiety according to age in radical mastectomy patients.

Methodology

This study employed double blinded and Questionnaire based survey. We investigated the presence of anxiety and depression in individuals with MRM. Subjects were recruited from female surgery ward in Pravara Institute of Medical Sciences, Loni, Maharashtra, India. A total of 37 subjects have shown their interest to participate in the present study. Screening was done as per inclusion and exclusion criteria (Table 1) for their suitability in the study. 30 patients were found suitable for the study.

Material and measurements

It is used to assess the level of anxiety and depression in subjects. It is 14 items self administered scale, rated on 4-point scale ranging from 0-3. It has score of 42, with the range of 0-14 for “normal”, 14-20 for “borderline” and 21above for “clinical”. HADS is reliable and valid instrument for measuring Anxiety and Depression in modified radical mastectomy patients.

Procedure

The researchers conducted the screening for the study entry criteria. Approval for this study was granted by Ethics Committee of Pravara Institute of Medical Sciences. Subjects were able to withdraw from the study at anytime and gave written informed consent prior to participation.

Table 1: Inclusion and exclusion criteria for subjects with Modified Radical Mastectomy (MRM).

Inclusion criteria	Exclusion criteria
Post MRM patients (3-5 weeks post operatively) Age 35yrs- 75yrs	Subsequent local recurrence of breast cancer Patients who had undergone breast conserving surgery in past Acute psychiatric illness Patients with distant metastasis

30 subjects were selected satisfying the inclusion criteria. The physical examination was done and questionnaire was filled by asking the patient in their own language. The data was collected analyzed and final conclusion was made.

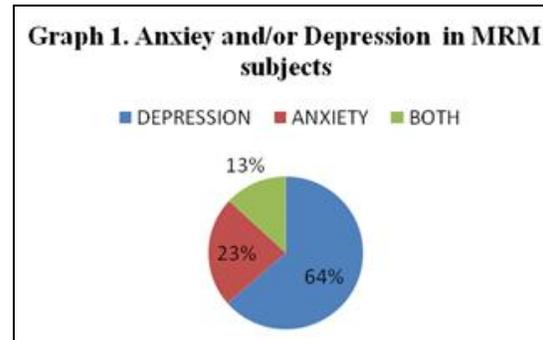
Data analysis

Collected data were analyzed under the age groups as below 50 years, 50 to 69 years and above 70 years of age as shown in Table 2. It shows that in below 50years of age there were 13 subjects in which 10 had depression, 2 had anxiety and 1 had both depression and anxiety. In 50-69 age group there were 14 subjects in which 8 had depression, 4 subjects had anxiety and 2 patients had depression and anxiety both. Above 69 age group, there were 3 subjects in which 1 subject had depression and anxiety respectively and 1 had both depression and anxiety.

Table 2: Age wise distribution of patients who have undergone modified radical mastectomy.

Age group	No. of patients	Total (%)
Below 50	13	40
50-69	14	46.67
Above 69	3	13.33

Graph 1 shows that according to Hospital Anxiety and Depression Scale, out of the 30 subjects, 19(64%) subjects had depression, 7(23%) subjects had anxiety and 4(13%) subjects had anxiety and depression both.



Discussion

Surgery for breast cancer including axillary dissection has become less invasive and the technique of radiation therapy has improved during recent years. Still, subjective and objective complications to the treatment of breast cancer are frequent. One of the most common complications of Breast cancer is Anxiety and depression.

The study demonstrates that both anxiety and depression was seen with the use of Hospital Anxiety Depression Scale in subjects with modified radical mastectomy. In the present study, depression was the major finding in subjects as compared to anxiety. 64% subjects among the 30 subjects had depression while only 23% had anxiety and 13% subjects had depression and anxiety both. In age wise comparison, it was seen that depression was more common than anxiety in subjects with below 50 year of age than above 50 years of age.

Anyone who has undergone a mastectomy often become depressed and feels disfigured. Dealing with this radical change to the body can be hard so it's important that patients feeling a loss of self esteem seek the advice of a counselor according to the references.

Anxiety is also seen in subjects with modified radical mastectomy which can occur due to worrying of the potential side effects of the agents and fear of recurrence after completion of treatment.

Present study is limited with small sample size. Further study is suggested to find the possible factors associated with MRM for anxiety and depression.

Conclusion

The study indicated that according to the Hospital anxiety depression scale, depression and anxiety was both seen in subjects with modified radical mastectomy. In this study, depression was seen more common than anxiety in the subjects. Age also had an impact in subjects with modified radical mastectomy where it was seen that depression was more common in patients in below 50 age group.

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Conflict of interest: None

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