

Psychological aspects of quality of life of breast cancer survivors

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ABSTRACT

Background: Cancer is one of the most important health concerns and evaluating quality of life in cancer patients is an increasingly important issue. **Objectives:** To assess psychological facets of quality of life of patient suffering from breast cancer and to establish the relationship with socio- demographic determinants. **Material and methods:** A hospital based cross sectional study was conducted at rural tertiary health care centre among a total of 78 breast cancer patients in the year 2017. Data were collected by utilizing questionnaire focused on the psychological aspects of quality of life of breast cancer patients. Descriptive and inferential statistics were applied to find out significant association between demographic variables and quality of life. **Results:** Among the total of 78 breast cancer patients max, 65.3 % were in age group 45-60 years, 83.3% and 41.6% participants were unemployed and followed economic class II however; illiteracy was reported in 34.6% cases. The low age at diagnosis of disease was 30 years with max, 43.5% and 61.5% patients experienced very difficult to cope up with disease and treatment. Anxiety and depression each was experienced by maximum, 71.6% participants respectively however; almost similar psychological attitude was experienced by breast cancer patients. Determinants like occupation, economic status and marital behavior (p<0.05) were significantly associated with psychological aspects of quality of life of breast cancer patients. **Conclusion:** Family support, counseling, quality health care services and breast cancer supporting group could induces confidence and positive attitude towards breast cancer as well as further quality of life.

Key Words: Breast cancer, quality of life, psychological aspects, correlation

INTRODUCTION

Globally, breast cancer is the most common malignancy affecting women, with more than 1 million cases occurring on annual basis with 5 lakh deaths. In India, there were 1.5 lakh of new cases of breast cancer during 2016 [1]. As per the Indian Council of Medical Research (ICMR) report May 2016, breast cancer stood rank 1st (14.3%) followed by cancer cervix (12.1%) amongst all cancerous conditions in women residing in India [2]. World Health Organization (WHO) defines Quality Of Life (QOL) as individual perception of life, values, objectives, standards and interests in the frame work of culture. Today, cancer is one of the most important health concerns and evaluating QOL in cancer patients is an increasingly important issue [3]. QOL is increasingly being used as a primary outcome measure in evaluating the effectiveness of cancer treatment [4, 5].

Despite of medical revolution in diagnosis and treatment of breast cancer, fear and anxiety is still rooted among patients suffering from cancer which adversely affects the mental as well as social wellbeing of their lives. Psychological distress among patient suffering from breast cancer could be exacerbated by inadequate information, cultural background, complex treatments, decision options and scheduling with various specialists

[6]. Studies have been demonstrated positive psychological effect of counseling in cancer patient, including in mood, adherence, pain and longer survival [7]. In developing countries like India, social stigma is deeply enrooted in context to cancer and its existence. According to recent statistics, prevalence of breast cancer has increased due to change in norms of society and influence of western lifestyle. Due to lack of knowledge, poverty, illiteracy and health care facilities regarding breast cancer, there is late stage detection and poor outcome reported among Indian women.

The present aimed to investigate the psychological consequences of quality of life of patients suffering from breast cancer residing in rural Indian women. There has been a social stigma regarding the incurability of breast cancer which ultimately causes mental depression, fear, anxiety, suicidal tendency and lack of social support amongst the patients, leading to premature morbidity and mortality. The psychological and functional sequelae of breast cancer management have recently received a great deal of attention for quality of life. The applications of advancement in management of quality of life of patient suffering from breast cancer could be incorporated for healthy outcome of breast cancer among rural population.

MATERIAL AND METHODS

This is a hospital based cross sectional study conducted at Krishna Institute of Medical Sciences Karad. The institute is located in rural area of western Maharashtra, India and provides specialty and super-specialty health care services. The study subjects were breast cancer patients who were diagnosed and completed treated from the parent institute and were in post treatment phase of six months to one years of duration. Study was conducted over a period of first quarter of year 2017 and a total of 78 patients were enrolled by utilizing time bound, non probability sampling technique (Purposive sampling technique) and inclusion criteria of study. Data were collected by face to face, single interactive interview, starting with an open-ended technique and culminating with a pool of scale items. The interview comprised a set of standard questionnaire which focused on the psychological facets of their disease based on scores. The score scale ranges from 1 to 5 of which score 1 denote worst possible response and 5 being the best. The interview technique began with obtaining breast cancer patients’ assessments of their experiences as survivors with a focus on problems they experienced since their diagnosis and treatment along with socio-demographic factors elaborated through colloquial language (Marathi). Descriptive and inferential statistics were applied to find out significant association between demographic data and QOL. All the subjects were accounted for input were fed in an Excel spreadsheet using Microsoft ® Excel 2016 and decrypted using IBM SPSS 2016 to a statistical form of data which helped to draw a conclusion.

Inclusion criteria: Breast cancer survivor willing to participate in study, able to talk and cooperate, resident of rural western Maharashtra without any other cancerous condition.

Case definition: Breast cancer survivor is one who has finished the cancer treatment and living with, through and beyond cancer ^[8].

Ethical Consideration: Institutional ethical committee approval and written consent of each patient was obtained before to conduct the research.

RESULTS

A total of 78 breast cancer patients, interviewed with standard questionnaire were in age group ranges from 30 to 76 years with mean age 50.1yrs and standard deviation(SD) 12.37 years respectively. Maximum, 65.3 % were in age group 45-60 years followed by 28.2% in 30-45. High proportions, 83.3% participants were unemployed/housewife category however; illiteracy was reported among 34.6% cases. According to modified B.G. Prasad classification 2017 max, 41% cases were belonged to economic class II. The married behavior was observed among max, 96.1% cases (Table 1).

Table 1: Socio-demographic distribution of breast cancer survivors

Socio-demographic determinants	Frequency (%)	Socio-demographic determinants	Frequency (%)
Age (yrs):		Occupation:	
30-45	22(28.2%)	Unemployed	65(83.3%)
45-60	51(65.3%)	Employed	13(16.6%)
60-75	04(5.1%)	Income :	
75-90	01(1.2%)	Class-I	11(14.1%)
Education:		Class-II	32(41.0%)
Illiterate	27(34.6%)	Class-III	18(23.0%)
Primary	24(30.7%)	Class-IV	10(12.8%)
Secondary	18(23.0%)	Class-V	07(8.9%)
Graduate	09(11.5%)	Marital Status:	
		Married	75(96.1%)
		Unmarried	3(3.8%)

Table 2 indicates that 19.2% and 43.5% individuals experienced extremely and very difficult for them to cope up with their underlying disease. Similarly, 15.3% and 61.5% patients were found extremely and very difficult time in coping with the undergoing treatment for breast cancer. Max, 62.8% patients had a bearable experience in perspective of their general quality of life compared to 21.7% had an excellent response. Happiness and cheerfulness was reported among 38.4% patients as compared to 6.4% who were not at all happy in their lives. The 33.3% of the patients were quite positive about their future certainty whereas 26.9% not sure about their future life. Max, 32% participants were completely able to manage their life situation on an adequate basis compared to 12.8% who had a very lesser control. The modest review about their life satisfaction was noticed among 34.6% patients. Max, 62.8% of participants had no problems to concentrate while 17.9% said that their memory and ability had deteriorated to some extent. The 57.6% of women said that there is no change at all in their appearance whereas 8.9% felt unattractiveness. Max, 57.6% patients were confident enough about their concept and thinking. The anxiety and depression each was experienced by max, 71.6% participants respectively.

Based on the responses given by the participants, the score was distinguished into 2 categories. Response was declared either ‘Poor’ on the grounds of the ones marked from 1-3 whereas it was declared ‘Good’ when they were marked from 4-5. According to table 3, 50% patients were pointing towards the good (positive attitude) psychological responses while equal percentages were perceived poor (negative attitude) responses. The psychological aspects had a mean of 3.42 with SD of 0.55. The bi-variate analysis showed significant association between socio-economic and demographic factors like occupation (p<0.05), economic status (p<0.05) and marital behavior (p<0.05) with psychological aspects of quality of life of patient suffering from breast cancer (Table 4).

Table 2: Psychological behavior of breast cancer survivor

Psychological facets	Score	Frequency (%)	Psychological facets	Score	Frequency (%)
Difficulty to cope today as a result of disease	Slightly difficult	19(24.3)	Control of situations in life	Not at all	5(6.4)
	Very difficult	34(43.5)		Slightly	10(12.8)
	Extremely difficult	15(19.2)		Just	17(21.7)
Difficulty to cope today as a result of treatment	Bed ridden	10(12.8)	Satisfaction in life	Manageable	21(26.9)
	Slightly difficult	8(10.2)		Complete control	25(32.0)
	Very difficult	48(61.5)		Slightly	12(15.3)
Quality of life	Extremely difficult	12(15.3)	Present ability to concentrate	Just	23(29.4)
	Bed ridden	10(12.8)		Manageable	27(34.6)
	Very poor	3(3.8)		Totally	16(20.5)
Happiness	Poor	9(11.5)	Changes appearance in	Extremely poor	5(6.4)
	Bearable	49(62.8)		Very poor	9(11.5)
	Excellent	17(21.7)		Poor	15(19.2)
Uncertainty about future	Not at all	5(6.4)	Changes concept in self-	Good	27(34.6)
	Just okay	15(19.2)		Excellent	22(28.2)
	Happy	30(38.4)		Unattractive	7(8.9)
Anxiety	Quiet happy	20(25.6)	Depression	Limited to clothes	26(33.3)
	Very happy	8(10.2)		No change	45(57.6)
	Extreme	7(8.9)		Self doubt	14(17.9)
Control situations over	Variable	13(16.6)	Changes in self-	Slightly confident	19(24.3)
	Not sure	21(26.9)		Enough confident	29(37.1)
	Quiet positive	26(33.3)		Quite confident	16(20.5)
Life satisfaction	Very positive	11(14.1)	Depression	Severe	11(14.1)
	Very anxious	9(11.5)		Moderate	26(33.3)
	Moderate	15(19.2)		Mild	19(24.3)
Unforgettable	Unforgettable	7(8.9)	Not at all	Not at all	22(28.2)
	Uneasy	25(32.0)			
	No problem	22(28.2)			

Table 3: Score category distribution of Psychological aspects

Study variables	Poor response	Good response	Study variables	Poor response	Good response
	Frequency (%)	Frequency (%)		Frequency (%)	Frequency (%)
Coping with disease	59(75.64)	19(24.35)	Ability to concentrate	29(37.17)	49(62.82)
Coping with treatment	70(89.74)	08(10.25)	Future uncertainty	41(52.56)	37(47.43)
Quality of life	61(78.20)	17(21.79)	Appearance change	7(8.97)	71(91.02)
Happiness	50(64.10)	28(35.89)	Self-concept	62(79.48)	16(20.51)
Control situations over	32(41.02)	46(58.97)	Anxiety	31(39.74)	47(60.25)
Life satisfaction	35(44.87)	43(55.12)	Depression	56(71.79)	22(28.20)

DISCUSSION

The present study revealed maximum breast cancer cases (65.3%) were in age group 45-60 years with low age at

diagnosis of disease was 30 years. Similar observations were also reported by Suresh P [9] from North India, Kokiwar P [10] from South India and Acharya SC [11] from

Table 4: Association between demographic and Score of psychosocial variables

Socio-demographic Variable	Psychological aspects of Quality of life	
	Chi square	p-value
	Mean and SD: 3.42 and 0.55	
Age	22.133	0.731
Occupation	35.267	0.001*
Education	5.067	0.167
Economic status	29.467	0.001*
Marital Status	38.4	0.001*

(* indicate $p < 0.05$ at 95% confidence level)

Nepal. It indicates that high incidence of breast cancer among Asian women confined to age group of 45-60 years. Majority of breast cancer cases [83.3%] in our study are housewives as they are coming from rural area and farming is still not considered as occupation in India. The studies conducted by Pakseresht S et al [12] and Pandey M [13] have been also reported similar findings. In our study, proportion of occurrence of breast cancer cases is high, 70.1% among the women from upper economic class and reason behind is even though study conducted in rural area but modern agriculture initiatives, sugar belt of Maharashtra state, cash generating farming, increased literacy, good connectivity and strong political support leads to sound economic status occupied by farmers could be responsible change in lifestyle and exposure to environmental factors lead to high incidence of breast cancer among rural population. Study carried out by Kelsey JL [14] also mentioned that breast cancer is mainly confined to women coming from high economic status.

On an average each, 50% patients have had good as well as poor score of psychological aspects. However, a study conducted by Khandelwal et al [15] in India stated that maximum participants mentioned poor score and this difference could be due to proper counseling, assurances, modern and high quality of cancer services rendered by study institute. Similarly, education, sound economic status and family support during disease going to play important role in strong psychological behavior of breast cancer patients even though they are from rural area. In context to psychological aspects like depression, happiness, confidence, uncertainty of life, quality of life and combat to underline disease and treatment was reported moderate to severe by 50% individuals. The nuclear family structure, poor emotional and physical support by family, poor nutritional status, poverty/cost of treatment induced economic crisis and misbelief could be the determinants for poor psychological behavior. Similar findings have also been reported in a study on “depression and family support in the breast cancer patient’s” conducted in Japan as well as by Suleiman AH et al [16].

The psychological aspects viz; memory and ability to concentrate (control of situations and concentration), sexuality and sex life (change in appearance), home activities (satisfaction of life), anxiety were adequately adopted by patients. Similar cognitive behavior findings were also observed by Ahles TA [17]. However, study carried out by Sharma A [18] proved that there was extreme dissatisfaction in the quality of the married relationship and this could be due to age differences among study population and geographical distribution. In young patient the dissatisfaction in with sex life was related to their frequent interruptions, performance, and psychological difficulties. Similarly, more than 50% of the patients reported were disinterested during routine and employment activities noticed by Tevaarwerk A [19]. These differences could be due to family support which was provided in present study by family members, relatives as well as health personals. Breast cancer supporting group which was established by institution induces confidence and positive attitude towards disease as well as life observed among our study participants.

Study revealed a significant positive association between psychosocial aspects of QOL and determinants viz. education, occupation and marital status ($p < 0.05$). This means high socio-economic status breeds psychological distress. Similarly, being married adds up to the problem. Contrary to what other studies state, we’ve found that majority of the women were housewives (unemployed) had a linear relation with the current issue. In Indian rural scenario, majority of women population are engaged with household as well as farm activities with little variation. Some epidemiological studies conducted in India have indicated a positive association between occupational status quality of life breast cancer [20].

CONCLUSION:

The psychological facets of quality of life of breast cancer were perceived poor by the patients resided in rural area of India. Socio- demographic factors like occupation, economic status and marital behavior were significantly associated with psychological aspects of quality of life. There is a need to create more awareness and counseling regarding quality of life at the times of diagnosis among breast cancer patient. Knowledge regarding self examination of breast and early detection of breast cancer along with creating more breast cancer support group from diagnosed and treated cases are required.

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