



Assessment of anxiodepressive disorder and alexithymia in oncological patients

Ovchinnikov A.A., Sultanova A.N.*, Ishhenko S.V.

Novosibirsk State Medical University

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ABSTRACT

Mild depression (subdepression) and high rates of anxiety were revealed in the inspected women with oncogynaecological diseases. The explicit level of alexithymia is recorded in a primary group; but this indicator conforms with norms in the control group. Feedback of the level of situational anxiety is established with indicators of anosognosic type of attitude towards the disease. Level of depression has positive correlative relationship with indicators of apathetic type of attitude towards the disease in both groups.

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Introduction

Cancer cases of a body of womb for the last 30 years increased by three times. It takes the first place among oncological diseases of genital sphere and the second place among female oncopathology [1]. Ovarian cancer is the most common cause of cancer deaths at gynaecologic neoplasms [2]. Results of researches authentically demonstrate that oncology is an important starting point in development of anxiodepressive disorders [3].

In most cases oncological diseases cause fear and hopelessness in patients. Similar reaction of women leads to strengthening of physiological reaction to a stress, fixing on a somatic component of emotional excitement. In this regard the alexithymia can also be one of the factors playing an essential role in pathogenesis of a disease [4]. Alexithymia is connected with anxious disorders almost in one third of cases of a disease [5].

Aim of the Research

To study the level of anxiodepressive disorders and alexithymia in oncological patients.

Materials and Methods

The research was conducted on the basis in oncogynaecological department of the City Clinical Hospital No. 1. Treatment group consisted of 20 people, aged from 30 up to 86 years. The control group (also 20 people, aged from 36 till 81 year) consisted of “conditionally healthy” women, i.e. without oncogynaecological diagnosis.

The research included the following stages:

*Corresponding author. Novosibirsk State Medical University, 52, Krasny Prospect, Novosibirsk, 630091, Russia.
E-mail address: sultanova.aklima@yandex.ru

1) studying the level of situational and personal anxiety by means of “Scale of Reactive and Personal Anxiety” of Ch.D. Spielberger, adapted by Ju.L. Khanin;

2) studying the level of a depression by means of “Beck Depression Inventory”;

3) alexithymia level assessment by means of Toronto Alexithymia Scale (TAS);

4) attitude research to a disease by means of “type of attitude towards the disease” technique.

Results and Discussion

Level of situational and personal anxiety on Spielberger–Khanin scale in group of women with oncological diseases was rather high (51.7 ± 6.6 and 46.5 ± 7.6 points) respectively. Indicators of situational (45.1 ± 9.6 points) and personal (49.6 ± 8.9 points) anxiety also were high in control group included women without oncopathologies.

The obtained data were processed with Mann–Whitney U-Test for the purpose of detection of reliability of distinctions on the level of situational and personal anxiety in the studied groups. Reliable distinctions ($p = 0.02$) on an indicator of situational anxiety in the studied groups were registered: situational anxiety at patients with oncological diseases was higher in comparison with conditionally healthy women, i.e. without oncopathology. Psychological state of women with oncological disease is characterized by feeling of helplessness, feeling of punishment and guilt, the high level of alarm anxiety.

The depression level in the studied groups determined by Beck Depression Inventory was 14.4 basically and 11.7 points in control group that corresponds to indicators of a mild depression. Significant distinctions in the studied groups on depression level are not revealed when using Mann–Whitney U-Test.

During the investigation phase the indicators were also established according to 2 subscales: cognitive and affective and somatic signs of depression. In the treatment group indicators on cognitive and affective subscale were 6.9 ± 4.1 points; on a subscale of somatic signs of depression were 7.5 ± 3.5 points; 6.7 ± 4.1 and 4.6 ± 2.9 points were registered in the control group respectively.

Reliable distinctions ($p = 0.03$) on indicators of subscale of somatic signs of depression in the studied groups are revealed with the help of Mann–Whitney U-Test. It was revealed that indicators on a subscale of somatic signs of a depression in patients with oncological diseases are significantly higher, than in women of control group. Somatic signs of a depression are fatigue, weakness, sleep disorder, apathy.

For the purpose of diagnostics of level of alexithymia we used the Toronto Alexithymia Scale. We established that the level of alexithymia was equal in

the treatment group 79.4 ± 7.7 points that testifies to explicit expressiveness of alexithymia. In control group the level of alexithymia was within normal limits – 61.3 ± 13.5 points.

Distinctions ($p = 0.0001$) on alexithymia level in the studied groups were found with Mann–Whitney U-Test: alexithymia level at women with oncological disease considerably prevailed in comparison with women from control group.

At the following investigation phase the type of attitude towards the disease by means of a “type of attitude towards the disease” technique was studied (Figure 1). As can be seen from figure 1, in the treatment group the most expressed type of attitude towards the disease is sensitive, characterized by excessive vulnerability, concern of possible adverse impressions which can be imposed upon the people around by the fact of the disease. Women with oncopathology are on the second place, they are of the ergopathic type differing in aspiration by all means to keep the professional status and a possibility of continuation of a vigorous labor activity of the same quality. In control group the most widespread type of attitude towards the disease is anosognostic type which is characterized by active discarding of thoughts of a disease about its possible effects, up to denial obvious, refusal of medical inspection and treatment. On the second place we can see the ergopathic type attitude towards the disease that is characterized by the selective relation to inspection and treatment caused first of all by the aspiration, despite disease severity, to continue the work.

Comparative analysis of mean values using Mann–Whitney U-Test revealed the following: reliable distinctions in expressiveness of hypochondriac type attitude towards the disease are presented ($p = 0.0008$). This fact can be explained: patients with oncological disease are excessively concentrated on subjective, painful and unpleasant feelings. Patients aim to tell about the feelings to doctors, medical staff and people around.

Reliable distinctions ($p = 0.0009$) of indicators on egocentric type of attitude towards the disease are revealed. Patients of this type try to find benefit from the disease, it can be shown in exposure of the experiences for show, in the requirement of exclusive care of itself; the aim which is to cause sympathy and to draw attention to themselves.

Distinctions ($p = 0.004$) of indicators on melancholic type of attitude towards the disease in the treatment and control group are revealed. It can be explained: patients with oncopathology treat recovery with mistrust and pessimistically.

Distinctions ($p = 0.03$) indicators on anosognostic, disturbing and sensitive types attitude towards the disease in treatment and in control groups were revealed.

A wide range of psychological reactions to an oncological disease is observed at the patient. These

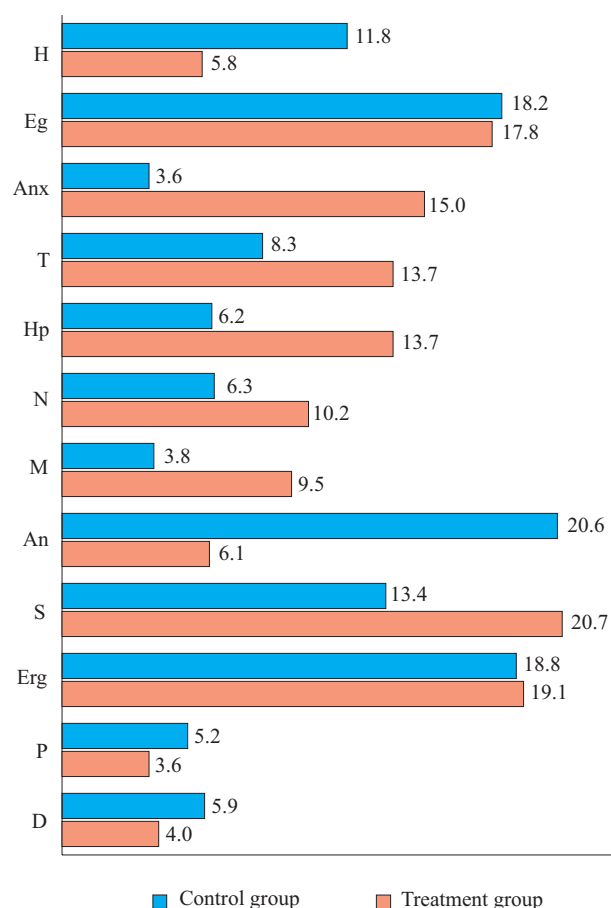


Figure 1. Comparative analysis of average values in the studied groups at studying the type of attitude towards the disease

(H – harmonious type; Eg – egocentric type; A – apathetic type; Anx – anxious type; Hp – hypochondriac type; N – neurasthenic type; M – melancholic type; An – anosognostic type; S – sensitive type; Erg – ergopathic type; P – paranoiac type; D – dysphoric type)

reactions, as a rule, change depending on stages of acceptance of a disease. So, for example, at a denial stage at the patient with an oncological disease generally has anosognostic type of attitude, dysphoric type is registered at aggressive stage, and the stage of depression can be characterized by several types of attitudes for example, depressive and disturbing [6].

Authors studied interrelation between the level of anxiety and depressiveness, level of alexithymia and type attitude towards the disease in both groups. Positive correlation between indicators of situational anxiety and neurasthenic ($R = 0.68$), melancholic ($R = 0.57$), apathetic ($R = 0.68$) and dysphoric ($R = 0.61$) types of the attitude towards the disease was revealed, i.e. than the level of situational anxiety is higher. Neurasthenic, melancholic, apathetic and dysphoric types of attitude towards the disease are especially expressed. Also negative correlation between indicators of situational anxiety and anosognostic type of attitude towards the disease was revealed ($R = -0.59$): the level of situational anxiety is higher,

anosognostic type of the attitude to a disease is less expressed.

Positive correlation between cognitive and affective signs of depression and dysphoric ($R = 0.55$) and apathetic ($R = 0.55$) type of attitude towards the disease is reliable ($p = 0.01$): the higher are the indicators on cognitive and affective scale of a depression, the more expressed the dysphoric and apathetic types of attitude towards the disease are ($p = 0.01$). Reliable negative correlation between cognitive and affective signs of depression and anosognostic type of attitude towards the disease was also revealed ($R = -0.56$): the higher the indicators on a cognitive and affective scale of depression are, the less expressed the anosognostic type of attitude towards the disease is.

Positive correlation between the level of depression and expressiveness of melancholic ($R = 0.56$), apathetic ($R = 0.58$) and neurasthenic ($R = 0.5$) types of attitude towards the disease is revealed: the higher the depression level is, the more expressed such types as melancholic, apathetic and neurasthenic of attitude towards the disease are.

Conclusions

The mild depression (subdepression) and high rates of anxiety are revealed in women with oncogynaecological diseases and woman in control group. The explicit level of alexithymia is registered in treatment group; in control group this indicator is within normal limits. The return correlative relationship between the level of situational anxiety and anosognostic type attitude towards the disease, level of depression and apathetic type of attitude towards the disease in both groups is proved.

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