Nehru School Management Journal (NSMJ)
Volume No: 7, Issue No: 2, Year: 2020
PP: 1-8
ISSN: 2349-4883
Peer Reviewed & Refereed Journal
Journal Website: www.nsmj.in

AN EMPIRICAL STUDY OF GENDER DIFFERENCES IN DEPRESSION AND ANXIETY AMONG CANCER PATIENTS AND THEIR CAREGIVERS RECEIVING PAIN MANAGEMENT

Suresh Kumar Rao[*] Poornima Varma [**]

[*]Hod Of Psychology, Pt. Ssou.Bilaspur C.G.

[*]Research Scholor

Abstract

Depression and anxiety can have profound negative effects on functional status, quality of life, length of hospitalization, and even medical outcomes of cancer patients, assessment and treatment of these disorders are important.

Procedure

Multiple regression is used for 80 samples of cancer patients And 80 another of caregivers of cancer patients. We used path analysis, with multiple regressions. They came to the hospitals and checked up in OPD, a descriptive study to assess the prevalence of anxiety and depression in cancer patients. The data has been compiled from cancer patients and their caregivers too, from cancer wards of various hospitals. It collects total160 data in a random purposive manner of both sample area. The researcher visited the hospital then before conducting the study, the consent was taken from the cancer patient. The sample was chosen to fulfil the purpose of the study. The researcher then provided the questionnaire to the sample and they filled up the questionnaire with the responses. They were not forced to give any responses and the reports were kept as confidential.

Conclusion

From the present research, we can say that the barrier to pain management of a cancer patient reflects a positive effect on anxiety, that is, pain control can be strengthened by reducing barriers to pain management, which also reduces anxiety. Age or gender had no relationship with depression. The type of reflux, duration of treatment and treatment modality were not correlated with the prevalence of depression and anxiety.

Discussion

Considering the relatively high prevalence of anxiety and depression in cancer patients, careful attention should be paid to the diagnosis and treatment of these diseases. Research is urgently needed into the possible impacts of long-term and late effects of cancer treatment on mental health and how these may be prevented, as increasing numbers of people live with and beyond cancer. The Anxiety and Depression Scale of cancer patients is a useful tool to investigate these problems of cancer patients. This research was done to assess the prevalence of their anxiety and depression.

Keywords: Depression, Anxiety, Cancer, Prevalence

Introduction

All cancers are the same but they are similar in a specific way. According to the World Health Organization, cancer is now the leading cause of death worldwide after heart disease. Statistics of National Cancer Registry in India show that 14.5 lakh new cases of cancer are being produced every year. More than 30 lakh people have been found to be suffering from

© Copyright @ Authors

ISSN: 2349-4883
Peer Reviewed & Refereed Journal
Journal Website: www.nsmj.in

cancer and more than 6 lakh 80 thousand deaths are due to cancer. Life can be saved when the cancer is detected in the initial stage, but only 12.5% of Indians are those who are able to take the treatment in the initial stage.

Cancer

The most common cancer in men worldwide is lung cancer followed by prostate, cholesterol or rectal, stomach or liver cancer and the most common cancer in women is breast cancer, followed by cholesterol cancer, or rectal cancer, lung, gastric, ovary and oral cancers. According to B. Jacobson, ¼2012), The relationship of cancer can vary according to the geographical area of the person, prevailing social customs and socioeconomic status,. For example, oral cancer is common in the Indian subcontinent and is not common in Western countries, mainly because of its excessive consumption of tobacco chewable forms in or with gutka, pan masala, pan, khaini, betel nut, etc. Mouth and throat cancers are mainly due to this. Similarly, poor and low socio-economic level women have cervical cancer due to lack of complete knowledge and adherence to public hygiene, which is a common practice. Similarly, if we look at it, it is known that colorectal cancers are caused by high frequency, that is, people whose food contains less fibre and more fast food are more likely to be feared. WHO has attributed tobacco to cancer deaths? This is the most important cause of lung cancer is smoking among people who smoke cigarette cigar etc. More likely tobacco contains four thousand types of chemicals out of which 200 types of chemicals are harmful to the human body. Also, 70 different chemicals are found to be carcinogenic. Only smoking is the main cause of 15 types of cancer. E-cigarette trends have also found specific nitrogen salts and other harmful chemicals found in its smoke. As a result, the nicotine found in it is also highly intoxicating and carcinogenic. Similarly, consumption of alcohol is responsible for cancer as much as tobacco, despite being harmful.

If both are taken together then that person develops a very high risk of cancer himself. Besides, pollution betel nut, obesity, biological agents etc. are also responsible for different types of cancer, to identify the disease. Screening is done to show whether the disease has symptoms or whether the symptoms are still in the advanced stage. Early detection of cancer can provide adequate control over it. Screening helps in early detection and diagnosis of many cancers. Screening is a useful tool in the detection of breast, cervical, oral, cavity, and colon, rectal cancers. Breast cancer is routinely screened with mammography. It is similar to an X-ray image. Cervical cancer is examined with a pap smear test. In typical cancers, white or red patches are visible in the wound area. The apprehension increases. It is identified by biopsy.

Symptoms of depression in cancer patients and their caregivers

In cancer patients and their caregivers, if the stress starts moving towards depression, then its symptoms are visible for more than two weeks. Feeling worthless and helpless

Feeling restless or irritable, frequent thoughts of suicide or death, distance from social life, distance from family or friends, excessive use of alcohol or drugs, all these are the main symptoms of depression which can be seen in cancer patients. And are also found in their caregiver.

Symptoms of anxiety in cancer patients and their caregivers

Cancer patients have anxious feelings even when they do not want to be confirmed with cancer, due to which they keep feeling restless and nervous. Until these worrying feelings go away, it becomes difficult to cope with daily life with anxiety. Emotions cannot be controlled easily when there is anxiety. Fear in anxiety disorder, according to Neidzweis (2019) In

© Copyright @ Authors

ISSN: 2349-4883
Peer Reviewed & Refereed Journal
Journal Website: www.nsmj.in

anxiety disorder, the fear or anxiety does not go away, but becomes more and more with time. Seeing the concern about his disease, the carer of a cancer patient also has a feeling of worry automatically, in which the person usually has fear and restlessness, inability to feel happiness, Irritability is found. According to Jedoon (2010) anxiety disorder is characterized by a feeling of fear that is sometimes more and sometimes less. Form and it is usually stronger than the feeling of tension in which the person unconsciously succumbs to it.

The Challenges of Cancer Patient

Pain

Every cancer survivor does not have pain, according to the World Health Organization, pain is found in about 67–72 per cent of cancer patients. According to Shute (2013) &Van and others (2016), most people have pain after surgery how much pain a person experience depends on the extent of surgery on which part of the body the surgery has been performed . According to J. Marric (2013), many times infection can also occur at the surgery site, so instructions from doctors and nurses should be followed to avoid pain and adequate pain management as unmanaged pain has adverse physical and psychological effects. Deglobecki (2015) says that a cancer diagnosis greatly influences the feelings of patients, families and caregivers.

Therefore, we can finally say that carers take effective care without compromising their own health and well-being. By L.L. Narthos (2012), Physical, social, economic, and psychological effects on the patient as a result of pain due to adequate treatment is put multidisciplinary initiatives for **pain management**, dissemination of community-based information, education and awareness programs can change the way treatment of pain is made more effective According to Zuccaro (2012), Depression, anxiety and fear due to cancer are very common, which increase pain and decrease patient confidence and self-esteem. Jean C.Y. (2017),& Alex (2011) found their review, Depression increases the risk of both pain and the risk of cancer from anxiety and fear Most patients have been found to suffer from depression, anxiety and fear due to the presence of a rural environment and conservative. (K. Tasaras 2018).

Treatment

Surgery for treatment, cryosurgery, in which liquid nitrogen gas or cold gas is used for treatment. Laser, in which a powerful beam of light is used. According to Allie Day (2017) along with this, the main challenge in cancer patients is the lack of facilities along with the cost of treatment. They have to face the challenges at the expense of insurance and medicines.

Radiation treatment

Radiation treatment - Radiation therapy is a type of cancer treatment that is used in 60% of cancer cases. Uses high doses of radiation to kill cancer cells and reduce tumours. According to R. Bhaskar (2012), G. Mohan (2019), Radiation therapy may need to be taken from 1 day to 1 month or even several weeks. Radiation therapy can be done depending on the type of cancer, tumour size, tumour location of the patient, depends on the patient's general health, medical history, age and other medical conditions, as well as chemotherapy.

Chemotherapy

Chemotherapy is able to slow down or stop the growth of cancer cells. This treatment uses drugs to kill cancer cells. Kimo is a type of injection, whereby the drug is injected into the body. This drug is not given directly and mixed with a bottle of glucose.

© Copyright @ Authors

ISSN: 2349-4883
Peer Reviewed & Refereed Journal
Journal Website: www.nsmj.in

It eliminates tumours by shrinking cancer cells. The dependence of all these treatments depends on which cancer the patient has, where he is, how much he has spread and which parts are affected, etc. Side effects of chemotherapy, vomiting or nausea, Hair of the head and other parts of the body - such as hair fall, etc., are included. By Nurgali (2018), Apart from this, there are many therapies like - immune therapy and targeted therapy are also effective for cancer prevention. According to H.K. Chan (2014) it can be concluded that uncontrolled pain in cancer patients can be controlled by appropriate treatment through radiation therapy, chemotherapy and neurosurgical techniques. Gedhu (2006) found their review the ultimate goal of cancer pain management should be to remain physically and mentally healthy, to determine the quality of life and to think positively.

Prevention From Cancer Pain

Any kind of pain does not discriminate based on caste, age, and gender in a person. It can be intense or mild which causes physical and social disturbances in the person due to which he has to seek help from other people. Cancer pain is an emergency and physicians should be well-versed in its treatment and management. There is no pain in all types and stages of cancer, but there is a pain in the cancer of the third and fourth levels. But the pain is recognized too late due to the following reasons such as:-

1. Failure to assess pain early,
2. failure to accept pain,
3. failure to meet patient expectations
4. inadequate knowledge of patient's disease,
5. patient bias,
6. lack of formal training in physicians,
7. not following pain management guidelines

The Prevalence Of Anxiety And Depression

Age or sex had no relationship with depression. Types of reflux treatment duration and treatment modality were not correlated with depression and anxiety prevalence.

Considering the relatively high prevalence of anxiety and depression in cancer patients, careful attention should be paid to the diagnosis and treatment of these diseases

Objective Of Study: To study the effect of gender & barrier to pain management on depression and anxiety of cancer patients & their caregivers.

Hypothesis Of Study: Significant differences will be found in gender & pain management barriers on cancer patient & their caregiver’s depression and anxiety.

Method

Data Analysis

All the raw data was entered and analyze with SPSS 16.0. To fulfil the objectives of the study inferential statics were used at the point 0 5 level of significance moreover regression analysis where conducted and path analysis was used to determine the relationship between depression and anxiety and a barrier to pain management of cancer patients.

Instruments

© Copyright @ Authors

ISSN: 2349-4883
Peer Reviewed & Refereed Journal
Journal Website: www.nsmj.in

Self-created questionnaires are used for data collection. There are three different questionnaires are made. The first questionnaire relates to the barriers to pain management of a cancer patient. The second questionnaire is related to the depression of a cancer patient. Similarly, the third questionnaire is related to the concern of the cancer patient. These three questionnaires have been formulated to study the inhibition in pain management of cancer patients and their effect and age on their depression and anxiety.

Demographic Quessionnaire

This was taken to find out the basic information of the cancer patient it was developed by the researcher which mainly tries to find out the basic information of an indivisual.

Procedure

Before conducting the study consent of the study was taken from the cancer patient the sample was chosen to fulfil the purpose of the study. The researcher then visits the hospital, thereafter their consent was taken to participate in the study. The researcher then provided the questionnaire to the sample and they filled up the questionnaire with the responses. They were not forced to give any responses and the reports were kept as confidential. This is the essential model.

Table 1 & 2 shows cancer patients and their caregivers' barriers to pain management, their association with gender and age, anxiety and Depression has been analyzed. The details of mean and standard deviation with different variables for male and female cancer patients and their male and female caregivers are presented in Table 1 & 2.

Table-1

Gender-wise mean and standard deviation of different variables in the caregivers of cancer patients

Variable	**Caregiver's of Cancer patients**			
	Male Caregiver's ¼Sample size+¾50½		Female Caregiver's ¼Sample size+¾30½	
	Mean	Standerd deviation	Mean	Standerd deviation
Caregiver's depression	19.4600	3.0116	19.2000	2.7593
Caregiver's anxiety	38.0200	5.7088	39.4000	5.6544
Barriers to the caregiver's pain management	24.9000	2.7497	23.4000	3.5583
Age of caregiver's	43.0000	15.6426	38.7667	9.9331
Caregiver's sex	1.0000	0.0000	2.0000	0.0000

Table-2

Gender-wise mean and standard deviation of different variables in cancer patients

	Cancer patients

© Copyright @ Authors

ISSN: 2349-4883
Peer Reviewed & Refereed Journal
Journal Website: www.nsmj.in

Variable	Male Cancer patients ¼Sample size+¾39½		Female Cancer patients ¼Sample size+¾41½	
	Mean	Standerd deviation	Mean	Standerd deviation
Cancer patients depression	19.2564	4.1702	20.4634	3.3845
Cancer patients anxiety	40.4872	8.6019	41.6829	5.8199
Barriers to the Cancer patients pain management	36.4103	6.3524	38.6341	5.6114
Age of Cancer patients	51.6154	14.4524	42.6098	17.6023
Cancer patients sex	1.0000	0.0000	2.0000	0.0000

Result & Discussion

Table 1 shows the mean and standard deviation for the male caregiver in the first part and the mean and standard deviation for the female caregiver in the second part, in which the mean for the male caregiver's depression was 19.460 and the standard deviation was 3.011. The mean value of the male caregiver's concern was 38.020 and the standard deviation was 5.709. The male caregiver's intervention for pain management was found to have a mean of 24.900 and a standard deviation of 2.749. The mean age of the male caregiver was 43.000 and the standard deviation was 15.642. The male caregiver's mean of gender-related barriers was 1.000 and standard deviation was 0.000.

Similarly, in the second part, the mean and standard deviation related to the female caregiver has been shown, in which the mean of depression of the female caregiver was 19.200 and the standard deviation was 2.759. The female caregiver's anxiety had a mean of 39.400 and a standard deviation of 5.654. The female caregiver's inhibition of pain management was found to have a mean of 23.400 and a standard deviation of 3.558. The mean age of the female caregiver was 38.766 and the standard deviation was 9.933. The mean gender of the female caregiver was 2.000 and the standard deviation was 0.000.

According to this table, we can say that older male caregivers are able to identify barriers to pain management and depression better than older female caregivers, while female caregivers manage anxiety better than male caregivers. Women caregivers are also at the forefront of caring for cancer patients.

Table 2 shows the mean and standard deviation of male cancer patient in the first part and mean and standard deviation related to female cancer patient in the second part, in which the mean of depression of male cancer patient was 19.256 and standard deviation was 4.170. The mean value of anxiety for a male cancer patient was 40.487 and the standard deviation was 8.601. The mean of inhibition of pain management for a male cancer patient was 36.410 and the standard deviation was 6.352. The mean age of a male cancer patient was 51.615 and the standard deviation was 14,452. The gender-related mean of the male cancer patient was 1.000 and the standard deviation was 0.000.

In the second part of Table 2, the mean mean of depression of female cancer patient was 20.463 and standard deviation was 3.384. The female cancer patient had a mean of 41.682 and a standard deviation of 5.819 for anxiety. The female cancer patient had a mean of 38.634 and a standard deviation of 5.611 for inhibition of pain management. The mean age of

© Copyright @ Authors

the female cancer patient was 42.609 and the standard deviation was 17.602. The mean gender of female cancer patient was 2.000 and standard deviation was 0.000.

Therefore, we can say that female cancer patients are more prone to depression and anxiety than male cancer patients as well as show a more cooperative attitude in identifying and overcoming barriers to pain management similarly to older male cancer patients. Younger men show a more cooperative approach in recognizing and overcoming barriers to anxiety, depression, and pain management than cancer patients, and it has been found that older male cancer patients are more likely than older female cancer patients. Compared to pain management is good. The study presented has not found any meaningful effect due to the age of the caregivers on their anxiety and depression.

The study presented has not found any meaningful effect due to the age of the caregivers on their anxiety and depression. That is anyone caring for the cancer patient will have anxiety and depression due to various reasons such as patient health, family income, medical & treatment expenses regardless of his / her age.

Limitation

In this study total 160 ¼80+80 ½ cancer patients & their caregiver's have been selected from four different hospitals by the random method which includes various female and male cancer patients and their carers. For this, the area of Bhilai, Durg, and Raipur has been determined.

Suggestion

- The effects of inhibitions in pain management of cancer patients on their anxiety and depression can be significant.
- The effects of anxiety and depression of cancer patient's pain management and their caregivers can be seen in significant cancer treatment and care.
- There is no meaningful effect on cancer patients' age gender and progressive thinking will find that stress has in cancer patients.
- The age and gender of a cancer patient will be achieved to have a positive recovery effect on his social and economic well-being.
- Cancer treatment causes a favourable effect on positive thinking and strong will power.

REFRENCES

1. Article: life style and management of cancer of aging and health A to Z health in aging AGS heath in aging foundation (2019)
2. ASCO. 6 lifestyle changes to improve your cancer care (2018).Cancer.Net
3. Aydogan U. (2016) Coping attitudes of cancer patients and their caregivers and quality of life of caregivers. Indian general of palliative care
4. CY Jean. (2017) anxiety and depression in cancer survivors. The Medical clinics of North America, Nov. 2017 ; 101(6);1099-1113.
5. Day Allie (2017) Challenges for cancer patients: costs, Delays, and Conversation. American society of clinical oncology, quality care symposium. Cancer support community.org.
6. G Mohan (2019) Recent advances in radio therapy and its associated side effects in cancer-a review. The journal of basic and applied zoology.JoBAZ80, 14 (2019). https; /doi.org /10.1186 /s41936-019-0083-5

© Copyright @ Authors

ISSN: 2349-4883
Peer Reviewed & Refereed Journal
Journal Website: www.nsmj.in

7. Given A.B. (2012) The challenges of quality cancer care for family caregivers science direct
8. H.K.Chan (2014) side effect of chemotherapy among cancer patients in a Malaysian general hospital; Experiences, perception and informational needs from clinical pharmacists DOI; http;//dx.doi.org/10.7314/APJCP.2014,15,13,5305,Asian pac j cancer prev,15 (13),5305-5309
9. J Merrick (2013) Pain; International research in pain management.eds. 2013: 453 pp. Nova Science publishers, Inc.; New York , NY ISBN;978-1-62948-423-5.
10. K.Nurgali & Editorial; (2018) Adverse Effect of Cancer chemotherapy; anything new to improve tolerance and reduce sequelae? Front Pharmacol 2018: 9; 245. doi; 10.3389/ fphar.2018.
11. K.Ambigga & MohdSidik, Sherina & Ariaratnam, Suthahar. (2005) Depression and Anxiety Among Family Caregivers of Cancer Patients in an Oncology Clinic. Malaysian Journal of Psychiatry.13.3542. https://www.researchgate.net/publication/323302236 Depression and Anxiety Among Family Caregivers of Cancer Patients in an Oncology Clinic
12. K.Tsaras (2018) Assesment of depression and anxiety in breast cancer patients; prevalence and associated factors. Asian pac j cancer prev.2018 jun 25;19(6);1661-1669.
13. Laurel L.Northouse (2012) The Impact of Caregiving on the Psychological Well-Being of Family Caregivers and Cancer Patients,Seminars in Oncology Nursing28 (4),236-245
14. Nikbaksh N. (2014) Prevallence of depression and anxiety among cancer patients caspian journal of internal medicine
15. R Baskar & et.al. (2012) Cancer and radiation therapy current advances an future direction. Int J Med Sci2012:9(3); 193-199
16. Rowland JH, Yancik R. (2006) Cancer survivorship: the interface of ageing, comorbidity, and quality care. J Natl Cancer Inst. 2006;98:504–505.
17. Ruland C. (2016) The impact of cancer patients and their family caregivers physical and emotional symptoms on caregivers burden.
18. Taneja M.K. (2013) Lifestyle management in head & neck cancer patients Indian otolaryngol head neck surg.
19. Woods M. (2018) Lifestyle changes to manage stomach cancer.HCA health care

© Copyright @ Authors