

# Lack of knowledge of cancer diagnostic in elderly patients: does it protect against depression?

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## Introduction :

Psycho-oncology is not a new medical specialty, but rather a multidisciplinary approach to detect, prevent and treat psychiatric disorders and difficulties in psychological adaptation to cancer.

This approach takes on its full value in oncogeriatric settings where the vulnerability associated with aging is exacerbated by the shock of the cancer announcement

## Objective:

To measure the prevalence of depression in elderly cancer patients and to determine their relationship to the patient's knowledge of cancer diagnosis.

## Patients and methods:

- ❖ A cross-sectional, descriptive and analytical study.
- ❖ In the oncology department of Gabes (southern Tunisia) over a period of one year.
- ❖ All patients over the age of 65, who first consulted during the study period for a cancerous condition, regardless of the stage and treatment of cancer, were included.
- ❖ Every patient included in the study was examined by oncological and psychiatric physicians.
- ❖ The psychological evaluation was done by a semi-directive psychiatric interview with the patient and at least one member of his family.
- ❖ The geriatric depression scale (GDS) validated in Tunisia.
- ❖ The depression threshold at GDS was 11.

## Results:

Table: Characteristics of the study population

Characteristics	Percentage
Total number of patients	60
Male gender	63%
Average age (years)	75
Married people	72%
Middle socio-economic status	75 %
Comorbidity :	63,3%
High blood pressure	48,30%
Diabetes	26,70%
Metastasis at the time of diagnosis	52%
Patients unaware of the diagnosis of their disease	<b>72%</b>
Diagnosis is announced by the doctor	47%
Onset time of psychiatric disorders	4 months
Prevalence of depression	<b>48%</b>
Prevalence of adjustment disorder	28%
Average GDS score	9

The analytical study showed that patients who didn't know their diagnosis **had more depression**, but this result was not statistically significant (56% vs 29%,  $p = 0.65$ ).

## Discussion

- ❖ In our study, the prevalence of depressive disorders was 48%.
- ❖ This result is comparable to the data in the literature, Depressive syndromes are two to three times more common in cancer patients compared to the general population [1].
- ❖ A 2014 meta-analysis by Krebber and al estimated the prevalence of depression in elderly cancer patients to be between 8% and 24% [2]. Another study showed that the prevalence of depression in the elderly cancer patient reported in the 1967 to 2001 ranged from 17% to 27%.
- ❖ In fact, a major obstacle to the study of depression in patients cancer is the difficulty in separating somatic symptoms from depression such as anorexia, weight loss, asthenia and disruption of those associated with cancer itself [3]. Sadness, isolation, mood disorders and other depressive symptoms can lead to be wrongly considered by the oncologist and family and friends as an answer normal of the elderly patient in the face of cancer and aging. As a result, the depression in the elderly cancer patient is very often underestimated and under diagnosed [4, 5].
- ❖ The average time between the diagnosis of cancer disease and the onset of psychological disorders was 4 months. The time period found was shorter than that reported in the literature (between 6 months and a year) [6].
- ❖ Through this study, we concluded that patients who were unaware of their diagnosis were not immune to depressive disorders. 72% of patients who were unaware of their diagnosis had depressive symptoms while 29% of patients who were aware of their cancer diagnosis had presented depressive disorders.
- ❖ For the elderly person, the involvement of the spouse - often also elderly - in care is reduced. The oncologist is most often confronted with the patient's adult children and it is not uncommon for them to intervene as soon as the diagnosis is announced. They can intervene and even refuse to tell their loved ones about the disease. It is sometimes difficult to reconcile patient-centred care and demand with significant attention to the issue.
- ❖ The authors agree on the impact of the announcement of a disease as serious as cancer on the individual's emotional and social well-being. This event may be perceived as an earthquake, a fatality or even the beginning of the end for some, but the sick person must find ways to adapt to get through this crisis as well as possible. This adaptation is easier if the patient has access to the information he or she needs, communicates easily with the medical team, shares his or her feelings with family and friends and feels psychologically supported and social [7, 8].
- ❖ In France, in 2012, an announcement system was developed to implement a clear strategy to improve the conditions for announcing the diagnosis of cancer and to help doctors confronted with these situations [8].

## Conclusion:

Through this study, we concluded that patients who did not know their diagnosis were not immune to depressive disorders which aggravate the management of these patients. Hence the need to identify these disorders at such an early stage.

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