

Evaluation of psychiatric consultations requested for cancer patients hospitalized in a university hospital

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Abstract

Aim: Cancer is one the most important health problems of today. It is not just a medical and physical disease but a severe chronic condition with dispositional and social components. In our study, we aimed to analyze the diagnoses and treatments of oncologic inpatients whom were requested psychiatric consultations.

Materials and Methods: 139 consulted patients of 828 inpatients who were hospitalized in Oncology and Radiation Department of Inonu University Faculty of Medicine, between January 1st, 2019 and February 27th, 2019 were included in the study. Sociodemographic data and examination findings of patients were obtained from electronic file records retrospectively.

Results: The most common was gastric (14.9%); the second was breast (12.2%) and third was lung cancer. Depression was the most common psychiatric disease among these patients with 39.3% of women and 24% of men. The most preferred medications were escitalopram (35.4%) and quetiapine (20.8%).

Conclusion: Physicians and other healthcare professionals responsible for the treatment of cancer patients should carefully evaluate these patients psychologically who may have the chance of getting psychiatric treatment only while hospitalized.

Keywords: Cancer; inpatient; psychiatric consultation

INTRODUCTION

Cancer is one of the major health problems as the second most common cause of death worldwide. World Health Organization reported that 18 million people were diagnosed with cancer and approximately 9.6 million people died from cancer in 2018 (1). Cancer is not just a fatal disease but a severe chronic condition with psychological and social components (2). It creates a severe crisis for the patient and among his relatives from the first moment of diagnosis. Undoubtedly, containing uncertainties, evoking pain, painful death, guilt, abandonment, panic and anxiety due to the nature of the disease are the most significant determinants of this crisis (3,4). Treatment procedures that begin immediately and progress rapidly, surgical procedures, adverse effects of radiotherapy and chemotherapy, and socioeconomic losses before even getting over this process turn cancer patients into potential candidates for anxiety and depression (5-7).

Indeed, an increase in psychiatric comorbidity in cancer diagnosed patients is reported in recent studies (8). In many studies, while stating psychiatric comorbidities are associated in prolonged hospitalization and increased risk for mortality and morbidity, it is emphasized that early

diagnosis and treatment of these disorders will contribute to treatment compliance, increased life quality and hence healing process of the patients (9-11). Certainly, the patient's coping skill depends on his strength to adapt to his previous illnesses, physical and psychological infrastructure, skill to cope with his problems, people who support him and the healthcare workers as well as the type and stage of his illness (12-14). However, both the patients and healthcare professionals prioritizing the physical disease and not sufficiently referring to psychiatric comorbidities and hence causing difficulties for psychiatric diseases to be recognized and treated effectively are reported (15,16). Therefore, healthcare professionals should have high awareness about prevalence of psychiatric diseases in cancer patients and the problems they can cause. It is important to specify the patient's mental problems and the factors that affect these to understand the patient and ease his adaptation to his new condition.

In this study, analyzing the distribution of oncology inpatients that were requested psychiatry consultation according to their sociodemographic characteristics, psychiatric diagnoses and treatments is aimed.

Received: 19.06.2020 **Accepted:** 27.07.2020 **Available online:** 22.2.2021

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MATERIALS and METHODS

Approval was obtained from Inonu University Faculty of Medicine Ethics Committee for the study (2020/653). 139 consulted patients of 828 inpatients who were hospitalized in Oncology and Radiation Department of Inonu University Faculty of Medicine, between January 1st, 2019 and February 27th, 2019 were included in the study. 125 of these patients were hospitalized in Medical Oncology and 14 of them in Radiation Oncology units. Sociodemographic data, medical and psychiatric diagnosis, and examination findings of patients which also included the treatment ordered by psychiatrist were obtained from electronic file records retrospectively. Repetitive procedures for the same patient were not included in the study.

Statistical analysis

The data were analyzed using SPSS 17.0 program and the results were expressed as percentages. Ki-square test was used to evaluate the statistical significance between males and females who were diagnosed with depression.

RESULTS

56.1% of the patients in our study were male (n=78) and 43.9% were female (n=61). They were aged between 18 and 86 and the mean age was 56.9 ± 14.9 . Health insurances; 53.2% is insured by Social Insurance Institution (SGK), 16.5% is insured by Pension Fund for Civil Servants (Emekli Sandigi), 12.2% is insured by Social Security Institution for the Self-employed (Bağ-Kur) and 18% is insured by Yeşil Kart (health card for uninsured people in Turkey).

The most common cancer was gastric (n=20, %14.9), the second common was breast (n=17, %12.2) and the third common was lung cancer (n=14, %10.1). When the distribution of cancers was examined, the most common seen was gastrointestinal system cancers (n=58, 41.7%). Among these, most commons were gastric (n=20, 14.9%) and colon (n=8, 5.7%) cancers. The rate of incidence for nervous system cancers was 7.2% (n=10). 9 of these had brain cancer. The rate of incidence for respiratory cancers is 17.2% (n=24). Lung cancer was the most common (n=14). The number of patients with breast cancer was 17 (12.2%). The rate of incidence for genitourinary system cancers was 13% (n=18) and prostate cancer (n=5, 3.6%) was the most common among. The number of patients with musculoskeletal system cancer was 5 (3.6%). The rest consisted patients with skin cancer, lymphoma and adenocarcinoma of unknown primary (n=7, 5%) (Table 1).

Depression was most detected among the consulted patients with 30.9% (n=43), and was followed by adjustment disorder with 19.4% (n=27), delirium with 15.1% (n=27), insomnia with 13.7% (n=19), anxiety disorder with 10.1% (n=14), other psychiatric disorders (e.g. personality disorders, bipolar disorder) with 4.3% (n=6), hallucinosis which thought to be developed from organic causes and pain with 3.6% (n=59), respectively. No psychopathology was detected in 2.9% (n=4) of the patients.

Depression was the most common psychiatric illness among both male and female patients. It was present in 24% of men (n = 19) and 39.3% of women (n = 24).

Table 1. Sociodemographic and clinical characteristics of patients who were requested psychiatry consultation

	n	%
Gender		
Female	61	43.9
Male	78	56.1
Cancer Types		
Gastrointestinal System (GIS)	58	41.7
Gastric cancer	20	14.9
Colon cancer	8	5.7
Nervous system (NS)	10	7.2
Brain cancer	9	6.5
Respiratory	24	17.3
Lung cancer	14	10.1
Breast cancer	17	12.2
Genitourinary System	18	13
Prostate cancer	5	3.6
Musculoskeletal system	5	3.6
Other	7	5

There was no significant difference between the genders in terms of the rate of incidence of psychiatric disease ($p=0.226$). 16 patients were found to have a second psychiatric diagnosis (Table 2).

Table 2. Psychiatric Diagnoses

	n	%
Depression	43	30.9
Adjustment disorder	27	19.4
Delirium	21	15.1
Insomnia	19	13.7
Anxiety disorder	14	10.1
Organic hallucinosis etc.	5	3.6
Other	6	4.3
No psychopathology	4	2.9

Treatment was recommended for 96.4% of the patients (n=135). 95.5% (n=129) were recommended for medical treatment and 1.4% (n=2) were recommended for therapy. 4 patients (2.9%) refused the treatment. Treatment could not be started on 11 patients (8%) due to their medical state and drug interactions. Besides, a second psychiatric medication had to be added for 29.5% of the patients (n=41). The most favored medications were escitalopram (35.4%, n=56), quetiapine (20.8%, n=33), haloperidol (16.4%, n=26), mirtazapine (5.7%, n=9), olanzapine (3.8%, n=6), sertraline (2.5%, n=4), venlafaxine (1.8%, n=3), zopiclone (1.8%, n=3), alprazolam (6.3%, n=10), citalopram

(0.6%, n=1), risperidone (0.6%, n=1), paroxetine (1.2%, n=2). In cases where more than one drug was recommended, each recommended drug was included in these rates separately (Table 3).

Table 3. Treatment Recommendations		
	n	%
Recommended treatment	135	96.4
Medical	129	95.5
Psychotherapy	2	1.4
Rejected treatment	4	2.9
Unable to start treatment	11	8
Medication started in consultation		
Escitalopram	56	35.4
Citalopram	1	0.6
Sertraline	4	2.5
Paroxetine	2	1.2
Venlafaxine	3	1.8
Mirtazapine	9	5.7
Alprazolam	10	6.3
Zopiclone	3	1.8
Haloperidol	26	16.4
Quetiapine	33	20.8
Olanzapine	6	3.8
Risperidone	1	0.6

DISCUSSION

Consultation liaison psychiatry (CLP) is a psychiatric discipline that is collaborative with general medicine and various specialty fields, investigating the interaction between medical conditions and psychosocial and psychiatric conditions, dealing with psychiatric syndromes and psychological problems accompanying physical diseases, and their diagnosis, treatment, monitoring, research activation and education (17). In recent years, psychiatric consultation requests have been increasing gradually. A study conducted by Kılıç et al. showed that consultations were requested mostly by internal medicines (35.2%), and for the cancer patients with the highest rate (14.6%) (18). In the study of Mayda et al., it was reported that the rate of consultation requests for cancer patients was 2.4% of all consultations (19). In our study, the rate of requested psychiatric consultations for the cancer inpatients in oncology unit was found to be 16.9%. The most remarkable result here is a psychiatric diagnosis was made in 96.4% of the patients for whom consultations were requested. This is an important data since it is an indication that the consulting physician took the patients' psychological status into consideration and made accurate assessments.

Depression has been the most detected mental illness in many studies on cancer patients. In general literature, prevalence rates of depression in cancer patients appear

to be variable. Tokgözet al. found the prevalence of depression in cancer patients as 22% and reported that it was more common in females than males (20). In the study of Nikendei et al. this rate was stated as 42.3% (21) and determined as 31.4% in a study Kutlu et al. have conducted (22). In the review of Hotopf et al., this rate was given as 5-26% (23). In our study, compatible with the literature depression was found to be the most common with 39.3% and followed by adjustment disorder and delirium, respectively. In studies carried out, it was suggested that depression can develop as a reaction to contracting a serious illness, and psychological factors such as anxiety of gradual worsening of health state can be effective in this. Moreover, conditions that alter biological balance such as suppressing effect of chemotherapy on immune system, metabolic and endocrine changes, chronic pain and surgical procedures may also increase the likelihood of developing depression (24). However, the retrospective design of our study and the fact that the data were obtained only from records did not make it possible to examine these factors.

In a study conducted on a very large population of cancer patients by Linden et al., it was reported that female patients had higher rates of anxiety and depression than males; also, patients with lung, gynecological or hematological cancers had higher levels of anxiety than those with other cancer types (25). In the same study, it is stated that all female cancer patients under the age 50, regardless of the type of cancer, more than 50% of them had anxiety at subclinical or clinic level. In our study, cancer types and psychiatric disease rates specific to the cancer types could not be analyzed due to the small size of sample. Besides, unlike the literature, no difference was found between the rate of psychiatric illness and gender. This result is notable in terms of seeing that cancer can affect everyone equally regardless of gender difference. Further researches with larger sample sizes can provide more detailed information on this subject.

According to the results obtained in our study, 47.2% of the patients were prescribed an antidepressant. Escitalopram was most favored medication in drug selection. It was observed that low doses of haloperidol and quetiapine were preferred in cases such as sleep disorders and delirium. The psychiatric drugs recommended in patients who received in-patient treatment at a university hospital of Köroğlu et al. were found as 65.4% antidepressant, 10.8% antipsychotic and 6.7% benzodiazepine, respectively (26). In the studies of Kumlu et al., it was seen that 38% of patients were recommended to antidepressant and 16% to antipsychotic group medications (27). Antidepressants and antipsychotics were followed by benzodiazepine sedative-hypnotics; only lorazepam had a rate of 4.9%. Again, in study of Kılıç et al., 35.2% of the patients were treated with antidepressants, 22.6% with antipsychotics, 9% with benzodiazepines and 32% was recommended a drug-free treatment (28). Of course, the fact that the

studies were conducted in different hospitals and different patient groups explains the variability of these rates, but the fact that antidepressants take the first place in almost all studies is an outstanding result in terms of indirectly reflecting the form of psychiatric disease accompanying physiological diseases.

LIMITATIONS

Although our study had limitations such as retrospective design and obtainment of patients' data only from electronic file records; recommending treatment to 97.1% of consulted patients provides a significant data to show how highly the cancer patients are affected psychologically and need psychiatric help.

CONCLUSION

As a result, physicians and other healthcare professionals responsible for the treatment of cancer patients should carefully evaluate these patients psychologically who may have the chance of getting psychiatric treatment only while hospitalized.

Conflict of interest : The authors declare that they have no competing interest.

Financial Disclosure: There are no financial supports.

Ethical approval: Ethics committee approval was received from Inonu University (2020/653).

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