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Psychotherapy for Breast Cancer Patients

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Abstract

Cancer is hot issue in the era of medical sciences and supposed to be major cause of death now days. A lot of traditional and scientific methods has been used to overcome this disease but still researchers looking for better support to cancer patients. In this article the impact of psychotherapy on breast cancer patients has been covered. The major aim is to improve the life time of breast cancer patients. However, this research shows that the psychologists (IPS) were compared with respect to utilization, satisfaction and perceived benefit between December 2011 and December 2013, consecutive breast cancer patients (n = 120) were included at start of adjuvant therapy (chemo-, endocrine and/or loco-regional radiotherapy).Data were assembled on the basis of extension version of the 'IPS-patient satisfaction questionnaire' within 1 week after termination of the support intervention. After inclusion questionnaires were send to all patients and levels of distress were collected with (HADS) and (IES).

Keywords: Psychotherapy, BCP, Survival, Hormone, Cancer Treatment.

Introduction

Every disease can be the cause of human death but cancer is one the most rising disease in humans and especially breast cancer is the second top spreading disease for women death in the whole world. It can be found in both men and women but highly ratio in women. It is hard to diagnose in the early stage. This is challenging job for researcher of this era. It also increased the interest of scientist as every year a lot of human bodies lost due to this disease. This disease takes born in the cell of breast and initially there are no symptoms so it is hard to detect in initial stages. Now days a lot of research institute and laboratories working to gathers to overcome the breast cancer. International Breast cancer foundation is working for breast cancer in the world, according to their survey every year 200,000 women are diagnosed with breast and over 40,000 die from this disease[1]. Researchers take keen interest to study the cell of breast and trying to diagnose the disease and finding the solution to prevent the death of human. It is very common physician take long time to inform the patients about the cancer status, if it happened in early stages human survival can be prevented[2]. In the past several traditional medicine used to save the life its includes surgery, radiation treatment and chemotherapy, most of which have various disadvantages and side effects[3]. Currently It has been proved that early detection and treatment increase the human life time. According to one the survey report (QOL) maximizing the quality of life extent 89% in last 5 years of cancer patients[4] .it is hard for breast cancer women to diagnose and treatment, monthly primary therapy. There is a group that mention clinically significant depression that may benefit from specialized psychiatric intervention. Depression is likely under recognized in many cancer patients[5]. While other depression is more commonly recognized in cancer patients[5]

Literature Review

Cancer is defined as an uncontrolled growth of cell and it is challenging experience in human life. These cells appear in patients when the average size is around about 2.5cm. The length of survival depends on the rate of lymph nodes. It is declared that the size of lumps is 0.5cm the life time of breast cancer fallen from a ratio of 95%. It will slightly down to 75% when the size is about 2.5cm6.Keep in mind with these information, it is highly supporting that practical and safe diagnosis scientific methods for cancer is highly required. A lot of theories have been published about the detection of cancer. Cohen and Lazarus consider the cancer the uncontrolling stress or tension that start with the arise of initial symptoms and carry on with physiological tests approaching to diagnosis, the surgery, chemotherapy or radiation treatments and as well as medical checkup. At every stage of treatment the patient senses a threat to life, to mental satisfaction, to self-perception and especially towards social functioning[8].

Researchers presents different ideas about the cancer patients , later on 2001 Eakin and Striker focus on the study of different patients of breast , colon and prostate and explain the knowledge about participation in psychology support. The percentages of patients were highlighted of existing support offers by finders and that knowledge of these offers was not randomly participation. Psychology has great impact on cancer patients and his treatments. It is found that psychological stress has been correlated with lower natural killer (NK) cells and NK cell activity in women with breast cancer[9]. the literature on women breast cancer is vast, and certain mixed results, Positive and negative report result is mostly by Spiegel et al.it is suggested that women who are risk of breast cancer cells regularly consult with psychiatrists for social , psychological and sexual consequences and taking advice for surgeries reducing risk such as bilateral mastectomy and oophorectomy[10].

Methodology

Shoukatkhanam Cancer hospital is one of leading research institute for cancer in Lahore Pakistan, Experiment has been performed on patients of Shoukatkhanam hospital at specific period, there were 425 breast cancer patients, those who were admitted in hospital and initially treatment is started at department of Oncology at care center .Only patients from December 2, 2011 and December 31st 2013 were eligible. Some of patients were discard from observation who had suffering from serious sickness, who properly not speak and not able to communicate in local language (n = 111, 26%). Twenty-Six patients were removed and directly shifted to oncology department and initially treatment started and their existence mentioned to research staff[11].

After that a patients were invited to discuss and perform after gathering information about adjuvant treatment. All patients were not ready to participate. Among all patients one hundred and seventy-nine(62%) patients agree for participation. 109 patients completely reject the performance , among them few who not show any intension .45 exist in this category who are not show any interest. One the group who mention a reason coated as " psychosocial interventions no need any more "which is stated as (n=23).one category is consider 'difficult in participating as too far to travel'(n=8),who are not willing to participate in research(n=13) and too tired or lazy (n=20).

Patients Data Collection: Data is collected as per especial format. This portion has a great impact on experimental results. At every stage of experiment continuously the numbers of patients for each session were noted. Medical history of patients was gotten from patients files.

Questionnaires and Assessments: Different questionnaire were designed for assessment purpose to satisfy the patients .it contain 25 items. it is declared as the extended version of the 'IPS' patients satisfaction questionnaires to check out in the initial stages of category scales. At each session patients were informed about the rate of extension which was quiet enough. ON other hand if the timing was accurate and whether they would recommend support of such type of close friend in a similar situation. In this case patients were suggested to avail the benefit of the support in 12 areas in different categories. For example. 'thinking about disease', 'family relation issues', close friends and others'. On other side four graded scale (0='None at all' 1 = 'Some', 2 = 'Much' and 3 = 'Very much').Actually the questionnaires have not been formally validated. It has been expressed the expected difference with patient and without problems in previous section of studies and as well as differences in scoring between items in the scale, suggesting that it is sensitive to group differences and that the patients in scoring between items in scale, It is suggested that sensitive group differences and that patients discriminate between the items in the questionnaires

Result and Discussion

Experimental results were evaluated on the basis of 'intention-to-treat principle'. Chi-square tests were used for comparison between two groups with respect to utilization and satisfaction of the intervention. These tests were used for different purposes. After termination of the intervention these tests were accompanied for randomization of group difference regarding to patients perceived benefit of the psychosocial support. For the initial assessment of sixth month and differences between participant and dropouts. All these comparison are lay on the patients data which has been completed by follow-up assessment.

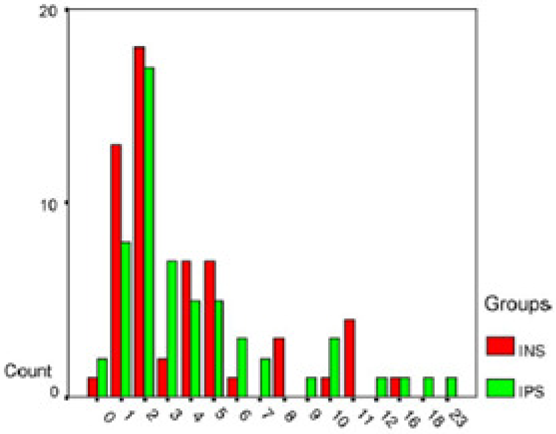

Figure-1
No of sessions for each randomization group

The experiments from earlier studies of psychosocial support express that it is difficult to judge to what extent problems will arise in the breast cancer patients during adjuvant treatment. Thus, the current intervention was offered to all patients with no previous screening for psychosocial problems. In addition in the beginning of experiment, without psychosocial interventions no instruments were suggested for screening. But it is clearly mentioned inclusion of cancer patients to psychological interventions must be based on the presence of psychological problems other than on medical status[12]. Actually it increase the ways of finding positive reports in the studies of these interventions. PS-patient the extended version for patient satisfaction questionnaire, designed for the assessment of the patient satisfactory not been formally reliabity tested or validated. It was found that 'Support-Care-Rehabilitation' project with similar results.

The questionnaire was sensitive enough to detect some significant group differences in our study. There were also differences concerning reported benefits, which well correspond with other reports of problems perceived by cancer patients Seventy-three percent of the patients responded to the individually tailored assessment after the termination of the intervention. This could be considered a high response-rate since no reminders were sent. However, there were more missing data during the follow-up assessments. The sample size was thus reduced, and may have caused small but relevant group differences to go undetected. It is also possible that the dropout was selective, causing biased results. One reason for the difference in response rates between the INS and IPS groups at the different assessments were administrative failures due to a misunderstanding among the project staff. We could not detect any baseline differences between participants and dropouts, arguing against selective dropout. Social desirability is always a problem when patient satisfaction is measured.

Questionnaires were distributed by investigator in order to give full freedom to patients to write their honest decision. Either it is favorable or not. in this regards we not give reminder to patients to diminish the problem, although dropout frequency has been increased . Another problem in measuring patient satisfaction in terms of benefit is that it is confounded with whether the respondent had any problems to address or need for help regarding that specific item. One-fourth of the patients also stated having no problems to address and a similar proportion that they had no need for help. It is important in future studies, to screen the patients before inclusion in order to provide support to those who need it psychosocial support interventions are often evaluated by means of standardized questionnaires measuring anxiety, depressive symptoms, coping and quality of life.

These data from the present study are reported elsewhere. High scores on functional scales and very few symptoms were seen. This makes it difficult to improve patient wellbeing, and ceiling effects may be Apparent. Due to the complexity of the psychosocial support, we agree with Bred art et al. who argued that to enhance psychological adjustment and coping with disease it is also important that patient satisfaction is evaluated. Questionnaires which compare perceived. benefits with problems to address or need for help regarding specific items are needed to more efficiently explore the cancer patients' problems, needs and perceived benefits of a support intervention than the use of standardized questionnaires measuring anxiety, depressive symptoms, coping and quality-of-life. As reported here, patients' satisfaction with the intervention was high, strengthening significant group differences.

Conclusion

Cancer patients suffering from different types of emotional and psychosocial problems. Clinical experience suggests that psychosocial interventions and antidepressant Pharmacotherapy in women with breast cancer may reduce their depressive symptoms as breast cancer patients were highly satisfied with an individual psychosocial support intervention, actually the areas dealing with somatic aspects, so the INS-group did better than the IPS-group. The present study may be greatly improved by including a larger number of creative art therapy interventions. There is promising evidence that psychotherapy may extend the survival of cancer patients.

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References

1. Alaa M. and Al-Abad, A Semantic Social Network Service for Educating Saudi Breast Cancer Patients, *Ninth IEEE* International Conference on Advanced Learning Technologies., **(2009)**

2. Jinsong Guo and Shan Wu, Nanosecond pulsed electric fields combined with gemcitabine as a potential breast cancer therapy by Bio-Med X Research Center., **(2011)**

3. Significant Cancer Risk Factor Extraction, Proceeding of International workshop on Data Mining and Artificial Intelligence., Bangladesh**, (2008)**

4. Peeraphon Lueboonthavatchai MD, Prevalence and Psychosocial Factors of Anxiety and Depression in Breast Cancer Patients., **90,** 2164-74 **(2007)**

5. Hegel MT, Moore CP, Collins ED, Kearing S, Gillock KL and Riggs RL, Distress psychiatric syndromes, and impairment of function in women with newly diagnosed breast cancer., **107,** 2924–2931 **(2006)**

6. Coyne JC, Thompson R, Palmer SC, Kagee A and Maunsell E, Should we screen for depression,Caveats and potential pitfalls., *Appl Prev Psychol*, **9,** 101–21 **(2000)**

7. Detection S.B. Colak and M.B. van der Mark., Clinical Optical Tomography and NIR Spectroscopy for Breast Cancer by *IEEE, Journal of selected topics in Quantum electronic,* **5(4), (1999)**

8. Anja Mehner, Psychological comorbidity and health-related quality of life and its association with awareness, utilization, and need for psychosocial support in a cancer register-based sample of long-term breast cancer survivors., *Journal of Psychosomatic Research*, **64,** 383–391 **(2008)**

9. Maria Hernandez-Reif, Breast cancer patients have improved immune and neuroendocrine functions following massage therapy., *Journal of Psychosomatic Research*, **57,** 45–52 **(2004)**

10. Petra J. Vos, Effects of delayed psychosocial interventions versus early psychosocial interventions for women with early stage breast cancer by Patient Education and Counseling, **60,** 212–219 **(2006)**

11. Mary Jane Massie, M.D Philip, and Muskin R., Psychotherapy With a Woman at High Risk for Developing Breast Cancer., **11,** 189–197 **(1998)**

12. Oral Gilbar, Model for crisis intervention through group therapy for women with breast., *Clinical Social work journal*, **19(3), (2001)**