

## Anxiety and Fear in Cancer Patients

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**Abstract:** *Anxiety is a highly prevalent disorder in cancer patients, but it is often underdiagnosed in this setting. Receiving diagnosis of cancer leads the establishment of several psychological dynamics: fear of dying, uncertainty, loss of control, change in interpersonal relationships and self-image. Several clinically significant studies have supported the belief that cancer patients are more apt to suffer from anxiety, stress, depression and other emotional challenges. The study focuses on anxiety among cancer patients. It aims at investigating cancer and symptoms the disease has on the anxiety level of patients.*

**Keywords:** *Anxiety; cancer; fear; patients.*

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## **Introduction**

Cancer patients may frequently have psychological problems compared to other patients with chronic diseases. Many studies have shown that anxiety and depression are the most frequent psychological manifestations in cancer patients (Donoyama et al., 2018; Pitman et al., 2018; Wu & Harden, 2015). Many of these patients have symptoms of anxiety because receiving the diagnosis of cancer induces a number of feelings such as fear of treatment and side effects, worry over losing independence, fear of cancer spreading after treatment, fear of death. Anxiety disorders in oncological diseases may exacerbate symptoms such as pain, nausea and vomiting, may cause sleep disorders and interfere with the patients quality of life. In this article we review recent research into anxiety at patients with cancer.

## **Factors with a role in inducing of anxiety in cancer patients**

A number of factors can influence the development of anxiety (Huidu, 2020) in cancer patients. Increased anxiety disorders are common upon diagnosis and in patients with advanced cancer, but are similar to those of the general population in cancer survivors 5 years after diagnosis (Linden et al., 2012; Smith, 2015). Anxiety disorders can be caused and exacerbated by a number of individual risk factors, common to those in the general population and include demographic factors such as age and gender, social and economic factors such as lack of social support and unemployment, low educational attainment (Phuong 2014; Thao & Dung 2016). Also, psychological factors are very important. A role in high rates of anxiety in cancer patients is the presence of pre-existing mental health diseases and their severity. Various researchs has demonstrated that patients experience excessive anxiety if they have been treated for mental health conditions before a cancer diagnosis (Klaassen et al., 2019; Musuuza et al., 2013).

In one study was found to increase the odds of anxiety at patients how have experienced a severe adverse life event, either prior to or soon after cancer diagnosis (Saboonchi et al., 2014).

A number of factors related to the cancer, such as the type of cancer, stage, prognosis, its treatment and side effects are likely to a role in the development high rates of anxiety in these patients.

Anxiety on patients with cancer may have a negative impact. For example, anxiety may have a role in development to functional disorders, low treatment efficiency and longer hospitalization (Pitman et al., 2018).

Given the harmful negative effects of anxiety on cancer patients, identifying these risk factors is essential.

### **Anxiety in cancer patients**

Patients' anxiety disorders can worry them so much that it can lead to a poorer quality of life. Anxiety can be assessed as an overwhelming event associated with the illusion of imminent danger, which is just a normal reaction for cancer patients. Patient anxiety increases or decreases at different times, may increase in patients with severe symptoms, functional disorders, low family and social support. Anxiety may worsen as the cancer spreads or the treatment becomes more toxic (Bolos et al., 2012).

The prevalence of anxiety among patients with cancer varies widely in the published literature. This is the result of a combination of factors associated with the type of cancer, the recommended treatment and the procedure used to identify the symptoms (Mitchell et al., 2013; Maass et al., 2015). The consequences for mental health are also important in addition to the type of cancer.

Anxiety tended to be lower before treatment (19%) and was higher during treatment (26%) and following treatment (27%), in a systematic review and meta-analysis study in patients with ovarian cancer (Watts et al., 2015). A similar systematic review of depression and anxiety showed that anxiety tended to be highest before treatment (27%) and lowered during treatment (15%) and following treatment (18%) in patients with prostate cancer (Watts et al., 2014).

A study indicated that 77% of patients within 2 years of treatment showed symptoms of anxiety (Ashbury et al., 1998). Some studies suggest high rates of anxiety even years after diagnosis (Burgess et al., 2005; Korfage et al., 2006). Fear of recurrence is one of the most commonly reported issues for cancer survivors (Simard et al., 2013). To a national survey of cancer survivors, almost 80 percent of respondents, reported some level of fear of recurrence as a concern (Beckjord et al., 2014).

Massie M. L. (2004) concluded in a review article that a series of cancers including oropharyngeal, pancreatic, breast and lung cancers are associated with high levels of anxiety and 13%–25% of colorectal cancer patients.

### **The symptoms and the effects of anxiety in cancer patients**

Compared to the general population, cancer patients present higher rates of anxiety and depression (Hinz et al., 2010). The most common

symptoms, which may be physical or psychological in nature, are reported by cancer patients during and after treatment. The patient with cancer experience the most common symptoms like fatigue, nausea and pain, also digestive symptoms, such as vomiting or diarrhea (Thao & Dung 2016). In cancer patients, symptoms of the disease, such as fatigue and pain, can overlap with anxiety by delaying the diagnosis of anxiety (Lupu et al., 2015). Therefore, the quality of life can be improved and the feeling of anxiety can be reduced (Bochis & Sandra, 2018) by treating cancer.

Cancer diagnosis, treatment and side effects can cause various negative emotional reactions (Kennifer et al., 2009). Depression and anxiety in cancer patients often result in reduced treatment compliance, greater healthcare costs, longer hospitalization and decreasing chances of survival (Arrieta et al., 2013; Falagas et al., 2007).

An increased number of cancer patients who have symptoms of depression and anxiety may follow specific psychological or medical treatment. Baker-Glenn et al. (2011), in a study of cancer patients concluded that 36% of patients would have accepted treatment for mental health problems. Mols et al. (2013), in a study concluded that cancer survivors had a 2-fold risk for all-cause mortality if they associated anxiety and depressive symptoms.

The scientific evidence is limited and of varying quality in the treatment of anxiety and depression in cancer patients (Rodin et al., 2007). A number of studies concluded that specific treatments, such as psychotherapy, psychoeducation and relaxation techniques may reduce anxiety symptoms and improve patients' quality of life (Faller et al., 2013).

## **Discussion**

Cancer patients react differently to mental health problems and how they cope with the anxiety. Anxiety in cancer survivors can be caused by altered body image, reproductive problems and sexual dysfunction. Other risk factors for cancer survivors are fear of follow-up examinations and fear of cancer recurrence. Some studies have shown the persistence of high rates of anxiety in cancer survivors (Burgess et al., 2005; Korfage et al., 2006).

The characteristic symptoms of cancer, such as fatigue and physical pain, overlap with the symptoms of psychological illness, making it difficult to differentiate and diagnose anxiety in these patients.

The quality of life in cancer patients is strongly influenced by the presence of increased rates of symptoms of depression and anxiety. Knowledge of the risk factors associated with psychological distress among

in cancer patients can help clinicians to systematically identify patients and provide targeted psychosocial interventions to improve these patients mental health outcomes and quality of life.

Addressing patients with cancer to mental health specialists is warranted because cancer survivors had a 2-fold risk for all-cause mortality (Mols et al., 2013) and low quality of life if they associated anxiety and depressive symptoms.

**In conclusion**, paying particular attention to the presence of anxiety in patients cancer will allow health workers can provide them with proper psychological support as early as possible with impact on response to treatment and the evolution of cancer.

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