Scholars LITERATURE

Journal of Clinical Oncology and Therapeutics

Review Article

DOI: https://doi.org/10.47275/2690-5663-103
Volume 1 Issue 1

Psychiatric Symptoms and Psychosocial Problems in Cancer Patients

Lopez AP*

Department of Genetics, Molecular Biology Laboratory, Universidad de Buenos Aires, Argentina

Correspondence to: Ariel Pablo Lopez, Department of Genetics, Molecular Biology Laboratory, Universidad de Buenos Aires, Argentina, E-mail: aplopez@prensamedica.com.ar

Citation: Lopez AP (2019) Psychiatric Symptoms and Psychosocial Problems in Cancer Patients. J Clin Oncol Ther, Volume 1:1. 103. DOI: https://doi.org/10.47275/2690-5663-103.

Received: November 15, 2019; **Accepted:** November 28, 2019; **Published:** December 02, 2019

Introduction

Cancer is a physical disease and one of the leading clinical manifestations where psychosocial problems are prevalent. As we well know, being diagnosed with cancer and undergoing treatment can impact a patient's mental well-being. This paper is all about the psychosocial problems that the patients diagnosed with cancer may have in the long run.

Mood changes are very frequent in patients diagnosed with cancer. Especially, Cancer treatments, including many of the chemotherapy medications. Chemotherapy medication can directly impact the way people feel emotionally and physically. Some may experience depression and others experience anxiety. Mental changes are a bit harder to identify. However, physical changes during treatment are inevitable and can be observed clearly. It's always important to identify and manage the mood changes of a patient. Psychosocial problems lead to the emergence of psychological troubles. According toİzci F, et al. (2016),the prevalence of psychological disorders in patients with cancer range from 29% to 47% [1].

Severe stress disorder, adjustment disorder, depressive disorder, and other neurotic disorders are most frequently observed in patients diagnosed with Cancer. Generally, potential psychiatric disorders may affect prognosis of the disease, adherence to and success of therapy, social and societal functioning, and especially the survival rate. This paper aims to cover some psychiatric symptoms and diseases that may develop in patients diagnosed with cancer.

Psychiatric symptoms

Here is the list of psychiatric symptoms associated with patients diagnosed with cancer.

Feeling depressed

It is estimated that at least 25% of hospitalized patients with cancer will meet the criteria for major depression or feeling with a depressive mood. Clinicians must carefully diagnose depressive disorders; correct, if possible, organic influences adding to a depressed mood, and use psycho therapeutic and psycho pharmacologic intrusions for the depressed cancer patient [2].

Decreased Memory, difficulty in concentrating and remembering

Cognitive function aspects are more involved in the quality of life measures, and objections of concentration and memory challenges are frequently reported by cancer patients. Those reported concentration and memory complications had significantly higher scores on areas of anxiety, depression, and fatigue. Patients who report concentration and memory difficulties should be selected for a clinically vital and likely remediable mood disorder. Objective testing endures the method of alternative for imposing higher mental function [3].

Changes in sleep (insomnia or excessive sleeping):

Sleep difficulty is a notable concern of cancer patients, yet there has been no comprehensive investigation of the prevalence and characteristics of sleep disturbance in cancer patients. Sleep disorders, such as trouble in falling asleep, difficulties in controlling sleep, poor sleep efficiency, unexpected awakening, and extreme daytime drowsiness, are common in patients with cancer [4,5].

Changes in appetite (overeating or loss of appetite)

Loss of appetite and loss of weight are significant causes of morbidity and mortality affecting cancer patients. Up to 50% of cancer patients relate alterations in eating habits at the period of diagnosis, leading to weight loss [6]. To prevent the risk of anorexia and the enhanced morbidity linked to this deficiency, therapy should include appropriate knowledge to the subject for predicting accurate taste modifications and a psychological follow-up during the exact difference of taste characteristic studies [7].

Cachexia

Cachexia, usually attributed as the wasting disease, is a complicated metabolic syndrome connected with underlying sickness and identified by loss of muscle with or without destruction of fat mass up to 80% [8]. Tissue catabolism in cachexia is somewhat negotiated by cytokines such as tumor necrosis factor-α (TNF-α) or interleukin (IL)-1 and IL-6. Approaching treatment will consist of a mixture of anabolic and anti-catabolic agents [9].

Fatigue

Although fatigue is the usual standard symptom notified by cancer patients and has severe adverse impacts on quality of life, it persists poorly understood. More than 78% of the patients felt fatigued while their condition and therapy [10]. For patients, increasing the quality of survival of cancer patients needs more awareness of fatigue, a more authentic perception of its impact, and better communication and knowledge with interventions that can overcome its debilitating consequences [11].

A feeling that life is not worth living; suicidal thoughts

Cancer descendants have a higher suicide rate than the general population. Depressed cancer patients are also liable to have high DHD correlated with patients without depression. Hopelessness is a sturdy predictor of suicidal ideation and consummated suicides [12].

Increasing interest in alcohol

Interest in alcohol consumption has been implied as a possible psychiatric effect on patients diagnosed with cancer [13]. Depression on being diagnosed with cancer is also a mental illness that is common and should be considered very serious. While alcohol may relieve some symptoms of depression in the patient, it ultimately serves to worsen the patient's condition on a long-term basis.

Conclusion

Cancer patients should not only be treated to be cured of their primary disease but should also be observed and eventually referred to when presenting alterations in the psychic or psychiatric spectrum. The intervening professionals must be attentive both if cancer patients present some type of disorder of this type or if they communicate it themselves.

In this regard, specialists in the respective psychiatric fields should intervene when confirming a disorder of this type associated with the disease.

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