

ORIGINAL ARTICLE

Emotional distress in cancer patients at the beginning of chemotherapy and its relation to quality of life

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Summary

Purpose: The present study sought to determine the prevalence of emotional distress and evaluate demographic and clinical factors related to anxiety and depression in treatment-naïve cancer patients at the beginning of chemotherapy. Another objective was to explore the associations between emotional distress and quality of life (QoL), an endpoint of great importance in current cancer care.

Patients and methods: Adult outpatients with a variety of cancer diagnoses were administered the Hospital Anxiety and Depression Scale (HADS) and the European Organization for Research and Treatment of Cancer (EORTC QLQ-C30) questionnaire prior to the initiation of treatment.

Results: A total of 265 patients took part in the study. A sizeable minority of our patients reported intense levels of anxiety (27.2%) and depression (19.6%). Patients without a partner, females, and patients with advanced disease or

lower physician-rated performance status (PS) were more likely to experience clinically significant emotional distress. Levels of anxiety and mainly depression were negatively related to all QoL domains.

Conclusion: Our results indicate that a significant proportion of Greek cancer patients experience intense anxiety and depression prior to chemotherapy, and confirm the adverse impact of psychological morbidity on patients' QoL. Standardized and timely screening of emotional distress across all phases of cancer will help to effectively identify patients whose symptoms warrant attention. Future studies should continue to develop and evaluate rapid measures for detecting significant emotional distress in cancer patients, and to devise appropriate interventions to treat distress and enhance patients' QoL.

Key words: cancer, emotional distress, HADS, prevalence, quality of life

Introduction

The onset of cancer is a powerful and traumatic stressor [1]. At the initial phase of the disease - diagnosis or beginning of treatment - a certain amount of emotional distress is considered as a normal reaction against the stressor [2]. In fact, absence of a reactive emotional response to a severe threat is believed to impede adjustment or recovery [3].

Not every patient with cancer experiences emotional distress to the same degree. However, a sizeable minority of patients experience or continue to experience persistent and intense levels of distress

[4]. Anxiety and/or depression are the most common mental disorders among whole populations of cancer patients with estimated rates close to 25% of patients with severe and moderate symptomatology, and another 25% with mild symptomatology [4-7]. However, estimates range from a low of 1% to a high of almost 58%, depending on the methodology employed and the cancer populations studied [7-11]. Once emotional distress appears, it can be a long-term and persistent complication, which may last even for 10-20 years after treatment [10,12].

Despite the evidence of how common psychological distress is, it often goes undetected or underdi-

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Received 06-12-2007; Accepted 10-01-2008