

"The pain of the mind is worse than the pain of the body." - *A breast cancer patient*

E H Kua

Department of Psychological Medicine, National University Hospital, 5 Lower Kent Ridge Road, Singapore 119074  
E H Kua, MBBS, MD, FRCPsych, Professor and Senior Consultant Psychiatrist, National University of Singapore; CEO, Woodbridge Hospital.

The concept of 'quality of life' as an important measurable end-point for evaluating treatment programmes is now applied in many disciplines of medicine.

Undoubtedly, a diagnosis of cancer is shattering for the patient and family. During the months after diagnosis, the patient must attempt to come to terms with the uncertainty of the threat to life. Roles, relationships, employment and financial security may also be threatened.

Research has shown conclusively that cancer patients suffer considerable psychological distress and the prevalence of psychiatric disorders ranges from 23% to 47%<sup>(1)</sup>. A study in Singapore of patients with terminal illness indicated that depression was a common problem<sup>(2)</sup>.

Patients with breast cancer often have psychological distress associated with the illness and the problems of body image and sexual dysfunction. After mastectomy, some women feel 'less than whole' and also less feminine and attractive - consequently they tend to have low self esteem.

In an analysis of 20 women with breast cancer referred to the Department of Psychological Medicine, National University Hospital, the mean age of the sample was 45.6 years. The majority (80%) had tertiary education and the chief complaint was insomnia. The most common diagnosis was depressive illness (90%). The treatment included psychotherapy to help them cope with the psychological and social consequences of the illness, and for those with moderate or severe depression (Hamilton Depression Score of 17 points or more), an antidepressant would be prescribed. For outcome measures, treatment success was defined as remission of depressive symptoms with Hamilton Depression Score of 10 or lower and stability of remission for 3 consecutive months. Six months after treatment, 8 (40%) improved, 10 (50%) had partial improvement (Hamilton Depression Score 10 - 14) and 2 (10%) were still unwell.

Psychological intervention is an adjunct to the medical care and aims to reduce distress, enhance coping styles and help breast cancer patients adjust better after mastectomy. Psychotherapy has positive effect on mood, decreased drop-out from treatment and lasting psychological adjustment<sup>(3)</sup>. With the weight of evidence showing the benefits of psychotherapy and the lack of harmful side effects, this form of intervention should be advocated and provided for patients<sup>(4)</sup>.

It is also crucial in the management of cancer patients to have the support of the family care-givers and to help the family cope as they also go through the phases of bereavement.

Cancer elicits strong emotions, including fear, anxiety, sadness, depression and anger. Patients often find that psychotherapy helps by providing a time and place to deal with these feelings effectively. When worked through, life-threatening problems, although real, can be less overwhelming. New strategies for dealing with these problems can be developed so as to help them redefine life priorities. Coping skills training includes seeking needed medical information and mobilising family and other social support. Other effective behavioural techniques are biofeedback, progressive muscle relaxation and meditation.

## REFERENCES

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