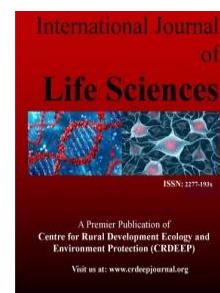


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Full Length Research Paper

## Depression in Oncological Patients-A Study

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### ARTICLE INFORMATION

### ABSTRACT

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#### Key words:

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The aim of the study is to analyze the clinical features of depressive disorders in oncological patients, initial severity, age, sex of the patient and duration of the disease. Medical research was conducted on 100 oncological patients aged from 25 to 70 years, men were 45, and 55 women. A group of patients were separated with breast cancer (28% of all cases), prostate cancer (21%), malignant tumors of the cervix (26%), skin cancer (28%). Depressive disorders were detected in 95 people (55 women and 40 men). The average age was 56.4 years. Patients with malignant cervical tumors with mild depressive episode (M/DE) were observed in 14, with a moderate depressive episode (MDE), there were 9 people and severe (TDE) – were 2, breast cancer (MDE) was observed in 17 people. Six people were observed with MDE, with severe (SDE) -2. Depressive disorders were detected in 20 patients (prostate cancer). The mild depressive episode (MDE) was observed in 15 patients. MDE was observed in 4 people with severe (SDE) y-1. Depressive disorders were detected in 80% of patients with skin cancer. A mild depressive episode was observed in 12 people, a severe depressive episode was observed at-3. Among them were 20 men and 3 women. the acute period (after the diagnosis of the disease), there were examined 35 cancer patients, after 2-4 months 26 patients; after 5-11 months 35 patients; 12 months after the stroke- 4 patients. In an acute period a mild depressive episode was observed in 5 patients, with a moderate depressive episode were observed 13 people and a severe depressive episode was observed in 2 people. After 2-4 months a mild depressive episode was observed in 20 patients, with a moderate depressive episode were observed 3 people, a severe depressive episode was observed in 11 patients, 6 of them were women. After 5-11 months - A mild depressive episode was observed in 21 patients. A moderate depressive episode was observed in 7 people, Severe depressive episode was observed in 3. After 12 months - A mild depressive episode was observed in 3 patients, a mild depressive episode was observed in 2 people, a severe depressive episode was observed in 1 woman. The tendency to develop the depression after 6 months of the disease is noted by most researchers. 1.2. Depression (up to 72.2%) was detected in patients at the late period. after 2-4-11 months. Depression diagnosis is high in cervical cancer and in patients with skin cancer. The presence of depressive symptoms is associated with decreased survival at the cancer period, probable that an important factor is the deterioration of patients' self-care. Psychotherapy increases patient adherence to treatment, encourages them to take care of themselves, increases the resistance of the body. The different aspects of mental and psychological disorders in oncological diseases are more effectively treated by different therapies, for example, the fear of relapse is better amenable to treatment in CTA, whereas the coping with loss and transition of roles are more susceptible to MAT.

### Introduction

In the 2nd century of the new era, the Roman physician Galen paid attention to the fact that the cheerful women are less likely to develop cancer than women who are often depressed.1.2. The Interest of researchers on the subject of the last decade is connected with the study of possible risk factors for the development of depression in cancer patients. 3.4.5.7.8. The aim of the study is to

analyze the clinical features of depressive disorders in oncological patients, initial severity, and age, sex of the patient and duration of the disease.

**Materials and methods**

Medical research was conducted on 100 oncological patients aged from 25 to 70 years, men were- 45, and 55-women. A group of patients was separated. The breast cancer -(28% of all cases), prostate cancer (21%), malignant tumors of the cervix -(26%), skin cancer -(28%). Diagnosis of depression should be made on the basis of clinical observation, taking into account the anamnestic data and objective information got from friends and relatives of the patient and based on established diagnostic criteria ICD-10 (DSM-4). In the 5th section of the ICD-10 <<Mental restraints in general medical practice>>, ten diagnostic criteria are identified, that last for at least two weeks. It is close enough to the criteria of ICD-10 and criteria for depression, adopted in DSM-4. To identify depression study was conducted Beck Depression Inventory (Beck Depression Inventory- BDI) - It is one of the most common self-assessment questionnaires for depression. (1). The questionnaire contains 21 items that indicate symptoms of depression (sleep disturbance, mood background, self-awareness, somatic symptoms, suicidal thoughts, etc.) They are located at an increasing intensity. Symptoms are estimated in balls - from 0 to 3. Depending on the depth of the depression was chosen tactics. If the total score was higher than 19, it was considered that there were clinical abnormalities and the patient needed psychotherapeutic help, above 24 points, there was a need for using antidepressants; 0-7 - absence of depression; 8-12 is an easy depression; 13-17 mild depression; 18 or more is very serious disorder. Depressive disorders were detected in 95 people (55 women and 40 men). The average age was 56.4 years.

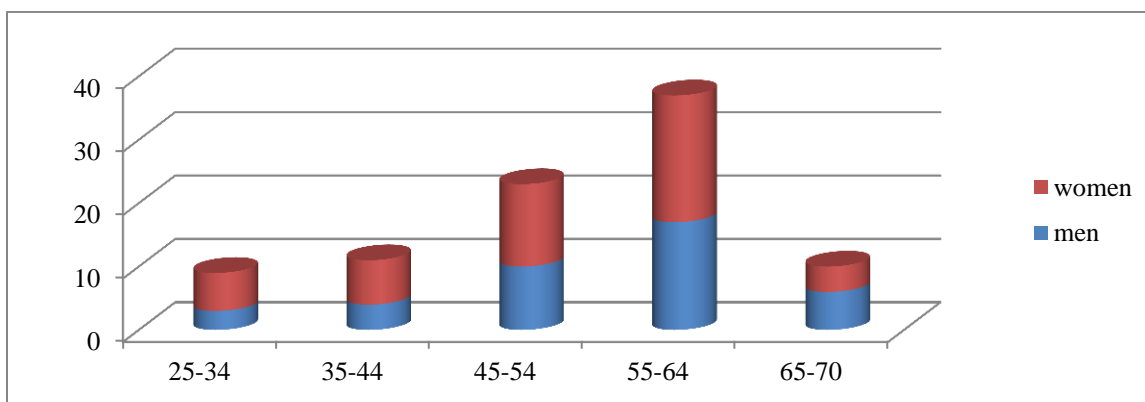


Fig. 1. Oncological patients

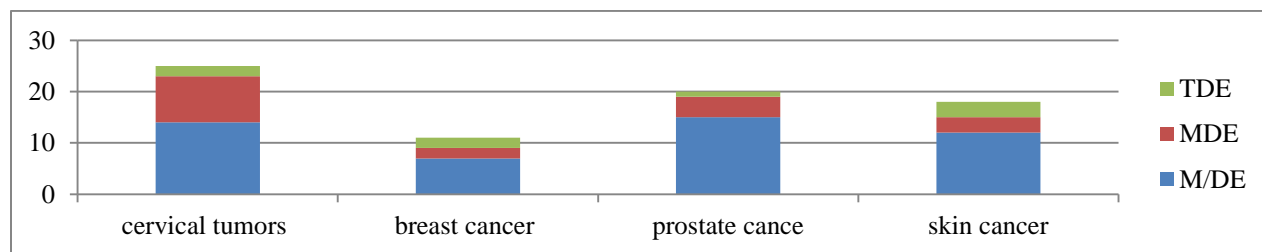


Fig. 2. Depression in cancer patients

**Results**

Patients with malignant cervical tumors with mild depressive episode (M/DE) were observed in 14, with a moderate depressive episode (MDE), there were 9 people and severe (TDE) – were 2, breast cancer (MDE) was observed in 17 people . Six people were observed with MDE, with severe (SDE) -2. Depressive disorders were detected in 20 patients (prostate cancer). The mild depressive episode (MDE) was observed in 15 patients. MDE was observed in 4 people with severe (SDE) y-1. Depressive disorders were detected in 80% of patients with skin cancer. A mild depressive episode was observed in 12 people, a severe depressive episode was observed at-3. Among them were 20 men and 3 women.

In the acute period (after the diagnosis of the disease), there were examined 35 cancer patients, after 2-4 months 26 patients; after 5-11 months 35 patients; 12 months after the stroke- 4 patients. In an acute period a mild depressive episode was observed in 5 patients, with a moderate depressive episode were observed 13 people and a severe depressive episode was observed in 2 people. After 2-4 months a mild depressive episode was observed in 20 patients, with a moderate depressive episode were observed 3 people, a severe depressive episode was observed in 11 patients, 6 of them were women. After 12 months - A mild depressive episode was observed in 3 patients, a mild depressive episode was observed in 2 people, a severe depressive episode was observed in 1 woman.

The tendency to develop the depression after 6 months of the disease is noted by most researchers. 1.2. Depression (up to 72.2%) was detected in patients at the late period. after 2-4-11 months

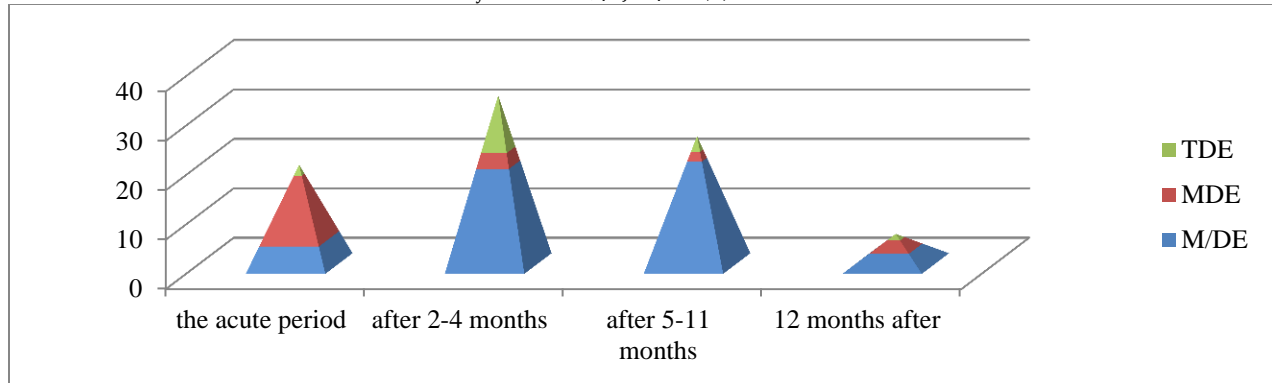


Fig. 3. Depression in patients

### Conclusion

The clinical picture is usually dominated by complaints of depression, depressed mood; sleep disturbance; a decrease in the level of efficiency; expressed psychiatric and somatic anxiety and general somatic symptoms.

The presence of depressive symptoms is associated with decreased survival at the cancer period, probable that an important factor is the deterioration of patients' self-care. Psychotherapy increases patient adherence to treatment, encourages them to take care of themselves, increases the resistance of the body. In one of the studies the using of supportive-expressive group therapy (SEGT) in women with metastatic breast cancer had increased an average survival period about 18 months.

However, some other studies of efficacy (SEGT) and cognitive therapy do not confirm their positive effect on the course of the disease, although it confirms the positive impact on such factors of quality of life as mood and perception of pain, during the treatment has improved the mental health of the cancer patients. Psychotherapy reduces the level of distress, depression and anxiety, as a rule the group psychotherapy is usually more effective than an individual. The different aspects of mental and psychological disorders in oncological diseases are more effectively treated by different therapies, for example, the fear of relapse is better amenable to treatment in CTA, whereas the coping with loss and transition of roles are more susceptible to MAT. The rehabilitation of cancer patients is an important medical problem. Depression makes it difficult to assess the neurological status of the patient, significantly worsens the quality of life of the patients and significantly reduces the effectiveness of rehabilitation measures.

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