

Anxiety and Depression in Patients with Hormone-Dependent Breast Cancer during Neoadjuvant Endocrinotherapy

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Introduction

The problem of the quality of life of cancer patients, the study of the influence of premorbid psychological states on the course of tumor diseases and the role of cancer in changes in the psychology of patients, the staff of the Department of Oncology, Dnepropetrovsk Medical Academy has been dealing with for almost thirty years [1-3]. The authors showed that most patients, regardless of the location of the tumor, have impaired social adaptation, and almost half of them (48%) have an intra-psyche orientation of maladaptation, more than a third (37.5%) are extra-psyche, and only 14.2% do not pronounced social maladaptation. In the structure of maladaptation, anxiety and depression should play a leading role [4]. Despite the passage of time, the difference in healthcare systems, the achievements of medicine and its modern capabilities, psychological problems remain relevant today [5-7]. Anxiety and depression are perhaps not the most important factors that lead to a deterioration in the quality of life of patients, especially those with breast cancer [8, 9]. Both anxiety and depression have multifactorial causes, but the treatment that the patient receives has a significant effect on their severity [10-12].

Neoadjuvant hormone therapy, as well as chemotherapy, is effective in patients with estrogen-positive Her2 / neu negative breast cancer, but has significantly lower toxicity. Neoadjuvant endocrinotherapy with aromatase inhibitors (with the addition of GnRH analogues in women of reproductive age and premenopausal patients) has advantages over tamoxifen due to the best clinical response to treatment [13]. However, aromatase inhibitors have a number of side effects, such as arthralgia, hot flashes, dizziness, headache, rapid somnolence, and even depression, which can significantly affect the psychological state of patients who receive [14].

Although breast cancer hormone therapy is tolerated more easily than chemotherapy, the psychological state of patients receiving such treatment needs further study.

Purpose of work

To study the level of anxiety and depression in patients with hormone-dependent breast cancer receiving neoadjuvant hormone therapy.

Materials and Methods

Using the hospital anxiety and depression scale (HADS) and the Hamilton anxiety rating scale (HAM-A), the level of anxiety and depression was monitored in 38 patients with hormone-dependent breast cancer receiving neoadjuvant hormone therapy. Patients of reproductive and premenopausal age underwent ovarian ablation of goserelin. All patients received an exemestane aromatase inhibitor of 25 mg per day. Initial testing was carried out before treatment and after 4 months of taking hormone therapy (aromatase inhibitors) and before surgical treatment.

Results and Discussion

According to Hamilton's scale before treatment, high levels of anxiety (25 points and more) was 7.9% of patients, moderate (18-24 points) - 15.8 per cent. Low level alarm (17 points) was 76.3% of the patients. That is, a high to moderate level of anxiety were 23.7% of patients. Close to these indicators, the obtained results of the survey on a scale HADS. Clinically significant anxiety (11 points) was not detected, Subclinical anxiety (8-10 points) occurred in 26.3% of the patients, the remaining patients were not significantly expressed (0-7 points) symptoms of anxiety. High levels of depression (scores 11 and above) was observed in 5.3% of patients, while 7.9% of the surveyed patients had subclinical expressed depression (8-10 points), together is 13.2%. The remaining patients were not significant signs of depression (0-7 points).

At the time of counting of the results 4 the course of hormone therapy was completed by 28 patients. Of those, according to the Hamilton scale, 25% of patients had high levels of anxiety, 10.7% of the average level. The level of anxiety in the treatment process increased by 12%. However, on a scale HADS high anxiety level was 7.1% of treated women, and subclinical expressed alarm at 14.3%. Just subclinical and clinically expressed anxiety was 21.4% of patients. At the same time, the number of patients with depression increased by 3.6% - clinically pronounced depression, 14.3% - sub-clinically expressed, which together makes 18.9%. That is, in general, the level of anxiety and depression in the process of conducting hormone therapy increases.

Conclusions

In the process of neoadjuvant hormone therapy, the level of anxiety and depression rises, which requires the use of psycho-correcting methods. The reasons for the increase require further clarification.

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