SCHOLASTIC:
Journal of Natural and Medical Education
Volume 2, Issue 12, Year 2023 ISSN: 2835-303X
https://univerpubl.com/index.php/scholastic

Psychological Disorders In Iraqi Women With Cervical Cancer Through A Cross-Sectional Study Of 120 Patients

Dr. Suad Adnan Nashee
M.B.Ch.B., D.O.G., C.A.B.O.G. \ (Obstetrics & Gynecology)
Iraqi Ministry of Health, Al-Russafa Health Directorate, Fatima Al-Zhraa Teaching for Women and Children Hospital, Baghdad, Iraq.

Dr. Ban Hadi Mahmood
M.B.Ch.B., F.I.B.M.S. \ (Obstetrics & Gynecology)
Iraqi Ministry of Health, Al-Russafa Health Directorate, Fatima Al-Zhraa Teaching for Women and Children Hospital, Baghdad, Iraq.
banmahmood76@yahoo.com

Dr. Huda Fadhil Jady
M.B.Ch.B., F.I.B.M.S. \ (Obstetrics & Gynecology)
Iraqi Ministry of Health, Al-Russafa Health Directorate, Fatima Al-Zhraa Teaching for Women and Children Hospital, Baghdad, Iraq.

Article Information

Received: Oct 23, 2023
Accepted: Nov 22, 2023
Published: Dec 20, 2023

Keywords
Psychological disorders, cervical cancer, quality-of-life, and Respiratory distress.

ABSTRACT
Background: Psychological disorders affect the decline in the quality of health life in the treatment of cervical cancer patients. Objective: This study was contributed to assess the quality of life for patients with cervical cancer and psychological disorders. Patients and methods: A cross-sectional study was conducted for female patients (120) with cervical cancer who suffer from psychological disorders, aged between (35-50) years, for the period from February 15th, 2022, to July 9th, 2023, in different hospitals in Iraq. A prospective evaluation was performed to investigate the survival rate of patients with mental disorder-associated cervical cancer within five years. Results: This study identified the factors that contribute to psychological and mental illnesses brought on by cervical cancer. Of them, psychotic disorders account for 34 individuals, depressive disorders for 30, and anxiety disorders for 15. Examined were the quality-of-life scores of the patients, which documented functional, social, and physical aspects. The majority of women who presented with mental problems-maintained survival rates, with the lowest being 70% and the greatest being 96%, according to this study's evaluation of patient survival rates. Conclusion: Psychological illnesses have a detrimental impact on health quality rates and are linked to the short survival rate of patients with cervical cancer.

Introduction

Cervical cancer is a cellular transformation that occurs in the epithelium of the cervix. It can be slow and progressive, eventually leading to a complete invasion. The main risk factor for cervical cancer is the Human Papilloma Virus (HPV) infection. [1]

Cancer is a significant health concern for women worldwide, ranking as the third most common cancer after lung and breast cancer. In some countries, it remains a leading cause of cancer-related deaths among women. It is important to note that any evaluations presented should be clearly marked as subjective. [2]

The term 'quality of life' (QOL) originates from the need to assess people's health objectively and comprehensively. It refers to an individual's perception of their place in existence within the context of their culture and value system in relation to their goals, expectations, norms, and concerns [3]. Quality of life is a complex concept that is influenced by the subject's physical health, psychological state, and social and spiritual relationships [4]. Chronic diseases, such as cancer, can irreversibly degrade an individual's quality of life despite advancements in medical treatments, leading to the appearance of adverse effects. [5]

Cervical, uterine cancer is a prevalent condition among females, with over 500,000 new cases diagnosed worldwide, equating to more than 1,350 new cases per day [6]. Women diagnosed with this condition experience significant impacts on various aspects of their lives, including psychological, physical, social, spiritual, and sexual dimensions. As a result, they often report high rates of depression and anxiety. [7]

The survival rate of women with cervical and uterine cancer is often short. This is due to a variety of factors, including delayed diagnosis, inadequate palliative care, incomplete treatment, poverty, limited access to services, living in rural areas, and low levels of education [8]. Different approaches to age development during the first sexual experience could be one of the factors to consider when selecting young women who are at a higher risk of contracting this female-specific neoplastic disease [9]. Several studies categorize cervical cancer as a public health issue due to its impact on women's mortality rates. The development of tumors in the cervix has significant implications for women's health [10].

It should be noted that upon detection of an illness, the mental health of individuals is often significantly affected. The level of distress, anxiety, or depression increases significantly [11,12]. It should be noted that upon detection of an illness, the mental health of individuals is often significantly affected. This is due to the numerous changes that will inevitably alter their lifestyle, particularly in cases where the diagnosis is severe and hospitalization is required [13].

Patients and methods

From the period 15th February 2022 to 9th July 2023 in different hospitals in Iraq, this cross-sectional study recruited Iraqi women with cervical cancer. This study determined the clinical and demographic parameters of patients whose ages ranged between (35- 50) years, which included BMI age, Charleson comorbidity index, marital status, smoking, education level, monthly income, and the number of children.

This study diagnosed ALL patients with comprehensive examinations related to the symptoms they experienced before treatment, which identified factors including abnormal bleeding, the presence of swelling anywhere in the body, difficulty swallowing, indigestion, and weight loss. Diagnostic medical examinations of patients were conducted using screen-detected, symptomatic, and physical examination, in which the types of tumors associated with patients with cervical cancer were identified, which included squamous cell carcinoma, adenocarcinoma, and

others, where therapeutic methods were used for patients with cervical cancer, consisting of radical hysterectomy, simultaneous chemotherapy, adjuvant therapy after surgery.

The identified secondary results showed the mental and mental disorders experienced by female patients with cervical cancer where all patients were diagnosed through a questionnaire conducted for all patients, and their quality of life was assessed after the therapeutic procedures given to all patients. This study recorded the results of clinical data that identified the risk factors affecting patients with cervical cancer in the long term.

Based on the specific future outcomes of cervical cancer patients, the quality of life of patients with cervical cancer was evaluated and determined within the five quality criteria, which included Physical well-being, Social well-being, Emotional well-being, Functional well-being, and cervical cancer subscale, as these results were based on the ED-EQ scale to assess the quality of healthy life in a range of (0-100) where 0 represents the worst and 100 represents the best. A prospective evaluation was conducted to investigate the survival rate of patients with cervical cancer associated with mental disorders within five years. All outcomes related to cervical cancer patients were designed and analyzed, where patients who underwent previous surgeries or women over the age of 50 were excluded.

Results

Table 1: *Clinical demographic characteristics of women patients with cervical cancer.*

Variables	***Number of patients [120]***	***Percentage [%]***
Age		
35-39	31	25.83%
40-44	44	36.67%
45-50	45	37.50%
BMI [kg/m2]		
27 - 30	31	25.83%
> 30	89	74.17%
Charlson Comorbidity Index		
Mild	50	41.67%
Moderate	40	33.33%
Severe	30	25%
Marital Status		
Single	16	13.33%
Married	50	41.67%
Divorced	28	23.33%
Widowed	26	21.67%

Smoking		
Smokers	13	10.83%
Non-smokers	107	89.17%
Educational level		
Primary	29	24.17%
Secondary	44	36.67%
College	47	39.17%
Income monthly, $		
< 500	26	21.67%
501 – 800	58	48.33%
> 800	36	30%
Number of children		
None	24	20.00%
1-2	54	45.00%
> 3	42	35.00%

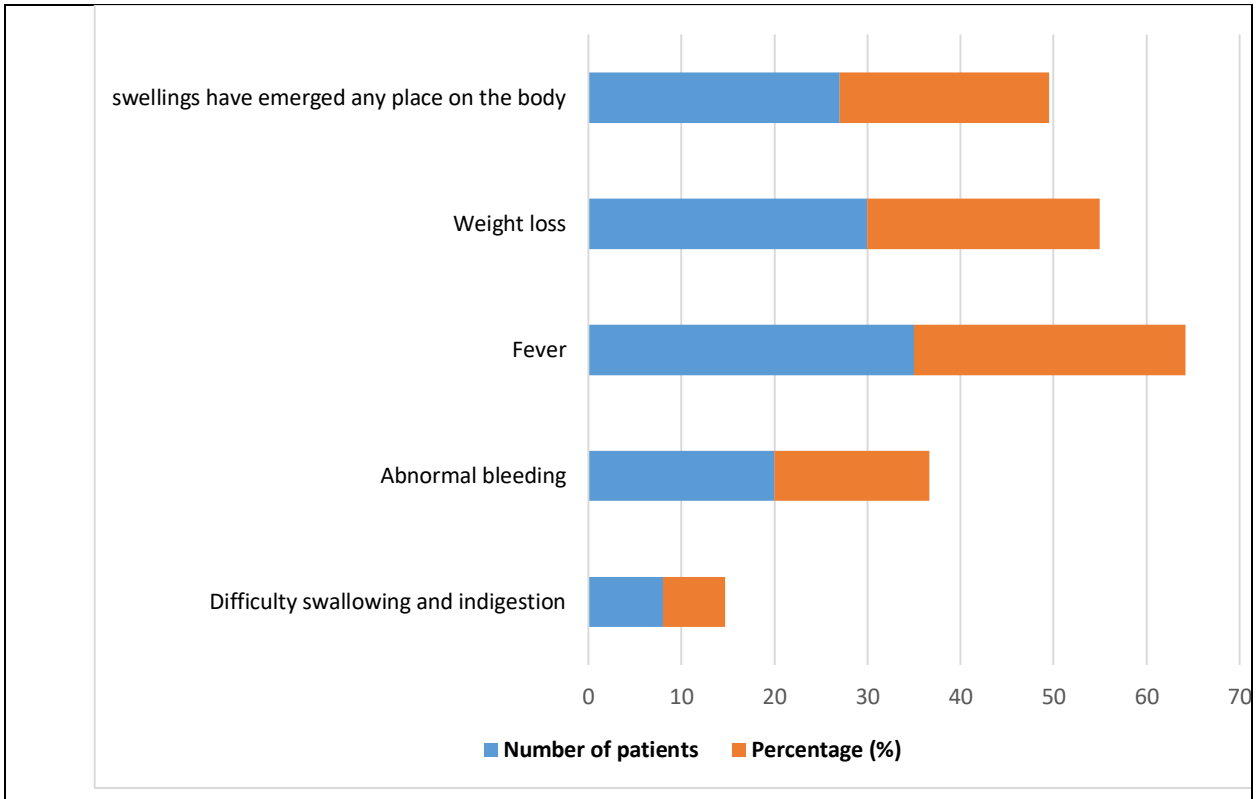


Figure 1: *Determination of most common signs related to patients with cervical cancer.*

Table 2: *Secondary outcomes related to patients with cervical cancer.*

Variables	***Number of patients [120]***	***Percentage [%]***
Mode of cancer detection		
Screen-detected	16	13.33%
Symptomatic	96	80%
Physical examination	8	6.67%
Tumor histologic type		
squamous cell cancer	20	16.67%
adenocarcinoma	90	75%
Other	10	8.33%
Treatment		
Radical hysterectomy	60	50.00%
Concurrent chemoradiotherapy	48	40.00%
Adjuvant treatment after surgery	12	10.00%

Table 3: *Psychological and mental disorders associated with cervical cancer.*

Variables	***Number of patients [120]***	***Percentage [%]***
Psychotic disorders	34	28.33%
Depressive disorder	30	25.00%
Anxiety disorder	15	12.50%
Stress-related disorders	12	10.00%
Attention-deficit	10	8.33%
Autism spectrum disorder	10	8.33%
Intellectual disability	9	7.50%

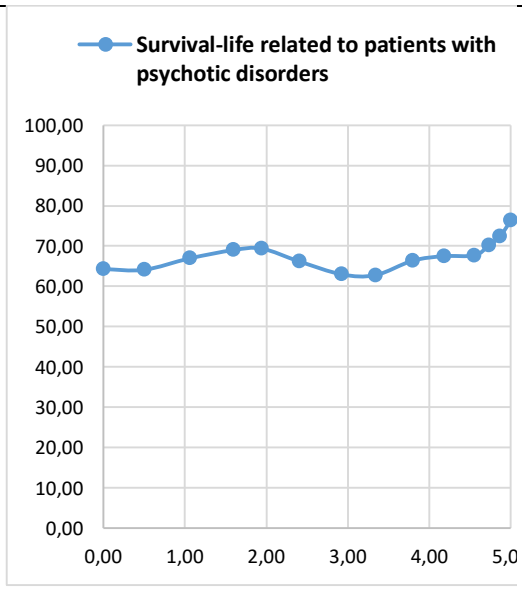
Table 4: *Identify risk factors related to patients with cervical cancer.*

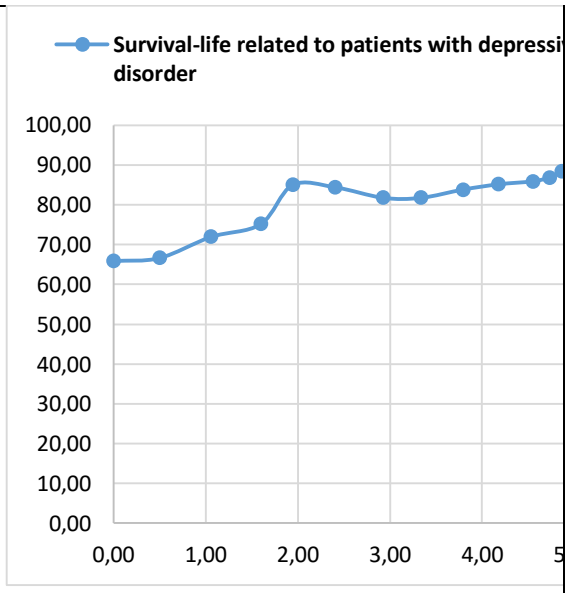
Variables	***Or [95%CI]***	***P-value***
Candidiasis	1.3 [0.4 – 2.55]	0.31

Vaginal infections	4.6 [2.5 – 7.75]	0.15
Chemical substances used to the vagina	3.6 [2.5 – 8.82]	0.68
Family History	2.4 [0.8 – 5.8]	0.22
Eating Habits	4.5 [1.7 – 9.8]	0.44
Poor Hygiene	3.7 [2.5 – 8.85]	0.61

Table 5: *Assessment health related quality of life for patients with cervical cancer.*

Variables	***Quality-of-life scores***
Physical well-being	*54.26 ± 14.78*
Social well-being	*63 ± 14.67*
Emotional well-being	*45.67 ± 9.14*
Functional well-being	*70.64 ± 6.78*
Cervical cancer subscale	*76.28 ± 14.73*





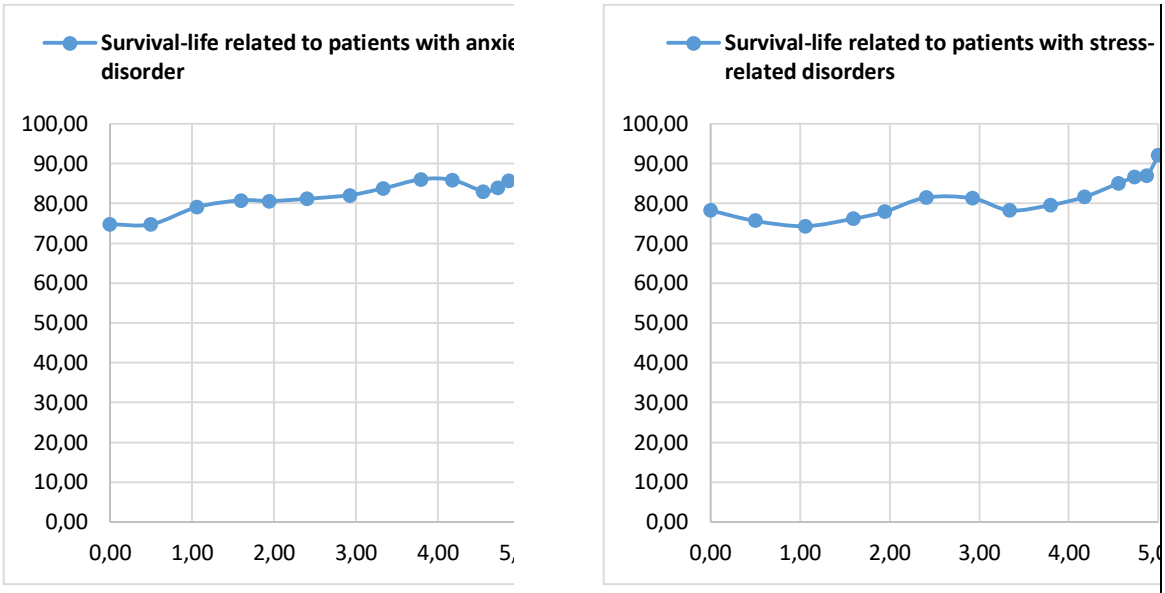


Figure 2: *Prediction of 5-year quality of life in women with cervical cancer and psychiatric disorders.*

Discussion

It included 120 patients with cervical cancer and found that patients over the age of 45 had the highest incidence of cervical cancer, with a body mass index of > 30, with a rate of 89 cases. Also, the Charlson comorbidity index recorded that the comorbidities were of a mild degree, with the rate of cases reaching the highest with 50 cases, as 41.67% of the female patients who were diagnosed were married, with the income level of 48.33% of the women being $501 - $800. 45% of women have one or two children.

Clinical results showed that the most common symptoms in cervical cancer patients were fever in 35 patients and weight loss in 30 patients. Regarding the diagnostic results, the current results showed that 80% were diagnosed through Symptomatic and showed that adenocarcinoma was the most common tumor with 75%, while the treatment, radical hysterectomy, covered half of the patients with 60 patients. This study showed the determinants of psychological and mental disorders resulting from cervical cancer, the most prominent of which were psychotic disorders with 34 patients, depressive disorder with 30 patients, and anxiety disorder with 15 patients.

The results of the study identified the associated risk factors affecting cervical cancer patients, which were candidiasis, vaginal infections, and family history. Moreover, patients' quality of life scores were examined, which recorded physical, social, and functional factors. This study evaluated the survival rates of patients and found that most women exposed to psychological disorders-maintained survival rates, with the minimum being 70% and the highest being 96%.

Previous studies have recorded that an increase in rates of depression and anxiety contributes significantly to women with cervical cancer, causing emotional distress and creating psychological problems resulting from the diagnosis, fear of their abundance, and changes in body image [14-17]. In addition, some women encounter dangerous symptoms resulting from trauma, which negatively contribute to the diagnosis and treatment of cervical cancer, resulting in a decline in the general health and sexual health of women in the long term [18,19]. Other studies have confirmed that respiratory distress affects various aspects of women's health, which include the psychological, physical, and emotional aspects. [20,21]

Conclusion

This study indicates that the presence of closely represented women who have mental disorders adversely affects women at the time of diagnosis of cervical cancer, which is attributed to a decrease in the survival rate in cervical cancer patients. This study classified the group of patients with psychiatric disorders as a risk group difficult to prevent cervical cancer.

References

1. World Health Organization, Information Centre on HPV and Cerival Cancer (HPV) Information Centre, author. *Summary report on HPV and cervical cancer statistics in Ghana.* 2010.
2. Wiredu E, Armah H. Cancer mortality patterns in Ghana: A 10-year review of autopsies and hospital mortality. *BMC Public Health.* 2006 Jun;6 (159) 2006.
3. Smith JS, Melendy A, Rana RK, Pimenta JM. Age-specific prevalence of infection with human papillomavirus in females: a global review. *J Adolesc Health.* 2008 Oct;43 (4 Suppl):S5–S25. S25 e21-41.
4. Agurto I, Sandoval J, De La Rosa M, Guardado ME. Improving cervical cancer prevention in a developing country. *Int J Qual Health Care.* 2006 Apr;18 (2):81–86.
5. Bosch FX. New opportunities for cancer prevention. *Vaccine.* 2009;27 (Suppl 1): A2–A3.
6. Gaffikin L, McGrath JA, Arbyn M, Blumenthal PD. Visual inspection with acetic acid as a cervical cancer test: accuracy validated using latent class analysis. *BMC Med Res Methodol.* 2007;7:36.
7. Scarinci IC, Garcia FA, Kobetz E, et al. Cervical cancer prevention: new tools and old barriers. *Cancer.* 2010 Jun 1;116 (11):2531–2542.
8. Wright TC, Jr, Blumenthal P, Bradley J, et al. Cervical cancer prevention for all the world's women: new approaches offer opportunities and promise. *Diagn Cytopathol.* 2007 Dec;35 (12):845–848.
9. Luciani S, Jauregui B, Kieny C, Andrus JK. Human Papillomavirus vaccines: new tools for accelerating cervical cancer prevention in developing countries. *Immunotherapy.* 2009;1 (5):795–807.
10. Blumenthal P, Gaffikin L, Deganus S, Lewis R, Emerson M, Adadevoh S. Cervical cancer prevention: Safety, acceptability, and feasibility of a single-visit approach in Accra, Ghana. *Am J Obstet Gynecol.* 2007 Apr;196:407.e401–407.e409. 2008.
11. Sanghvi H, Limpaphayom KK, Plotkin M, et al. Cervical cancer screening using visual inspection with acetic acid: operational experiences from Ghana and Thailand. *Reprod Health Matters.* 2008 Nov;16 (32):67–77.
12. Ohene-Yeboah MaA E, Amaning E. Spectrum of Complaints Presented at a Specialist Breast Clinic in Kumasi, Ghana. *Social Science & Medicine.* 2008 Sep;42 (3):110–112.
13. Reichenbach L. The politics of priority setting for reproductive health: breast and cervical cancer in Ghana. *Reprod Health Matters.* 2002 Nov;10 (20):47–58.
14. Tabi M, Powell M, Hodnicki D. Use of tradtional healers and modern medicine in Ghana. *International Nursing Review.* 2006;53:52–58.
15. Lingwood R, Boyle P, Milburn A, Ngoma T, Arbuthnott J, McCaffrey R, Kerr S, Kerr D. The challenge of cancer control in Africa. *Nature Reviews Cancer.* 2008 May;8:398–403. 2008.

16. Sung H, Ferlay J, Siegel RL, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2021;71 (3):209-249.
17. Arbyn M, Weiderpass E, Bruni L, et al. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. Lancet Glob Health. 2020;8 (2):e191-e203.
18. Bosch FX, Lorincz A, Muñoz N, Meijer CJLM, Shah KV. The causal relation between human papillomavirus and cervical cancer. J Clin Pathol. 2002;55 (4):244-265.
19. Lei J, Ploner A, Elfström KM, et al. HPV vaccination and the risk of invasive cervical cancer. N Engl J Med. 2020; 383 (14):1340-1348.
20. Kjaer SK, Nygård M, Sundström K, et al. Final analysis of a 14-year long-term follow-up study of the effectiveness and immunogenicity of the quadrivalent human papillomavirus vaccine in women from four Nordic countries. EClinicalMedicine. 2020;23:100401.
21. World Health Organization. Global strategy to accelerate the elimination of cervical cancer as a public health problem. World Health Organization. November 17, 2020. Accessed February 24, 2022.