Psycho-Oncology: Faith over Fear

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Abstract

Cancer is most deadly disease worldwide and battling with cancer to improve the quality of life is really a challenging one. Cancer patients experience psychological and emotional distress during their course of disease, hence various treatment along with psychological counselling is done for better survival of the patient and one such field is Psycho-Oncology. Here the patients and the care givers are counselled by the experts to overcome the stressful state of the disease.

Keywords: Cancer; Carcinophobia; Counselling; Distress thermometer; Psycho-oncology.

Introduction

Cancer refers to one of the large number of diseases characterized by development of abnormal cells that divide uncontrollably, able to infiltrate and destroy normal body structures. It is regarded as second leading cause of death worldwide.

The word cancer itself is scary which creates anxiety, depression and fear. No one wants to hear they have cancer and no one deserves to hear they have to endure a battle ahead of them that will include the unknown. Carcinophobia is a fear of cancer and incidence of this carcinophobia has been reduced when compared to previous decades. This incidence is reduced due to knowledge and awareness created and various treatment modalities developed. Patients with carcinophobia include psychological symptoms which includes thoughts of death, loss of control, depression etc. The emotional changes with cancer are due to various reasons such as cancer disease, treatment, side-effects, home situation, which makes them feel emotional distress.

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To overcome this psychological counselling is being done. Psychology is a Science of mind and behavior. It also includes the study of conscious and unconscious phenomenon as well as feelings and thoughts. Oncology is a branch of Medicine that deals with prevention, diagnosis and treatment of cancer.

Psycho-oncology is an area of multidisciplinary interest with interconnection of Surgery, Medicine, Pediatrics, Pathology, Epidemiology, Radiation, Immunology and Palliative care. It also includes psychiatry and psychology as well.

Psycho-Oncology

"Psycho-social Oncology, Psychiatric Oncology"

Is a field which is concerned with psychological, social, behavioral and ethical aspects of cancer (for both patients and care givers). Counselling is an integral part of oncology treatment. It is a process of one to one interaction between the patient and therapist, where the therapist enables a person to talk about the issues/emotional and behavioral

difficulties that are bothering them. A Psychologist/ Counsellor is a trained person for active listening to various problems of the patient and care givers face on day to day basis and tries to fetch out solution in a collective manner. During counseling, a confidential environment is created, where the patient can express their stressful feeling. The act of focusing on uncomfortable emotions or experiences in a non-judgemental space can enable the patient to see things more clearly and encourages changes in a patient which can gain positive thoughts over their life (thus helpful in improving the quality of life).

Distress is defined by the NCCN as "a multifactorial, unpleasant, emotional experience of a psychological, social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment" (NCCN 2007).

Majority of the cancer patients experience psychological and emotional distress during the course of disease. Hence, exercise training or cognitive behavior therapy, complementary therapy followed by meeting with psychologist.

There are 3 most frequently employed scales for better assessment of distress in cancer patient.

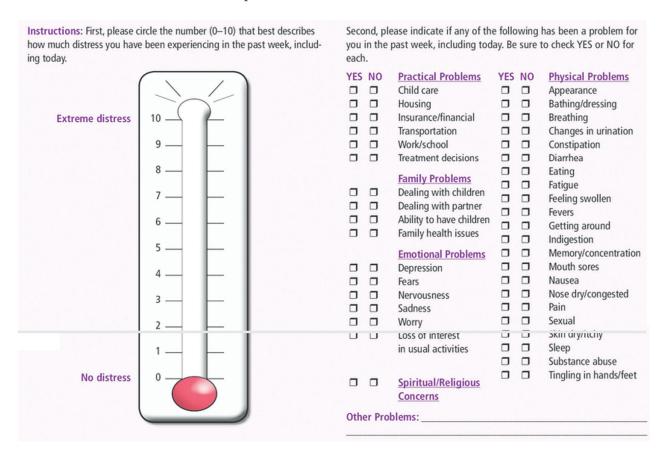
- Distress Thermometer (DT)
- Hospital Anxiety and Depression Scale (HADS)
- Profile Of Mood States- Short Form (POMS-SF)

Distress Thermometer (DT)

DT is widely used for research in Psycho-Oncology across the world. It is one of the most recommended tool in cancer settings to detect clinically the stress /anxiety or depression. Comprehensive Cancer Network (NCCN), recommends routine screening of psychological distress for all patients with cancer. It impacts the positive response to treatment, performance status, medical care satisfaction and survival. DT consists of 11 point Visual Analogue Scale (VAS), ranging from 0 (no distress) to 10 (severe distress) to quantify the distress experienced by the patient.

DT comprises of 36 questions (yes/no), grouped into 5 categories including physical problem, practical problem, family, emotional problems and spiritual or religious concerns.

Patient with DTS of ≥5 on VAS have significance distress.



Hospital Anxiety and Depression Scale (HADS):

HADS is a self-assessment questionnaire that has been found to be a reliable instrument for detecting states of anxiety and depression in a hospital outpatient center. HADS questionnaire has 7 items for depression and anxiety sub-scales. Scoring for each item ranges from zero (0) to three (3), with '3' denoting increased anxiety or depression level.

Total score of >8 out of possible 21, considerable symptoms of anxiety/depression.

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.

Don't take too long over you replies: Your immediate is best.

D	A		D	A	
		I feel tense or wound up:			I feel as if I am slowed down:
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not al all	0		Not al all
		I still enjoy the things I used to enjoy:			I get a sort of frightenedfeeling like butterflies in the stomach:
	0	Definitely as much		0	Not al all
	1	Not quite so much		1	Occasionally
	2	only a little		2	quite often
	3	Hardly at all		3	very often
		I get a sort of frightened feeling as if something awful is about to happen			I have lost interest in my appearance
	3	Very definitely and quite badly	3		Definitely
	_	V hoto-sta- h- il-			I don't take as much care as I should
	2	Yes, but not too badly	2		
	1	A little, but it doesn't worry me	1		I may not take quite as much care
	0	Not at all I can laugh and see the funny side of thingh:	0		I take just as much care as ever I feel restless as I have to be on the move:
	0	As much as I always could		3	Very much indeed
	1	Not quite so much now		2	Quite a lot
	2	Definitely not so much now		1	Not very much
	3	Not at all		0	Not at all
		Worrying thoughts go through my mind			I look forward with enjoyment to things
	3	A great deal of the time	0		As much as I ever did
	2	A lot of the time	1		Rather less than used to
	1	From time to time, but not too often	2		Definitely less than I used to
	0	only occasionally	3		Hardly at all
		I feel cheerful			I get sudden feelings of panic
	3	Not at all		3	Very often indeed
	2	Not often		2	Quite often
	1	Sometimes		1	Not very often
	0	Most of the time		0	Not at all
		I can sit at ease and feel relaxed			I can enjoy a good book or radio or TV program
	0	Definitely	0		Often
	1	Usually	1		Sometimes
	2	Not often	2		Not often
	3	Not at all	3		Very seldom

Scoring:	
Total score: Depression (D)_	Anxiety (A)_

0-7 = Normal

8-10 = Borderline abnormal (borderline case)

11-21 = Abnormal (case)

Profile of Mood States-Short Form (POMS-SF):

POMS-SF is most commonly used measure of psychological distress, which was developed by S.Shacham (1980).

The original scale contains 65 self-report items using the 5-point Likert Scale. Participants can choose from 0 (not at all) to 4 (extremely). The test takes approximately 3 to 7 minutes for healthy participants, and longer for the physically ill.

How do you feel today during work?	VIGOUR	IRRITABILITY	FATIGUE	NUMBNESS	SF-36 (MENTAL HEALTH)
Lively	Х				
Vigorous	Х				
Energetic	Х				
Cheerful	Х				
Alert	Х				
Full of pep	Х				
Active	Х				
Nervous		Х			
Angry		X			
Annoyed		X			
Peeved		X			
Spiteful		×			
Bad-tempered		Х			
Furious		X			
Listless			X		
Weary			Х		
Exhausted			X		
Sluggish			Х		
Worn out			Х		
Fatigued			Х		
Slowed				X	
Chippy				X	
Dazed				Х	
Нарру					Х
Demoralised and sad					Х
Calm and relaxed					X
Half-hearted					Х
Very nervous					Х
So broken-hearted that					Х

Conclusion

Psycho-oncology is a thriving discipline in cancer care and numerous research activities have been performed to improve treatment outcome and quality of life. They also provide psycho-social care to the cancer patients. In Head and Neck region, Oral Squamous Cell Carcinoma is the most common

malignancy with a low survival rate. Patients with Head and Neck cancer experience a challenge from a psycho-oncological point of view. Compared to other tumours, Head and Neck cancer (HNSCC) patients were found to have high psychological distress. Hence, further research on the analysis of distress in HNSCC can be carried out to bring out the outcome of the treatment and also to improve the quality of life of the patient.

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