Research Article

PREVALENCE AND TYPE OF PSYCHIATRIC Co-Morbidity AMONG PATIENTS OF MALIGNANCY IN A TERTIARY CARE HOSPITAL OF NORTHERN PART OF INDIA

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ABSTRACT

Introduction: Cancer is a multisystem illness which is characterized by abnormal growth of cells. Cancer has an effect on physical and emotional wellbeing of patients and their families. The diagnosis of cancer itself is a stressful event causing significant psychological distress as cancer is a serious and potentially life-threatening illness. The aim of the present study was to find out the prevalence and type of psychiatric co-morbidity among cancer patients.

Material and Methods: This study was a cross-sectional descriptive study conducted at the Indira Gandhi medical College, Shimla, Himachal Pradesh, India. We recruited all adults ($\geq$ 18 years) histopathologically diagnosed patients with any type of malignancy from Radio-therapy Department of institute. Diagnosis of psychiatric disorders was made according to International classification of diseases-10 (ICD-10)

Results and conclusions: There were total 226 participants in our study. The Mean age (standard deviation) of participants was 51.3 (12.8) years ranging from 18 to 83 years. The prevalence of Psychiatric co-morbidity in our study came out to be 35% (95% Confidence Interval 29-42%). Out of 226 patients Generalized Anxiety Disorder (GAD) was found in maximum number of patients (12.4%) followed by Mixed Anxiety and Depression (7.5%).

INTRODUCTION

Cancer is a multisystem illness which is characterized by abnormal growth of cells. Worldwide, one in eight deaths is due to cancer alone which is more than the caused by AIDS, tuberculosis, and malaria combined. Cancer has an effect on physical and emotional wellbeing of patients and their families. The diagnosis of cancer itself is a stressful event causing significant psychological distress as cancer is a serious and potentially life-threatening illness.Cancer patients have frequently been diagnosed with some psychiatric disorders, and most of them have adjustment disorder and/or major depression[1]. A majority of the studies have revealed a significant level of psychiatric morbidity among cancer patients. These studies found adjustment disorder as the most common psychiatric disorder in patients with cancer; major depression, delirium, and anxiety disorders being as the next common disorders. Conditions like personality disorders, psychosis, and substance abuse are comparatively infrequent.[2,3]

In a developing country such as India there has been a steady increase in the Crude Incidence Rate (CIR) of all cancers affecting both men and women over the last 15 years ranging from 38% to 53% of cancer patients who were found to have identifiable DSM-III-R psychiatric disorder. [4,5]Psychiatric co-morbidity in patients with cancer is high and without appropriate treatment, unremitting. Much of the probable psychiatric co-morbidity experienced by patients with cancer goes unrecognized and therefore untreated. If psychiatric co-morbidity and type of psychiatric co-morbidity are recognized early by healthcare professionals then appropriate and effective interventions can be done and many of the psychiatric problems suffered by patients could be prevented or at least ameliorated.The aim of the present study was to find out the prevalence and type of psychiatric co-morbidity among cancer patients.

MATERIAL AND METHODS

This study wasa cross-sectional descriptive studyconducted at Indira Gandhi Medical College (IGMC) and Hospital, Shimla, which is the premier Tertiary Care Centre of Himachal Pradesh, located in Northern India.We recruited all adult, ($\geq$ 18

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years) histopathologically diagnosed patients with any type of malignancy from Radio-therapy Department of institute from August 2016 through July 2017. Patients previously diagnosed with psychiatric disorder (before diagnoses of malignancy), mental retardation, neurocognitive disorders and pregnant females were excluded from the study. A written informed consent was obtained from all eligible patients before participating in the study. A detailed sociodemographic and clinical history from the patient and/or a reliable person who knows the patient well was taken as per pre-designed, structured interview schedule. Diagnosis of psychiatric disorders was made according to International classification of diseases-10 (ICD-10).[6] Psychiatric Symptoms were also assessed by using Mini-International Neuropsychiatric Interview 6.0 (M.I.N.I.6.0).[7] If the patient was found to have anxiety or depressive disorder, the severity of the same was assessed by using appropriate scales such as: Hamilton Depression Rating Scale (HAM-D),[8] or Hamilton Anxiety Rating Scale (HAM-A)[9] as per the psychiatric diagnosis.

Statistical Analysis

Data was entered in Microsoft Excel spreadsheet and cleaned for errors. Data was analyzed using SPSS software version 22.0. Descriptive statistics were calculated as percentages and proportions along with their 95% Confidence Interval.

RESULTS

There were total 226 participants in our study. The Mean age (standard deviation) of participants was 51.3 (12.8) years ranging from 18 to 83 years. Among study participants 112 (49.6%)were males. The prevalence of Psychiatric co-morbidity in our study came out to be 35% (95% 29-42%).(Table 1)

Psychiatric co-morbidity (n=226)

Out of 226 patients Generalized Anxiety Disorder (GAD) was found in maximum number of patients 28(12.4%) followed by Mixed Anxiety and Depression17 (7.5%). Major Depressive Disorder was found in 16(7.1%) patients. Post-Traumatic Stress Disorder (PTSD) and Adjustment disorder both were found in 9(4.0%) of patients. (Table 2)

Table 1 Prevalence of Psychiatric co-morbidity among study participants (n=226)

Psychiatric Co-morbidity	Number (n)	Percentage (%)
Present	79	35%
Absent	147	65%

Table 2 Distribution of the types of Psychiatric Co morbidities (n=226)

Type of Psychiatric Co-morbidity	Number (n) and Percentage (%)	95% Confidence Interval
Major Depressive Episode	16 (7.1)	4.1-11.2
Mixed Anxiety and Depression	17 (7.5)	4.4-11.8
Post-Traumatic Stress Disorder	9 (4.0)	1.8-7.4
Generalized Anxiety Disorder	28 (12.4)	8.4-17.4
Adjustment disorder	9 (4.0)	1.8-7.4

DISCUSSION

The prevalence of psychiatric comorbidity amongst patients with cancer reported in various studies ranged from 5 to 50%, a variation that can be attributed to differences in sample size, the disease and treatment factor.[1,5,10-26]In the present study 35% patients met ICD-10 criteria for diagnosis of psychiatric comorbidity. In a much-quoted study, Derogatis et al (1983)[1] found 47% patients had psychiatric co-morbidity which is almost comparable to our studie. Alexander PJ et al (1993)[20], Grabsch B et al (2006)[23] and Atesci FC et al (2003)[22] estimated that 40%, 42% and 28.7% had a diagnosis of psychiatric co-morbid disorders respectively. Overall prevalence of psychiatric morbidity was 45% in studies done by Kissane DW (2004)[26] and Thapar et al (2015)[24]. However, Hamid MA et al (1993)[25] found 87 patients (85.29%) had psychiatric illness. The high prevalence of psychiatric morbidity in this study could be due to different cultural background and methodology used.

In our study, Generalized Anxiety Disorder was found to be commonest (12.4%) psychiatric diagnosis found. Seventeen patients (7.5%) had Mixed Anxiety and Depression. These findings were almost similar to some of the previous studies, done by Grabsch B et al (2006)[23] and Derogatis et al (1983)[1] who observed Anxiety Disorder in 6.2% and 4% of patients respectively. However, Hamid MA et al(1993)[25] and Thapar et al (2015)[24] observed higher prevalence of Anxiety Disorder in 18.63% and 14.8% of patients respectively.

We observed Depression in 16(7.1%) patients, which was comparable to studies by Derogatis et al [11] and Alexander PJ et al [20]in which depression was found among13% patients in both studies whereas Hamid MA et al [25] observed depression as most common psychiatric co-morbidity in (45.10%) patients of malignancy. Atesci FC et al[22] observed major depressive disorder in (11.3%) patients. In a study by Kissane DW[26]. In study by Thapar et al [24] Major Depressive disorder was found in 22.2% patients and 3.7% patients had Somatoform Disorder Adjustment disorder and PTSD were found in nine patients (4.0%) each in our study. However, in previous studies done by Atesci FC et al (2003)[22] and Thapar et al (2015)[24] adjustment disorder was most common diagnoses, in 14% patients and 59.25% patients respectively.

CONCLUSION

In the present study 35% patients met ICD-10 criteria for diagnosis of psychiatric comorbidity among patients with malignancy. Generalized Anxiety Disorder is the commonest diagnosis and Adjustment Disorder is the least common diagnosis.

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