Original Article

Distress And Mental Health In Patients With Gynaecological Cancer

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Abstract

Due to the often-late stage of gynaecological cancer diagnosis, substantial degrees of anguish are frequently felt. Understanding the causes of psychological discomfort is essential for designing solutions that specifically address those causes. This study is to assess distress and mental health in patients with gynaecological cancer. "The Beck Depression Inventory" and the "Mental Health Inventory" were used to evaluate psychological distress. Demographic variables are also been evaluated. 150 gynaecological cancer-patients are the participants of this study. More percentage (%) of participants are suffering from an advanced-stage of illness, usually stage III-IV. The diagnosis & the majority were presently undergoing treatment. More than half of women experienced high stress reactions to their disease and its treatment, and almost $1/5^{th}$ of them expressed medium to extreme stages of anguish. Additionally, there was evidence to support the notion that psychological distress was higher among patients of 55 years of age are more prone, those with more advanced or recurring illness, and those who had received their gynaecological cancer diagnosis more recently. The distress and mental health study imply that women with gynaecological cancer should be thoroughly assessed to see if therapy for these symptoms is necessary since mental stress & stress reactions to illness are common within them.

Keywords: Distress, mental health, gynaecological cancer

INTRODUCTION

Gynaecological carcinoma is mostly discovered when its is already too late and it has reached an advanced level. The advanced stage makes the survival possible a mere 5 years when detected and rate of around 40% (Harbeck et al., 2021). Radical surgery and chemotherapy are often used as treatments, which may significantly lower the life quality and increase the likelihood of repeated occurrence. Unsurprisingly, several studies have shown increased levels of anxiety and sadness among gynaecological cancer patients (Benedict et al., 2022). A longitudinal study, however, indicated that 23% of gynaecological cancer patients reported little to no discomfort (Hopkins et al., 2015). The psychological effects of gynaecological cancer are thus quite diverse. It may be possible to direct psychological assistance andtherapies to individuals who need them the most by recognizing methodical & trustworthy "research-based risk factors".

Suffering in gynaecological cancer is a serious problem. Largely concentrating on demographic and medical characteristics, predictors of distress among gynaecological cancer women, makes life difficult to draw conclusions (Benedict et al., 2022). Despite the fact that studiesby Benedict et al., (2022) found a link between increased psychological distress and increased physical symptoms and poor physical functioning (Hopkins et al., 2015), other findings have been less consistent. For example, one research discovered that gynaecological cancer patients of younger age were more likely to be upset than older patients (Zapardiel et al., 2014), whereas another study was unable to detect a connection between age and distress (Benedic et al., 2022). The current study addressing Factors in socio-demographics, health, and the experience of psychological discomfort in women gynaecological carcinoma need to be further investigated in order to be fully understood. The identification of these elements could help in the development of therapies for women who are most vulnerable to distress responses.

Examining psychological discomfort in females with gynac. cancer is the objective that this research aims to achieve. The initial objective was to determine the prevalence of a number of demographic variables, including age, marital status, cancer stage, income, and level of education. The 2nd objective was to investigate the relationship between psychological distress & other medicinal and demographic factors. Cancer-specific discomfort, signs of anxiety, despair, and a lack of emotional and behavioural control is observed among Gynaecological cancer patients.

MATERIALS AND METHOD

A descriptive design was used and the study was conducted at a Maharaja Agrasen Hospital in Delhi. Women with gynaecological cancer who were scheduled to undergo curative external radiation treatment made up the study's population. The research included 150 women, and data were gathered using self-reporting tools to collect demographic features. Patient records were recorded for demographic and clinical information. The statistics were gathered in the years 2021 and 2022.

If a patient met one of the following criteria: the patient had a gynaecological cancer diagnosis, treatment, or recurrence during the previous five years.

On the basis of the demographic and medical information that was available, comparisons were done between participants and participants. Participants were noticeably more youthful and more likely than refusers to have recurring illness (P 0.05).

Advertisements were sent via Gynaecological Cancer India's via their many forms of social media and national/local newsletters as part of their recruitment efforts.

Demographic variables.

The participants disclosed their ages, educational backgrounds, marital statuses, and annual family incomes.

Psychological variables

The medical records were reviewed to collect information on the participants' illness stage (I-IV or recurring), treatment status (chemotherapy or radiation vs no current treatment), time since diagnosis, and symptom ratings.

Results

The goals of this study were to (1) quantify the prevalence of psychological distress in women with gynaecological cancer, and (2) explore the association between distress and sociodemographic and health-related variables. Psychological distress was shown to be much higher in women diagnosed with gynaecological cancer compared to those diagnosed with other types of cancer or the general population. More than half of women experienced higher reactions as stress to the disease and the medical procedure for treating the illness, and almost 1/5th of them expressed medium to extreme stages of stressful physical and mental situation. Even though psychological

discomfort was prevalent in females with cancer most of them had either no access to mental relief services or they did not seek it. The results suggest that females who were55yrs of age, had more advanced or recurring illness, and had received their gynaecological cancer diagnosis more recently, suffered from more psychological anguish.

Table 1 Demography and Medical variables for Studying Female Participants (N= 150)

Features	**No. of Patients**	**Percentage**
Age (in years)	55	36.66
Marital status		
Single	30	20
Married	110	73.33
Widow/Divorcee	10	6.66
Disease stage		
Stage 1	15	10
Stage 2	5	3.33
Stage 3	50	33.33
Stage 4	80	53.33
Education		
10th Fail	55	36.66
Graduation and above	95	63.33
Personal income (Rs.)	Approx. 60,000 equal or greater than	
Municipality	95	63.33
Gram Panchayat	55	36.66
Menopausal status		
Pre	107	71.33
Post	43	28.66
Chemotherapy		
Yes	114	76
No	36	24
Radiotherapy		
Current treatment	120	80
No treatment	30	20

Table 1 contains participant demographic and medical data. Most of the females in the list were well-educated people. Participants were generally 55 years of age on average. The majority of participants were married, with an average of 55years. The diagnosis of advanced-stage illness was found in 33.33% or %53.33% (stage III or IV). The majority of individuals (n = 114) were undergoing chemotherapy or radiation therapy at the time. Participants often gave low scores to their symptoms. Our results are in line with other research showing that people with cancer have higher levels of psychological discomfort (Cicero et al., 2017). But just a small number of research have looked at how common distress is among gynaecological cancer patients. According to these research (Price et al., 2010; Benedict et al., 2022), almost one-third of gynaecological cancer patients reported feeling very distressed. These studies' increased rates of severe distress compared to the current research may be partially explained by variations in individuals' physical functioning.

Table 2: Psychological distress features (n=150)

Mental health Inventory	Mean ± SD
Anxiety	10.67±4.76
Depression	8.24±2.95

Loss of emotion	8.88±3.09
Distress Social avoidance	15.87±5.92
Distress Social intrusion	11.26±2.81
Need more help	8.08±3.94
Beck depression Inventory	15.96±6.98

Pervasiveness of Psychological Distress

Table 2 contains vivid analysis for the understanding of the measures to be used for tackleing psychological distress. There were women or more, which indicates moderate to severe depression symptoms. Additionally, we contrasted the mean with descriptive data from previous investigations. In comparison to a sample of adults from a community, the average of the current example was much higher. Compared to the Mental Health Inventory, the Beck Health Inventory scored higher. As a result, the writers of the scale's normative data and women's distress levels were compared (Hopkins et al., 2015). It's noteworthy to observe that women considerably overreported anxiety compared to depressive symptoms or lack of emotional control.

These two studies indicate the relationship that exists in physical functionality and mental (psychological) stress in women with gynaecological carcinoma, which has been well documented in the literature (Price and colleagues 2010; Benedicts et al., 2022). Therefore, it is possible that women in the current research were more upset due to their decreased physical functioning.

Studies reveal that 6% of gynaecological cancer fighters, who were categorized as having been 2 years or more without evidence of active disease, had the no clinical symptom for depression (Mazanec, 2018). In general, anxiety symptoms appeared to be more prevalent than symptoms of depression (Benedict et al., 2022). According to Hopkins et al. (2015), 47% of people had scientifically analysable levels of anxiety three months after stopping therapy, and that prevalence rose between the end of treatment and the three-month follow-up. Younger age was one characteristic consistently linked to higher degrees of discomfort in gynaecological cancer patients, as shown by a research (Hopkins et al., 2015). Among contrast, found no association between gynaecological cancer survivors' age and depressive symptoms, and one reliable study discovered low level of stress in females under the age of 45. Therefore, the overwhelming body of research clearly implies that younger patients have higher levels of anxiety & sadness. Studies indicated no correlation between illness stage and the degree of distress (Cicero et al., 2017; Hopkins et al., 2015) among gynaecological cancer survivors, however receiving an advanced stage diagnosis was linked to higher levels of psychological distress. These findings provide compelling evidence that greater levels of psychological distress are related to disease progression at the time of diagnosis. An increased incidence of anxiety and sadness was not linked to chemotherapy treatment activity. This caught many off guard since chemotherapy has a lot of undesirable side effects that often significantly lower life satisfaction and trigger the ill-effects reaction. Several of these studies only included people who had just been diagnosed. Patients who are discharged from the coronary care unit and transferred to wards with less stringent surveillance and treatment display the same symptoms as those who remained in the hospitals but were eventually released. "separation anxiety" (Arden close et al., 2020).

Since the disease is able to be detected only at an advanced stage and thus needs severe action, gynaecological cancer has a poorer prognosis. Mental healthand distress, bothof these factors are upsetting. However, given that cancer may be fatal and all gynaecologic tumours have the potential to disrupt sexual relations and intimacy, this lack of difference is predicted, provided that disease stage was taken into account in this research. As a result, while evaluating anxiety and sadness, additional aspects associated to the illness stated above should be taken into account rather than only the diagnosis of gynaecological cancer (Watts et al., 2015).

Studies evaluated several gynaecologic cancer types in relation to the cancer location. In one research, there were no differences between gynaecological cancer patients and those with other gynaecologic malignancies (Arden close et al., 2020). In contrast, research indicated that gynaecological cancer patients had low level of symptoms of depression in “cervical and endometrial cancer patients”. This disparity may be explained by the fact that the

research included relatively few patients with severe illness stages. The degrees of psychological discomfort and the cancer location do not seem to be significantly correlated, according to these studies.

CONCLUSION

The results implied that gynaecology cancer patients should be closely monitored since they often experience psychological discomfort and high levels of stress in reaction to disease.

This evaluated to decide whether therapy for these symptoms is necessary. Anxiety symptoms were very prevalent. By addressing patients' specific worries about their diagnosis and treatment in addition to the broad information previously given, medical providers may be able to reduce this anxiety. In addition, patients individuals who are younger than 55 years old, patients who have had a high number of disease recurrences, and patients who have just been diagnosed with gaenocological cancer seem to be more likely to experience psychological distress. Oncologists' knowledge of these risk variables may help in the early identification of severe distress responses.

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