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ORIGINAL ARTICLE

PERCEPTION OF ANXIETY IN CANCER PATIENTS UNDER CHEMOTHERAPY

PERCEPÇÃO DA ANSIEDADE EM PACIENTES ONCOLÓGICOS SOB O TRATAMENTO QUIMIOTERÁPICO

PERCEPCIÓN DE LA ANSIEDAD EN PACIENTES BAJO QUIMIOTERAPIA DEL CÂNCER

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ABSTRACT

Objective: evaluating the perception of anxiety in cancer patients using a standardized scale and validated for the Portuguese language. ***Method:*** a quantitative study with 75 patients with more than one cycle of chemotherapy. The data were collected through a questionnaire and spoiled by the program "Statistics for Windows" version 7. The research project was approved by the Research Ethics Committee, under Protocol 061/11). ***Results:*** of the 75 patients, breast cancer (50%) was prevalent in women and prostate cancer (15,7%) in men. In relation to anxiety, most patients did not show anxiety (66,6%), much probably due to the treatment already started and the hope of cure from them. ***Conclusion:*** the results show the importance of analyzing and understanding the anxiety in cancer patients and of observing that they experience varying levels and characters of anxiety resulting in changes at mostly different levels creating stress both for him and for the family. ***Descriptors:*** Cancer; Anxiety; Patient Care Team.

RESUMO

Objetivo*:** avaliar a percepção da ansiedade no paciente oncológicos por meio de escala padronizada e validada para língua portuguesa. ***Método*:** estudo quantitativo, com 75 pacientes, com mais de um ciclo de quimioterapia. Os dados foram coletados com questionário e tratados pelo programa "Statistics for Windows" versão 7. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Protocolo 061/11). ***Resultados: dos 75 pacientes, o câncer de mama (50%) foi prevalente nas mulheres e próstata (15,7%) nos homens. Em relação à ansiedade, a maioria dos pacientes não apresentou ansiedade (66,6%), muito provavelmente se deva ao tratamento já iniciado e a esperança de cura por parte deles. ***Conclusão*:** os resultados mostram a importância da análise e compreensão da ansiedade em pacientes oncológicos e de se observar que estes experimentam graus e caracteres de ansiedade variáveis acarretando em alterações em diversos níveis gerando estresse tanto para ele quanto para a família. ***Descritores***: Câncer; Ansiedade; Equipe de Assistência ao Paciente.

RESUMEN

Objetivo: evaluar la percepción de la ansiedad en pacientes con cáncer utilizando una escala estandarizada y validada para la lengua portuguesa. ***Método:*** estudio cuantitativo con 75 pacientes con más de un ciclo de quimioterapia. Los datos fueron recolectados a través de cuestionarios y tratados por el por el programa "Statistics for Windows" versión 7. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Protocolo 061/11). ***Resultados:*** de los 75 pacientes, el cáncer de mama (50%) era frecuente en las mujeres y el cáncer de próstata (15,7%) en los hombres. En relación con la ansiedad, la mayoría de los pacientes no mostró la ansiedad (66,6%), muy probablemente debido al tratamiento ya iniciado y la esperanza por la parte de ellos. ***Conclusión:*** Los resultados muestran la importancia de analizar y comprender la ansiedad en pacientes con cáncer y observar que experimentan diversos grados de ansiedad y personajes que resultan en cambios en los diferentes niveles, creando estrés tanto para ellos como para la familia. ***Descriptores:*** Cáncer; La Ansiedad; El Equipo de Atención al Paciente.

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INTRODUCTION

The word cancer comes from *karkinos, in* Greek; meaning crab, and was first used by Hippocrates, the father of medicine, who lived between 460 and 377 BC[1]. It is observed that while there have been major scientific advances since then, the concept of cancer is still associated with suffering and death[2]. The disease is part of people's lives and has a relationship with the culture of each civilization. In addition, it is experienced in different ways, arousing fear in his path of suffering and death[3].

As one of the feelings aroused, there is anxiety that is understood as a transitory emotional response in the consciousness and characterized by feelings of tension, apprehension, nervousness and worry showing in response: change in heart rate, respiratory pattern and blood pressure beyond restlessness, tremors and increased sweating[4]. Symptoms such as palpitations, excessive sweating, anxious behavior such as agitation and apprehension are characteristic. Changes in thinking as a concern, lack of concentration, muscle tension or fatigue. Furthermore, anxiety is described as an adaptive phenomenon lasting appropriate and necessary to man to face the situations imposed on them for life intensity. The duration and intensity of this phenomenon may vary from individual to individual, so there is a quantum of anxiety in different situations of life that improves or not the capabilities of the individual to deal with them[4].

OBJECTIVE

- Assessing the perception of anxiety in cancer patients using standardized scale and validated for Portuguese.

METHOD

Article compiled from the Work Completion of Graduate Nursing Course << Pain and Anxiety: Assessment in cancer patients in the city of Imperatriz - Maranhão >> presented to the Federal University of Maranhão; Imperatriz-MA, 2011.

This is a quantitative, descriptive study, cross-sectional in Oncology Unit of the Hospital São Rafael, in the municipality of Imperatriz/MA, from February to April 2011. There were interviewed by a convenience sample of 75 patients, being excluded those who have never had undergone chemotherapy and those younger than 18 years old.

The data were collected from questionnaires containing identification, pre-existing diseases, clinical manifestations and Hospital Anxiety and Depression scale, internationally recognized standard and adapted to the use of the Portuguese language.

As the hospital Anxiety and Depression scale, it has 14 items, seven of which are meant for the assessment of anxiety (HADS-A) and seven for depression (HADS-D), this study used only items that assess anxiety. Each item can be scored from zero to three, making a maximum score of 21 points for each scale. A variation on the 0-8 scale determines patient without anxiety and equal to or greater than 9, patient anxiety.[5]

The data were statistically treated by the program “Statistics for Windows” version 7.

This study was approved by the research project by the Ethics Committee of the University Hospital of the Federal University of Maranhão, Opinion 061/11.

RESULTS

Of the 75 patients interviewed, 56 (74,7%) were females and 19 (25,3%) male, mean age of the group was 54,98 ± 15,88 years, and 54,64 ± 14,95 for women and 56 ± 18,78 for men, and 62,6% white, 28,0% black and 9,4% mixed race. Family income is predominantly in the range of 1 minimum wage (36%) 2 wages (26,6%), education of primary school (53,3%), middle (22,6%), higher (4%).

In women, the predominant primary cancer is breast cancer (50%) followed by intestine and ovary (12,5% each). In men, especially lung cancer (36,8%) followed by prostate (15,7%), as shown in (Table 1).

Table 1. Origin of primary cancer of patients of the Oncological Hospital of Imperatriz-Maranhão, 2011.

	Women (n)	%	Men (n)	%
Breast	28	50,00	-	-
Ovary	7	12,50	-	-
Hodgkin's lymphoma	2	3,57	2	10,53
Stomach	1	1,79	-	-
Uterus	4	7,14	-	-
Skin	1	1,79	1	5,26
Cervix Uteri	4	7,14	-	-
Intestine	7	12,50	2	10,52
Acute lymphoblastic leukemia	1	1,79	-	-
Acute myelogenous leukemia	1	1,79	-	-
Throat	-	-	1	5,26
Lung	-	-	7	36,84
Multiple myeloma	-	-	1	5,26
Prostate	-	-	3	15,79
Bladder	-	-	1	5,26
Sarcoma	-	-	1	5,26
Total	56	100.00%	19	100,00%

Regarding the pre-existing diseases, 70,6% of the patients interviewed reported having high blood pressure (hypertension), pulmonary and hepatic diseases which represent 70,6% of the total. Regarding the clinical manifestations resulting from the treatment, the highest prevalence were metabolic (89,3%), gastrointestinal (74,6%) and psychological (61,7%).

To measure anxiety, 66,6% of patients were characterized without anxiety and 33,4% had anxiety. The average standard deviation of points achieved on hospital anxiety scale was 4,68 ± 2,62, below the index that characterizes anxiety.

DISCUSSION

The proportion of nearly 3 women for every man interviewed in this study demonstrates the low demand for men's health service corroborating with the fact that care is not seen as a male practice.[6] The average of the ages coming up with data from the American Cancer Society, that 77% of all cancers are diagnosed 55 years old or older and that aging is by itself a risk factor for cancers, it leaves individuals more susceptible to malignant transformation of cells.[7] Elderly, when exposed longer to the different risk factors for cancer, including the presence of chronic degenerative diseases, explains in part why cancer is more frequent in those individuals.[8]

Regarding the type of evidenced cancer in women, breast cancer is the second most common type worldwide and the most common among women. Each year, about 22% of new cancer cases in women are breast[9]. There are expected for Brazil, 52.680 new cases of breast cancer, with an estimated risk of 52 cases per 100,000 women.[10]

Risk factors related to the woman's reproductive life such as early menarche, nulliparity, age at first full-term pregnancies over 30 years old, oral contraceptives, late menopause and hormone replacement therapy are well established in relation to the development of breast cancer and rates incidence increases rapidly until age 50 and later, this increase occurs slower.[9]

In men evidenced lung cancer, the pattern of occurrence of this neoplasm is determined by a past of great exposure to smoking, occupational and environmental carcinogens such as asbestos, arsenic, radon and polycyclic aromatic hydrocarbons.[10] The second most mentioned, was to prostate, similar numbers found in other studies.[11]

Regarding the clinical manifestations resulting from the treatment of the metabolic order was gain or weight loss, gastrointestinal such as diarrhea, vomiting, anorexia and nausea, which is consistent with other studies showing that these three most obvious side effects in chemotherapy[12]; psychological being the most prevalent were insomnia and anxiety possibly due to the disease and its possible outcome that can be cure with or without sequelae or death. Similar results in other studies where the most frequent symptoms were delirium and sleep disturbances.[13]

In fact, several characteristics to cancer and its treatment can affect mental and physical balance and limitations in daily activity, side effects of chemotherapy and loss of self-esteem. The diagnosis of cancer is a catastrophic event in their lives, from which they will have to deal with anxiety associated with a disease that can be fatal and aversive side effects of your treatment. Many patients still end up experiencing changes in their employment status, social relationships, in physical capacity and their role within the family.[14]

However, the fact that most patients do not have anxiety (66,6%), much probably due to the treatment already started healing and the hope of cure from them. The other 33,4% who had reported it as anxiety due to

treatment, signs and symptoms, family process, financial problems or even medical, reports similar studies.[15]

Several specific to cancer and its treatment can affect anxiety characters such as limitations in daily activity, side effects of chemotherapy and loss of self-esteem. The diagnosis of cancer is a catastrophic event in their lives, from which they will have to deal with anxiety associated with a disease that can be fatal and aversive side effects of your treatment. Many patients still end up experiencing changes in their employment status, social relationships, in physical capacity and their role within the family.[14]

The systematic relationship between physical well-being and depression and between emotional well-being and anxiety lead to think that the correction of symptoms resulting from side effects of the diagnosis, surgical and psychological state of the patient should be performed efficiently and humanely.[16]

Cancer is a topic that stimulates many professionals to seek new answers to assessment and control. The involvement of the multidisciplinary team in research on cancer is highly significant for the development of knowledge and innovative strategies for the care of the patient. The way of working of health professionals communicate with each other and how they deal with patient issues are influenced by their definitions.[17]

CONCLUSION

The results showed the importance of analyzing and understanding anxiety in cancer patients and noted that these experience characters and levels of pain and anxiety variables resulting in changes in the physical, emotional, affective and professional levels causing stress for them and for the family and questioning further treatment which is being submitted.

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