ORIGINAL RESEARCH

Quality of life in breast cancer patients suffering from Psychiatric disorders before and after diagnosis

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ABSTRACT
Background: The present study was undertaken for assessing the quality of life in patients with breast cancer before and after diagnosis.
Materials & methods: 200 patients were enrolled for the present study. A complete demographic and clinical detail of all the patients was obtained. At the baseline stage, interview was conducted among all the patients after obtaining their prior consent. This interview was conducted with the aim of gathering data in relation to quality of life. Afterwards, 100 patients that had confirmed histopathological diagnosis of breast cancer were separated and remaining all the patients was excluded. Follow-up of all the patients was done and re-interview of all the patients was again carried out. All the results were recorded and analysed using SPSS software.
Results: At the baseline period, initial treatment was mastectomy in 81 percent of the cases followed by conservative surgery in 9 percent of the patients. Quality of life score showed abrupt phases at different follow-up. Overall, global quality of life score showed improvement from score of 63.3 to 75.8 at 6 months follow-up followed by a significant decline to a value of 39.8.
Conclusion: Breast cancer patients should be followed up for their quality of life and provided effective therapy for their physical and psychological problems.
Key words: Quality of life, Breast cancer

INTRODUCTION
Breast cancer is the most common cancer among women. It is estimated that 26.4% of all newly diagnosed breast cancer cases occur among women younger than age 50. With increasing absolute numbers of younger women diagnosed with breast cancer and declining mortality rates in this age group, younger women are a growing group of breast cancer survivors. Recently there has been increased interest in studying this younger age group.[1-3]
Many women undergoing treatment for recently diagnosed breast cancer report clinically relevant symptoms of anxiety and/or depression, and impairments for virtually all domains of quality of life (QoL). Longitudinal studies have shown that mental health symptoms and QoL scores tend to improve over time, with many breast cancer survivors reaching similar levels to those of the general population around 1 year after the diagnosis. However, specific groups of breast cancer survivors appear to continue to have poorer QoL, anxiety, and depression in the long-term. Factors that have been associated with poorer mental health and quality of life include younger age at diagnosis, lower socio-economic status, persistent fatigue,

lymphedema or arm symptoms, and having had chemotherapy.[4-6] Hence; under the light of above-mentioned data, the present study was undertaken for assessing the quality of life in patients with breast cancer before and after diagnosis.

MATERIALS & METHODS

The present study was conducted at tertiary care centre, Ahmednagar from January 2021 to December 2021, with the aim of assessing the quality of life in patients with breast cancer before and after diagnosis. A total of 200 patients were enrolled for the present study. A complete demographic and clinical detail of all the patients was obtained. At the baseline stage, interview was conducted among all the patients after obtaining their prior consent. This interview was conducted with the aim of gathering data in relation to quality of life. Afterwards, 100 patients that had confirmed histopathological diagnosis of breast cancer were separated and remaining all the patients was excluded. Follow-up of all the patients was done and re-interview of all the patients was again carried out. The questionnaire used during the interview for assessing the quality of life was obtained and modified from previous literature.[7] all the results were recorded and analysed using SPSS software. Chi-square test and student t test was used for evaluation of level of significance.

RESULTS

Mean age of the 100 breast cancer patients was 53.2 years. Majority of the patients were of post-menopausal status. 65 percent of the patients were of urban residence. Educational qualification of majority of the subjects was up-to graduation in majority of the cases. At the baseline period, initial treatment was mastectomy in 81 percent of the cases followed by conservative surgery in 9 percent of the patients. Quality of life score showed abrupt phases at different follow-up. Overall, global quality of life score showed improvement from score of 63.3 to 75.8 at 6 months follow-up followed by a significant decline to a value of 39.8.

Table 1: Distribution of patients according to management

Initial management	Baseline	6 months follow-up	12 months follow-up
Mastectomy	81	85	86
Conservative surgery	9	10	11
Chemotherapy	6	4	3
Best supportive care	4	1	0

Table 2: Comparison of mean quality-of-life score

Quality of life score	Baseline	6 months follow-up	12 months follow-up
Physical functioning	69.2	65.7	75.3
Emotional functioning	63.1	65.8	58.2
Cognitive functioning	82.3	76.9	75.2
Global quality of life	63.3	75.8	39.8

DISCUSSION

Breast cancer is the most prevalent type of cancer among women throughout the world and is considered the most commonly diagnosed type of cancer. Every year more than 2 million women receive a new diagnosis of breast cancer worldwide. However, thanks to the increasing effectiveness of the screening programs and treatment protocols, the number of people who die of this disease has declined. Nowadays, caregivers are expected not only to prolong their patients' life but also to preserve and improve their patients' wellness before, during, and after the treatment. The continuum from initial diagnosis of cancer through the rest of the life (commonly referred to as "survivorship") may evocate different issues and

feelings to different subjects at different times. The ideal goal of survivorship is to return to, or even improve, the quality of life before diagnosis.[8-10]

Due to new technologies and treatments, the number of women living with the disease increases every year, which explains the growing interest in quality of life (QoL) of breast cancer patients. The number of breast cancer survivors is increasing around the world; thus, it is important to improve the health-related QoL of this population. Ability to perform daily activities, patient satisfaction and levels of functionality are all essential to determining QoL in breast cancer survivors. Persistent symptoms associated with the adverse effects of treatment, such as pain and fatigue, can interfere with functional capacity (FC) and directly affect QoL and consequently should not be left untreated.[6-8] Hence; under the light of above-mentioned data, the present study was undertaken for assessing the quality of life in patients with breast cancer before and after diagnosis.

Mean age of the 100 breast cancer patients was 53.2 years. Majority of the patients were of post-menopausal status. 65 percent of the patients were of urban residence. Educational qualification of majority of the subjects was up-to graduation in majority of the cases. At the baseline period, initial treatment was mastectomy in 81 percent of the cases followed by conservative surgery in 9 percent of the patients. Quality of life score showed abrupt phases at different follow-up. Our results were in concordance with the results obtained by Paraskevi T, who also reported similar findings. They concluded that breast cancer patients receiving chemotherapy might experience several side-effects and symptoms that have a negative effect on their quality of life. Also adjuvant hormonal therapies were found to have a similar negative impact on quality of life. Psychological distress-anxiety and depression were found to be common among breast cancer patients.[11] In a similar study conducted by Hong-Li C et al, authors conducted a cross sectional study to investigate the quality of life (QOL) in breast cancer patients after treatment for one year and identify factors which may facilitate improvements in health care for breast cancer. The semi-structured investigation showed all of them want to receive tumor markers detection and PET scan to prevent recurrence. 56% of these patients were worried about symptoms. 42% of the patients reported they had restriction in sexual relationship, and 57% wanted to improve their body image and reconstruction surgery.[12]

In the present study, overall, global quality of life score showed improvement from score of 63.3 to 75.8 at 6 months follow-up followed by a significant decline to a value of 39.8. Psycho-educational support in improving breast cancer symptoms and in improving emotional well-being is an effective intervention. Moderate to strong evidence reported a relationship between fatigue and depression, anxiety, pain, sleep disturbances, insufficient physical activity, and difficulties with coping with cancer, all of which can be addressed in psychological interventions. Cognitive behaviour therapy as an effective therapy in reducing symptoms and in improving QOL and psychological health of survivors has been reported.[13,14] Our results were also in concordance with the results obtained by Epplein M et al, who concluded that Social well-being in the first year after cancer diagnosis is a significant prognostic factor for breast cancer recurrence or mortality, suggesting a possible avenue of intervention by maintaining or enhancing social support for women soon after their breast cancer diagnosis to improve disease outcomes.[15]

CONCLUSION

Breast cancer patients should be followed up for their quality of life and provided effective therapy for their physical and psychological problems.

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