Original Article

Perspectives Towards Life among the Survivors of Oral Cancer Patients

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ABSTRACT

Objective: To identify the psychosocial problems faced by oral cancer survivors and to assess their health-related quality of life.

Study Design: descriptive Cross-Sectional study

Place and Duration of Study: This study was conducted at the Nuclear Institute of Medicine and Radiotherapy Jamshoro, from Nov 2017 to Feb 2018.

Materials and Methods: Patients above 18 years of age successfully treated for Oral Cancer were included by Non probability convenience sampling. Level of anxiety and depression was accessed by using the Diagnostic and Statistical Manual of Mental Disorders (IV codes). Data was analyzed by using SPSS version 24.

Results: According to the data anxiety outcome was divided in 05 grades. Moderate anxiety was very common in participants (47.2%), mildly anxious were (31.2%), severe anxiety in (14.4%) and (0.8%) were extremely anxious, remaining (6.4%) shown no anxiety. Regarding HRQOL (40.8%) survivors reported to have good HRQOL as they had full family/friends support, (48.8%) survivors responded an average HRQOL as they had partial family/friends support, and (10.4%) survivors were having very poor quality of life as they had meager support.

Conclusion: It was concluded in our study that almost all patients experience psychological issues after treatment of Oral Cancer. Special care and attention is required to them, continues counseling and support can help in improving quality of life.

Key Words: Oral cancer, anxiety, depression, quality of life, HRQOL

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INTRODUCTION

Oral cancer is a development of malignant cells in any portion of the oral cavity, including the lips, tongue, tough and soft palates, salivary glands, cheeks lining, mouth or tongue ground, gums and teeth.[1] Smokeless tobacco such as ghutka, betel nuts, paan and numerous brands of tobacco and alcohol consumption are anticipated to account for about 90% of buccal cancers. Numerous patients of pharyngeal and oral cancer experience disfiguring surgery, injury to dental function, and increased acute and early toxicity arising from extra antagonistic multimodal therapy regimens.[2] According to World Health Organization (WHO) oral squamous cell carcinoma (OSCC) is the eighth most commonly occurring cancer around the globe and presents a challenging situation for developing countries.[3,4] As compared to developed countries, oral cancer is very prevalent in developing countries, the main reason are poverty, unemployment, lack of knowledge and poor health services. Male ratio is higher than female in Pakistan.[5]

Quality of life is highly affected by these complications, survivors face treatment procedures that may produce late effects that harmfully upset quality of life.[6,7] Limited cancer treatments are free of risks and furthermost survivors face long-term antagonistic consequences of treatment.[8] Nevertheless, there are still serious gaps in our understanding of late effects, solely in understood cancers of elderly people, advances in our latest cancer survival studies.[9] As per DSM-IV-TR (2000), the signs of anxiety are bad mood, disruption of desire, difficulty in reasoning, sense of worthlessness and guilt, recurrent ideas of death or suicide, psychomotor retardation or awareness, sleep disruption and lack of enjoyment or participation in normal operations.[10]

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MATERIALS AND METHODS

Study Setting: This Descriptive Cross-sectional study was conducted in Nuclear Institute of Medicine and Radiotherapy (NIMRA) Jamshoro, Pakistan in **s**ix months duration from November 2017 to February 2018. Sample Size was calculated according to the prevalence of Oral cancer in Pakistan, which was 8.9% using 95% confidence interval, 5% margin of error. The calculated sample size was 125 using the non-probability convenience sampling.

Inclusion criteria

1. Those patients who are successfully treated for oral cancer.
2. Those who were willing to participate in study.
3. Those who are above 18 years of age.

Exclusion criteria

1. Those patients who are currently under treatment.
2. Those who are not willing to participate in study.
3. Those who are below 18 years of age.

Data Collection Procedure: The oral cancer survivors visited for follow up at NIMRA, fulfilling the criteria were included in this study. After taking written consent the information were gathered on the pre-designed questionnaire. Level of Anxiety and Depression was determined by ranking graph, using the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV codes) and score was recorded and severity of anxiety was calculated for each individual.

Data Analysis Procedure: The data was analyzed in version 24 of the Statistical Package for Social Sciences (SPSS). For categorical variables, frequency and percentage were calculated. The data was formulated through Graphs and Charts.

RESULTS

Total 125 participants were studied, majority of subjects were between the age of 35 to 50 years (46.4%) and > 50 years were (27.2%). All male were participants of the study and (88.8%) of them were married. (59.2%) participants were from urban setting and remaining (40.8%) were from rural areas. Majority of participants were (50.4%) were graduates, followed by (24.0%) had secondary level education. Middle and lower socio-economic class was common (56.8%) and (41.6%) respectively. Out of all cases (48.0%) patients were labor by occupation, (44.0%) were skilled / professional and (8.0%) were employed.

According to our data family support after treatment was important variable (60.8%) were living with joint family and (39.2%) were living separate. And it was noted that (40%) were well supported by their family, (36.8%) were good supported and remaining (23.2%) responded poor or no support from family.

The above table shows the addiction of participants and almost all participants were addicted to smoking or Gutkha or pan. (80.8%) were smokers and (19.2%) were nonsmokers. In addition to smoking (69.6%) were Gutkha chewer, (29.6%) were pan chewer and (0.8%) were eating Naswar.

The above table shows the level of anxiety in the subjects after recovery and Health Related Quality of Life. Moderate anxiety was very common in participants (47.2%), mildly anxious wore (31.2%), Severe anxiety was seen in (14.4%) participants and (0.8%) were extremely anxious. Only 08 (6.4%) participants responded that there was no anxiety at all. Out of 125 respondents, 61 (48.8%) oral cancer survivors quality of life was average as they had partial support by family members, relatives and friends in terms of care, social and financial support, whereas, 51 (40.8%) survivors were reported to have good quality of life as they had full cooperation by above said caregivers. Moreover, only 13 (10.4%) survivors were having poor quality of life as they had meager support.

Table No.1: Socio-demographic data of the 125 subjects participated in the study (n=125).

Variable		No. of Cases	Frequency %
1. Age of the Subjects (In years)			
	20 to 35	33	26.4%
	36 to 50	58	46.4%
	>50	34	27.2%
2. Gender of the Subjects			
	Male	125	100.0%
	Female	00	00
3. Marital Status of the Subjects			
	Married	111	88.8%
	Unmarried	14	11.2%
4. Residence of the Subjects			
	Urban	74	(59.2%)
	Rural	51	(40.8%)
5. Educational status			
	Primary	23	18.4%
	Secondary	30	24.0%
	Graduate	63	50.4%
	Post graduate	9	7.2%
6. Socioeconomic status of the subjects			
	Lower Class	52	41.6%
	Middle Class	71	56.8%
	Upper Class	2	1.6%
7. Occupation of Subjects			
	Labor Class	60	(48.0%)
	Skilled persons	55	(44.0%)
	Professional Employed	10	(8.0%)
	Unemployed	0	0

Table No. 2: Family structure and Support factor of the subjects (n=125)

Family structure		Frequency	Percentage
	Joint	76	60.8%
	Nuclear	49	39.2%
No. of persons in family			
	2-4	6	4.8%
	5-7	54	43.2%
	8-10	56	44.8%
	>10	9	7.2%
Family support			
	Very supportive	50	40.0%
	Supportive	46	36.8%
	Not Supported	29	23.2%

Table No. 3: Smoking Habits / Addiction of participants (n=125)

Smoking / Addiction		Frequency	Percentage
Smoking habit			
	Yes	101	80.8%
	No	24	19.2%
Chewing habits			
	Gutkha	87	69.6%
	Pan	37	29.6%
	Naswar	1	0.8%

Table No. 4: Patient distribution according to anxiety score and Quality of Life (n=125)

Anxiety score of respondent		Frequency	Percent
1	No Anxious	8	6.4%
2	Mild Anxious	39	31.2%
3	Moderate Anxious	59	47.2%
4	Severely anxious	18	14.4%
5	Extremely anxious	1	0.8%
	Total	**125**	**100.0%**
Quality of Life Status		**Frequency**	**Percentage**
1	Good	51	40.8%
2	Average	61	48.8%
3	Poor	13	10.4%
	Total	**125**	**100.0%**

DISCUSSION

In this study, most of individuals i.e. 46.4% patients with oral cancers were reported in age group of 36-50 years. Most of the cases had middle and poor socioeconomic status 56.8% and 41.6% respectively. 80.8% had smoking habits and 19.2% were without smoking history. As compared to this study, Khan MH et. al.[20] indicated that oral cancer is believed to be a disease of about 50 to 70 years of old age group, but as a result it can happen in quite younger era without any possible risk factors being missing.

In our study it was also clear that all participants were male because in Pakistan, as males are exposed to more risk factors of the oral cancers because they smoke more as compared to females Sherin N et al, reported in their results that males are more affected by oral cancers as compared to females.[21]

Distress has become increasingly recognized as a factor that can reduce the quality of life of cancer patients. In this study, according to the perceptions regarding anxiety 53.6% patients had sudden feeling of penics, 32.0% felt lonely, 92.2% had worrying thoughts, 44.8% had a crying spell, 41.6% felt restless, 15.2% had not good relation their relatives. Wu YS et al got similar observation as regards to anxiety and depression in head-and-neck cancer patients. He stated that cancer patients suffered from anxiety and depression[22].

Results of this study had showed that according to assessment of depression 74.4% had little interest or pleasure in doing things, 66.4% had feeling of tired, 78.4% can't feel cheerful most of my time, 3.2% have lost interest in my appearance. In comparison to present results, a study conducted by Larsen J et al reported that Symptom occurrence, their intensity and symptom distress has been studied from time of admission to discharge in their patients. Their results suggested that symptom occurrence followed a curve where highest frequency of symptoms was noted from the day of transplant to the end of protective care period. These included tiredness, loss of appetite, dryness of mouth, nausea and sleep disturbances. Most importantly patients reported to have anxiety at the beginning were found to have higher anxiety at the end.[23]

CONCLUSION

Patients suffering from oral cancer passes through different long term treatment procedures and this give rise to rapid change in lifestyle pattern which also affect quality of life. The results of this study indicate that oral cancer survivors face and pass through different phases of psychosocial challenges such as lack of family support and cooperation for day to day needs, financial support, which by the passage of time increases and leads to anxiety and depression ultimately compromising the quality of life of oral cancer survivors.

The study concludes that non availability of counselling, social and financial support services for oral cancer survivors lead to more psychosocial adverse factors leading to the negative thoughts and tendency to suicides which increases with the passage of time in such patients and survivors. Therefore, focused & timely addressing such challenges during and after treatment of oral cancer survivors can help them in improving and prolonging their life.

Recommendations: Larger sample size studies should be conducted. Strategies should be developed for complete management and to support the poor patients.

Psychologists should be involved in the management to counsel them to reduce the depression and anxiety, which can help patients to improve quality of life.

Author's Contribution:

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