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Original Research

Examining Psychiatric Disorders and Utilization of Mental Health Services in Spouses of Advanced Cancer Patients: A Comprehensive Study

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ABSTRACT:
Background:The primary objectives of this research are twofold. Firstly, the study aims to delve into the frequency and types of psychiatric disorders prevalent among the spouses of individuals grappling with cancer. By examining the psychosocial impact on these partners, we aim to gain a comprehensive understanding of the challenges they face. Secondly, our research seeks to establish a connection between the perceived psychopathology experienced by these spouses and their overall quality of life. By exploring this relationship, we hope to shed light on the intricate dynamics at play when one partner is diagnosed with cancer, ultimately contributing valuable insights to both the psychological and oncological fields.**Methods**:This study adopts a case-control observational clinical approach to examine the occurrence and characteristics of psychiatric disorders in spouses of cancer patients, drawing a comparative analysis with spouses of individuals diagnosed with Bipolar Affective Disorder (BPAD). By juxtaposing these two groups, the research aims to discern potential distinctions in the frequency and nature of psychiatric illnesses, contributing valuable insights into the unique challenges faced by spouses in different medical contexts.**Results**:In this study, psychiatric morbidity is observed in 54% of cancer patient spouses and a comparable 53.3% in BPAD spouses. Major Depressive Disorder (MDD) is the most common diagnosis in cancer patient spouses (55.6%), followed by Adjustment Disorder (25.9%). Other disorders include Generalized Anxiety Disorder, Dysthymia, and Panic Disorder. For BPAD patients, Adjustment Disorder precedes Major Depressive Disorder. Notably, both cases and controls exhibit elevated psychopathology scores even without a formal psychiatric diagnosis, emphasizing the presence of subclinical symptoms in both groups. These findings shed light on the complex nature of psychiatric challenges in these contexts, offering insights for further exploration and intervention strategies.**Conclusion**:This study underscores the importance of conducting psychiatric evaluations for spouses following a cancer diagnosis. The findings emphasize the necessity for additional research in this field, not only within India but also in other nations. This recognition points towards a broader imperative to better understand and address the psychological impact on spouses in diverse cultural and healthcare contexts.
Keywords:Psychopathology, Quality of life, Neck cancer, Psychiatric morbidity

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INTRODUCTION

The current study serves as a critical reminder of the imperative to conduct thorough psychiatric evaluations for spouses in the aftermath of a cancer diagnosis.[1] The observed psychiatric morbidity among this demographic underscores the intricate interplay between mental health and the challenges posed by a loved one's cancer journey. This not only emphasizes the immediate need for tailored psychological support but also raises a broader call for sustained research efforts in this field.Specifically, the study suggests that there is a gap in our understanding of the nuanced psychological experiences of spouses in the context of cancer, not only in India but also in other nations.[2] As cancer continues to be a global health concern, recognizing and addressing the psychological well-being of those intimately connected to the patient becomes paramount.Expanding research initiatives in various cultural and healthcare settings can provide valuable insights into the diverse ways in which individuals and communities cope with the psychosocial impact of cancer on families. By

broadening the scope of investigation, we can tailor interventions that are not only culturally sensitive but alsouniversally applicable, thereby improving the overall support system for spouses navigating the complexities of a cancer diagnosis.[3]

Cancer represents a formidable global health challenge, exerting a profound impact on both morbidity and mortality. The staggering statistics from 2012, reporting approximately 14 million new cancer cases and 8.2 million cancer-related deaths, underscore the urgent need for a comprehensive understanding and effective strategies to mitigate this public health crisis. Projections indicate a concerning trajectory, with the expectation of a 70% increase in new cancer cases over the next two decades.Examining the specific patterns of cancer incidence reveals distinct trends among genders. In 2012, the most prevalent cancers in men included lung, prostate, colorectal, stomach, and liver, while women commonly faced breast, colorectal, lung, cervix, and stomach cancers. This gender-specific variation necessitates tailored approaches in prevention, diagnosis, and treatment.[4]The link between lifestyle factors and cancer outcomes is evident in the significant role played by behavioral and dietary risks. Approximately one-third of cancer deaths can be attributed to the top five risks: high body mass index, insufficient intake of fruits and vegetables, physical inactivity, tobacco use, and alcohol consumption. Of these, tobacco use emerges as the predominant risk factor, contributing to 20% of global cancer deaths and a staggering 70% of lung cancer fatalities worldwide.Beyond lifestyle factors, infectious agents also contribute significantly to cancer-related mortality. Viruses such as HBV/HCV and HPV are implicated in up to 20% of cancer deaths, particularly in low- and middle-income countries. This underscores the need for a holistic global approach that addresses diverse risk factors, incorporating preventive measures, early detection, and accessible, effective treatments.In summary, the expansive scope of the cancer burden demands a concerted effort on a global scale. Collaborative initiatives focusing on lifestyle modifications, tobacco control, vaccination against cancer-causing viruses, and equitable access to healthcare resources are essential to mitigate the rising tide of cancer incidence and mortality worldwide.

Patients grappling with cancer often necessitate consistent medical attention, leading to frequent hospitalizations and enduring socio-occupational impairment.[5] The psychological trauma accompanying a cancer diagnosis further intensifies the challenges faced by these individuals. In navigating this difficult journey, cancer patients heavily rely on caregivers for crucial support, with family caregivers—often spouses—serving as the cornerstone of their support system.Significant shifts in medical practices, marked by shorter hospital stays and extended survival rates among cancer patients, have inadvertently intensified the responsibilities shouldered by spouses. The evolving landscape of cancer care has placed an increased burden on these primary caregivers who play a pivotal role in the well-being and recovery of their loved ones.Numerous studies focusing on the spouses of cancer patients have consistently highlighted a concerning prevalence of psychiatric morbidity within this demographic. The emotional toll of witnessing a partner's battle with cancer, coupled with the practical challenges of caregiving, contributes to elevated levels of stress, anxiety, and depression among spouses. Acknowledging and addressing the psychological well-being of these caregivers is paramount to ensuring holistic support for both the cancer patients and their primary support network.In light of these findings, it becomes evident that a comprehensive approach to cancer care must extend beyond the patient to encompass the well-being of their caregivers, particularly spouses. Implementing targeted interventions, support programs, and mental health resources for spouses can significantly alleviate the emotional burden they bear, fostering a more resilient and supportive environment for both the patient and their primary caregiver.A recent in-depth examination into the mental health of spouses caring for advanced cancer patients has provided compelling insights into the challenges faced by this vital support network.[6] The study's revelations are striking, indicating that a noteworthy 13% of caregivers for individuals with cancer meet established criteria for psychiatric disorders. This statistic sheds light on the profound emotional toll borne by spouses in the throes of caregiving, emphasizing the critical need for attention to their mental well-being.Further analysis reveals that a quarter of these caregivers actively sought treatment for mental health concerns subsequent to their partner's cancer diagnosis. This not only underscores the gravity of the psychological impact but also emphasizes the proactive steps taken by a significant portion of caregivers to address their mental health needs.[7,8] These findings illuminate the resilience and adaptive strategies employed by caregivers, as well as the recognition of the importance of seeking professional support.These conclusions align with a broader body of research that consistently underscores the prevalence of psychiatric disorders and a diminished quality of life among spouses of cancer patients. The cumulative evidence underscores the urgent call to action—prompt and proactive screening, coupled with early intervention strategies, is imperative to address the psychological distress experienced by this vulnerable group.The pivotal role of caregivers, particularly spouses, in the cancer care continuum cannot be overstated. As these findings reverberate with reports from earlier studies, a resounding message emerges: it is paramount to prioritize mental health screening and treatment for spouses of cancer patients from the very outset of the caregiving journey.[9] This proactive approach not only

enhances the well-being of caregivers but also contributes significantly to the overall quality of life for both the cancer patients and their dedicated support systems. As we navigate the evolving landscape of cancer care, acknowledging and addressing the mental health needs of caregivers becomes an integral component of holistic patient-centered care.

MATERIALS AND METHODS

The study will meticulously assemble a sample comprising 100 spouses of consecutive inpatients admitted to the radiation oncology department, each diagnosed with cancer and meeting stringent inclusion and exclusion criteria. The primary aim is to delve into the intricate dynamics of the caregiving experience for this specific population.

INCLUSION CRITERIA

1. **Spouses of Adult Inpatients with Diagnoses of Cancer:** The study will specifically focus on the adult spouses of patients diagnosed with cancer, recognizing the unique challenges and dynamics that accompany caring for a partner facing a cancer diagnosis.
2. **Written Informed Consent:** Ethical research practices will be upheld, and participation in the study will be contingent upon obtaining written informed consent from the spouses, ensuring their voluntary and informed participation.
3. **Age Group 18-64 Years:** By narrowing the age range to individuals between 18 and 64 years, the study seeks to capture the experiences of spouses within a specific demographic window, accounting for potential age-related variations in caregiving dynamics.

EXCLUSION CRITERIA

1. **Non-Consenting Spouses:** Individuals who decline to participate in the study for any reason will be excluded, ensuring the voluntary nature of participation.
2. **History of Psychiatric Disorders:** Spouses with a documented history of psychiatric disorders in the past will be excluded. This criterion aims to focus on the impact of the recent cancer diagnosis on mental health and caregiving experiences.
3. **Comorbid Substance Abuse (Except Tobacco):** The study will specifically exclude spouses with comorbid substance abuse issues, excluding tobacco use, to isolate the potential effects of cancer caregiving from other substance-related influences.
4. **Disabling Physical Illness in Spouses:** Spouses with any disabling physical illnesses will be excluded to maintain homogeneity within the sample concerning physical health. This ensures that the study primarily investigates the psychological impact of caregiving.

CONTROL GROUP

To enrich the comparative analysis, a control group consisting of 60 spouses of patients diagnosed with Bipolar Affective Disorder (BPAD) will be selected consecutively. This group will adhere to similar inclusion and exclusion criteria, allowing for a nuanced exploration of the psychological nuances associated with caregiving in different medical contexts. The inclusion of a control group enhances the study's ability to discern the specific effects of caregiving for cancer patients.

RESULTS

Table 1: age distribution of cancer patients

AGE IN YEARS	BPAD PATIENT		CANCER PATIENT	
	Count	Column N %	Count	Column N %
18-30	16	26.7%	4	4.0%
31-40	24	40.0%	12	12.0%
41-50	12	20.0%	32	32.0%
51-64	8	13.3%	52	52.0%

In the current research, a noteworthy observation emerged regarding the age distribution within the studied cohorts. The predominant age group among cancer patients was 51-64 years, reflecting the higher incidence of cancer diagnoses within this demographic. In stark contrast, individuals diagnosed with Bipolar Affective Disorder (BPAD) were primarily situated in the age group of 31-40 years. This discrepancy in age distribution yielded a statistically significant difference between the two groups in terms of age.The distinct age profiles of the cancer and BPAD cohorts underscore the demographic diversity inherent in these medical conditions.

The prevalence of cancer in the older age bracket aligns with established patterns in cancer epidemiology, where the risk tends to increase with advancing age. Conversely, the concentration of BPAD patients in a younger age group is consistent with the typical onset of mood disorders, which often manifests in early adulthood.The identified statistically significant difference in age between the two groups emphasizes the importance of considering age as a potential confounding factor in the analysis. Understanding these demographic distinctions is crucial for contextualizing the findings and drawing accurate conclusions about the distinct characteristics and challenges faced by individuals within each

medical condition. This nuanced perspective enhances the study's ability to contribute meaningful insights into the psychological and caregiving aspects associated with cancer and BPAD.

Table 2: Data regarding the type of cancer in cancer patients

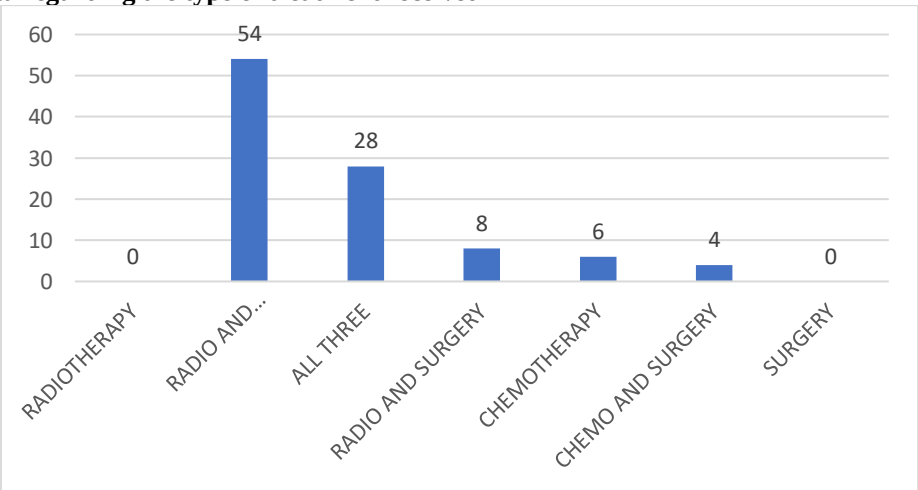
Type of cancer	Cancer Patient Spouses	
	Count	Column N %
HEAD AND NECK	46	46.0%
GIT	16	16.0%
BREAST	6	6.0%
LUNG	10	10.0%
CERVIX/OVARY	14	14.0%
NHL/HL	6	6.0%
SKIN	2	2.0%

In the examination of the control group, a notable pattern emerged regarding the types of cancer diagnoses among the spouses being studied. The predominant type of cancer observed in this cohort was head and neck cancer, constituting a significant majority at 46%. This finding sheds light on the specific oncological landscape within the control group, highlighting the prevalence of head and neck cancer among the spouses of individuals diagnosed with Bipolar Affective Disorder (BPAD).The emphasis on head and neck cancer within the control group adds a layer of specificity to the study, suggesting that the caregiving experiences and potential psychological impacts being investigated are particularly relevant in the context of this specific cancer type. The recognition of the specific cancer types enriches the understanding of the intricacies involved in the caregiving dynamic, allowing for a more targeted and nuanced exploration of the challenges faced by spouses in this unique scenario.This information is integral for the comprehensive interpretation of study outcomes, as the type of cancer can influence various aspects of the caregiving experience, including the nature of treatments, the physical demands on caregivers, and the emotional toll associated with specific cancer diagnoses. This nuanced understanding contributes to the broader comprehension of the complex interplay between medical conditions, caregiving, and mental health within the studied population.

Table 3: Data regarding the type of treatment received

TREATMENT RECEIVED	CANCER PATIENTS	
	Count	Column N %
	0	0.0%
RADIOTHERAPY	0	0.0%
RADIO AND CHEMOTHERAPY	54	54.0%
ALL THREE	28	28.0%
RADIO AND SURGERY	8	8.0%
CHEMOTHERAPY	6	6.0%
CHEMO AND SURGERY	4	4.0%
SURGERY	0	0.0%

Figure1: Data regarding the type of treatment received



DISCUSSION

This study sought to explore the intricate landscape of psychiatric disorders among spouses of cancer patients. The investigation encompassed a carefully chosen sample, with 100 spouses of cancer patients serving as cases and 60 spouses of individuals diagnosed with Bipolar Affective Disorder (BPAD) as patient controls. A pivotal criterion for inclusion in both groups was the absence of any past or family history of psychiatric or medical disorders, ensuring a focused examination of the unique challenges faced by this specific caregiving demographic.Conducted within a hospital setting providing diverse treatment modalities for cancer, including chemotherapy, radiotherapy, and surgery, the study unfolded against the backdrop of a patient population primarily hailing from the middle and lower socio-economic classes.[10,11,12] This socio-economic context underscored the importance of tailoring interventions and support systems to address the distinct challenges encountered within these specific segments of the caregiving journey.Delving into the socio-demographic aspects revealed compelling patterns within the study population. Spouses caring for cancer patients predominantly fell within the age group of 51-64 years, while those supporting individuals with BPAD were mostly situated in the age range of 31-40 years. This observed difference in age distribution bore statistical significance, aligning with the anticipated age-related incidence patterns characterizing cancer and BPAD. The prevalence of cancer in older individuals contrasted with the typical manifestation of BPAD in a younger age group.These findings echoed previous research conducted within the same hospital, finding resonance in international studies by Braun et al and Grunfeld et al, as well as in age-specific data from the Indian cancer registry. In addition to age distribution, the study unveiled a substantial proportion of female participants in both the spouses of cancer patients group (62%) and the spouses of BPAD patients group (63.3%).[13] This distribution highlighted the pivotal role assumed by wives as primary caregivers in a hospital setting, particularly for male patients. The caregiving dynamic shifted when dealing with female patients, typically taken up by another female family member. This gender-specific caregiving role emphasized the need for nuanced considerations in understanding the dynamics of caregiving within the healthcare context.In summary, this study not only provided valuable insights into psychiatric disorders among spouses of cancer patients but also contributed to an enriched understanding of the socio-demographic intricacies of this caregiving population. By accounting for age and gender variations, the study laid the foundation for tailoring interventions and support systems to address the multifaceted challenges faced by spouses caring for individuals with cancer and BPAD.

In the course of the present study, a meticulous exploration of the demographic landscape among cancer patients revealed a prevalent age group of 51-64 years, while individuals diagnosed with Bipolar Affective Disorder (BPAD) predominantly fell within the age range of 31-40 years.[14] This consistent age distribution within the cancer patient cohort echoes findings from previous investigations conducted within the same hospital, further emphasizing the propensity for cancer diagnoses to be concentrated among individuals aged 51-64 years. This aligns seamlessly with broader trends reported by the National Cancer Registry Programme, which underscores the incremental rise in age-specific incidence rates of cancer as individuals age.Diving into the specific cancer diagnoses within the study, a significant proportion of patients were diagnosed with head and neck cancer, constituting 46% of cases. Following closely were gastrointestinal malignancies, cervical/ovarian carcinomas, lung cancer, breast cancer, non-Hodgkin's lymphoma/Hodgkin's lymphoma, and skin cancer. These findings mirror the global comparison reported by the Indian Council of Medical Research (ICMR) registry, highlighting the distinctive prevalence of cancers such as those of the oral cavity, pharynx, and cervix in India. Furthermore, the study's outcomes align with global trends that emphasize lung and bronchus cancers among men and cervix and breast cancers among women.[15]Importantly, the study's results also harmonize with prevailing cancer data in India, confirming the concordance between our findings and the reported high incidence of head and neck cancer. The overrepresentation of male patients in the study sample emerges as a plausible factor contributing to the elevated prevalence of head and neck cancers, given the well-established gender-specific patterns associated with this cancer type.Shifting focus to the treatment modalities and time since diagnosis among cancer patients, a substantial portion (54%) underwent combined radio and chemotherapy. Additionally, a majority of the study group received a cancer diagnosis within the last year. These revelations resonate with prior studies conducted in the same hospital setting, where similar prevalence of head and neck cancers and a significant proportion of patients undergoing combined chemotherapy and radiotherapy were observed.[16,17]In summary, this study not only contributes to the understanding of age distribution and specific cancer diagnoses among the patient cohort but also aligns with both local and global cancer incidence trends. The noteworthy prevalence of head and neck cancer prompts consideration of its potential correlation with the overrepresentation of male patients in the sample. The treatment patterns observed in this study closely parallel those reported in earlier research within the same hospital setting, collectively offering a nuanced portrayal of the cancer landscape in the studied population.

CONCLUSION

The study concludes that spouses of cancer patients face heightened psychiatric morbidity, increased psychopathology, and reduced quality of life. Major depressive disorder is notably prevalent in this group. These challenges vary based on cancer type, age, and sex. The findings emphasize the necessity for psychiatric evaluations for spouses following a cancer diagnosis. The study also underscores the need for further research in India and globally to better understand and address the unique mental health needs of this caregiving population.

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