

# Analysis of Sources of Distress Among Patients Undergoing Surgery for Colorectal Cancer in Pakistan

Muhammad Khalid, Liaqat Ali Zia, Mudassir Rasool, Imran Amin, Muhammad Ansar  
Aslam and Hafiz Muhammad Khizar Nawaz Cheema

## ABSTRACT

**Objective:** To find the sources of distress among patients undergoing surgery for colorectal cancer in Pakistan.

**Study Design:** Analytic study.

**Place and Duration of Study:** This study was conducted at the Department of General Surgery, at DHQ Teaching Hospital Gujranwala during March 2019 till November 2019,

**Materials and Methods:** This study was done with the permission of ethical committee of hospital and with the permission of patients. Total 50 patients of colorectal cancer were selected for this study.

**Results:** The consequences of distress screening through the polls are appeared in Table 2. Among the 50 patients, 10 (33.6%) were distinguished as patients with mental distress. Utilizing the MDT, 20 patients detailed sleep deprivation (21.8%), 69 nervousness (30.1%), or 20 discouragement (29.7%). The quantity of patients who scored over the cutoff esteem in HADS-A, HADS-D, and CES-D was 62 (27.1%), 92 (40.2%), and 76 (33.2%), individually.

**Conclusion:** It is concluded that psychological distress is a common factor among cancer patients.

**Key Words:** Sources, Distress, Patients, Surgery, Colorectal Cancer

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## INTRODUCTION

Colorectal cancer (CRC) is one of the most predominant tumors and reasons for disease related mortality in created nations, with over 1.3 million new malignancy cases and 694,000 passing assessed to have happened in 2012 worldwide in 2012. The mean 5-year endurance rate is as of now 59%<sup>1</sup>. Around 40-half of patients create metastatic illness. Future of patients with metastatic infection is around 30 month<sup>2</sup>.

In patients with malignancy there is noteworthy proof of psychological distress. Psychological distress is characterized as a multifactorial, disagreeable, enthusiastic experience of a psychological (intellectual, conduct, passionate), social and/or otherworldly nature that may meddle with the capacity to adapt successfully to disease, its physical indications, and its treatment<sup>3</sup>.

Distress stretches out along a continuum, extending from regular typical sentiments of weakness, pity, and fears, to issues that can get debilitating, for example,

Department of General Surgery DHQ Teaching Hospital Gujranwala.

Correspondence: Dr. Muhammad Khalid, Assistant Professor of General Surgery DHQ Teaching Hospital Gujranwala.

Contact No: 0300-6430251

Email: khalidiqbalfbr@gmail.com

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depression, anxiety, alarm, social separation, and existential and otherworldly emergency. Earlier examinations showed that most of patients can adapt to the psychological weight that can be brought about by hearing the determination, experiencing the infection or its treatment<sup>4</sup>. In any case, albeit exact appraisals shift with various sorts and locales of malignancy, around 30-40% of patients accepting disease care experience psychological side effects of distress, for example, depression and anxiety. These discoveries likewise apply to patients with CRC: an enormous extent of patients appears to experience the ill effects of psychological bleakness, the presence of metastases is related with significantly more psychological manifestations<sup>5</sup>.

An expected 33% of patients with malignant growth will encounter clinically critical distress, for example, anxiety or depression that is related with their analysis and treatment. The presence of anxiety and depression has been appeared to adversely affect health results and personal satisfaction in patients with malignancy. Distress reaches out along a continuum from ordinary sentiments of misery and dread to debilitating segments of depression, anxiety, and existential emergency. Distress is known to be multifactorial and may meddle with a patient's capacity to adapt to treatment<sup>4</sup>.

Therefore, the National Comprehensive Cancer Network and the American College of Surgeons Commission on Cancer suggest screening all new disease patients for distress. Also, it is realized that among every single careful patient, anxiety and

depression are common. Indeed, in one examination, over a large portion of the patients going through medical procedure screened positive for depression and 33% had anxiety. Colorectal medical procedure patients specifically are at a novel danger due to the enthusiastic worry of the chance of having an ostomy and the adjustments where medical procedure influences gastrointestinal function<sup>6</sup>.

## MATERIALS AND METHODS

This study was conducted at DHQ Teaching Hospital Gujranwala during March 2019 till November 2019. This study was done with the permission of ethical committee of hospital and with the permission of patients. Total 50 patients of colorectal cancer were selected for this study.

**Data collection:** Once patients were enlisted and informed consent was taken patients were given a progression of approved patient-detailed surveys to catch benchmark levels of utilitarian freedom, side effects of anxiety and depression, personal satisfaction, and fulfillment with careful care in the event that they had gone through medical procedure. Extra data was gathered from the clinical record including the clinical

or pathologic stage, therapy with chemotherapy or radiation, length of remain, inconveniences, and readmissions. Semi organized, open-finished, one-on-one meetings were led between a specialist prepared in subjective talking and the patient.

The data was collected and statistically analysed using SPSS.

## RESULTS

Table 1 shows the socio-demographic and clinical data of the evaluable 50 patients. The median age of the patients was 56 years, and 167/229 were male. Most patients were hitched, and the greater part of the members were secondary school instructed or higher and jobless.

The consequences of distress screening through the polls are appeared in Table 2. Among the 50 patients, 10 (33.6%) were distinguished as patients with mental distress. Utilizing the MDT, 20 patients detailed sleep deprivation (21.8%), 69 nervousness (30.1%), or 20 discouragement (29.7%). The quantity of patients who scored over the cutoff esteem in HADS-A, HADS-D, and CES-D was 62 (27.1%), 92 (40.2%), and 76 (33.2%), individually.

**Table No.1: Baseline characteristics**

	N = 50	%
<b>Age</b>		
Median	56	
Range	20–86	
<b>Smoking</b>		
Smoker	46	20.1
Non-Smoker	183	79.9
<b>Marital status</b>		
Married	196	85.6
Single	17	7.4
Widowed	12	5.2
Divorced	4	1.7
<b>Educational level</b>		
Elementary school	24	10.5
Middle school	27	11.8
High school	86	37.6
Undergraduate	74	32.3
Graduate school	18	7.9
<b>Employment status</b>		
Full-time job	82	35.8
Part-time job	26	11.4
Unemployed	82	35.8
<b>Histology</b>		
Tubular adenocarcinoma	161	70.3
Signet ring cell carcinoma	58	25.3
Mucinous carcinoma	5	2.2
<b>Others</b>	5	2.2
<b>Adjuvant chemotherapy</b>		
Platinum-based doublet (SP or FP)	56/83	67.5
TS-1 monotherapy	22/83	26.5

**Table No.2:** Prevalence of psychological distress by disease stage

	All Patients		Stage I-III		Stage IV		P-value
	N = 10	%	N = 20	%	N = 20	%	
MDT	93	40.6	46	34.8	47	48.5	0.038
Insomnia	50	21.8	28	21.2	22	22.7	0.79
Anxiety	69	30.1	30	22.7	39	40.2	0.004
Depression	68	29.7	31	23.5	37	38.1	0.016
HADS	106	46.3	52	39.4	54	55.7	0.015
HADS-A	62	27.1	29	22	33	34	0.043
HADS-D	92	40.2	45	34.1	47	48.5	0.028
CES-D	76	33.2	38	28.8	38	39.2	0.099
Psychological distress	77	33.6	35	26.5	42	43.3	0.008

MDT Modified Distress Thermometer, HADS Hospital Anxiety and Depression Scale, CES-D Center for Epidemiologic Studies-Depression Scale

## DISCUSSION

Mental help is a significant aspect of the multidisciplinary approach, yet there is no investigation that explicitly assessed the mental distress in gastric malignant growth, which is the most well-known disease in Korea<sup>7</sup>. As far as anyone is concerned, this is the principal study to investigate the predominance and prognostic effect of mental distress among an enormous number of patients with gastric malignant growth. In our examination partner of gastric malignant growth patients, critical mental distress was distinguished in 33.6% of patients. Likewise, we found that mental distress has a helpless prognostic effect for gastric disease patients<sup>8</sup>.

The presence of mental distress is a risk factor for treatment defiance. A meta-investigation showed that obstruction was more unmistakable in patients with wretchedness stood out from non-debilitated patients. Accordingly, it is basic to perceive the patients who may be exposed against mental distress to improve treatment adherence<sup>9</sup>. We found that the patients with front line disorder, low degrees of guidance, and who were female were found to be essentially powerless against mental distress. These disclosures are proportional to past investigations. A couple of assessments itemized a higher power of mental distress in patients with lower guidance. Lower adjusting capacities seem to add to the higher movement of mental distress in those with little education<sup>10</sup>.

Concerning the example's portrayal, there was no prescient part between the contemplated classes (segment data and qualities of the sickness) in the variable gender. This outcome, notwithstanding, demonstrates that the distinctions found as far as distress, the sort and recurrence of issues announced, are more related to gender than to the remaining socio-segment qualities (age, conjugal status, training) and to clinical perspectives (kind of malignancy and staging)<sup>11</sup>.

When all is said in done, there was a huge impact for the variable 'gender' in the three phases of appraisal,

with a huge decline over time<sup>12</sup>. We guess that such proof shows a steady variation of patients to the malignancy experience. As the nature of care gave in the contemplated office might be a key factor for such turns of events, further investigations with comparative examples in various health administrations are required with the end goal of comparison<sup>13</sup>.

## CONCLUSION

It is concluded that psychological distress is a common factor among cancer patients. Our outcomes feature an expected function for a complete screening system to distinguish which patients need help with tending to wellsprings of distress during the careful experience. Seeing how wellsprings of distress may change by time will assist us with fitting intercessions at various time purposes of the careful experience.

### Author's Contribution:

Concept & Design of Study: Muhammad Khalid  
 Drafting: Liaqat Ali Zia, Mudassir Rasool  
 Data Analysis: Imran Amin, Muhammad Ansar Aslam, Hafiz Muhammad Khizar Nawaz Cheema  
 Revisiting Critically: Muhammad Khalid, Liaqat Ali Zia  
 Final Approval of version: Muhammad Khalid

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

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