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THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017

“The Optimalization of Adolescent Health in The Era of SDGs”

INNA GARUDA HOTEL YOGYAKARTA,
INDONESIA
November 5th, 2017



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THE IMPORTANCE OF ASSISTANCE TO CANCER PATIENTS WITH MENTAL DISORDER

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ABSTRACT

Over the past twenty-five years, psychiatric services have shifted from hospital to community. Managed care reinforces this trend. Mental illness is better understood and less stigmatized, and services are more commonly used. But many in need do not receive care consistent with evidence-based standards, or at all. Cancer patients with mental disorders are very important to get mentoring. The purpose of this study is accompany cancer patients with mental disorders. Research method : Qualitative data collection methods were performed on 5 patients with cancer who experienced mental disorders, using open-ended questions and literature studies. . In the results of the study is cancer patients with mental disorders desperately need assistance in following various treatment programs. Chemotherapy is one of the treatment programs that are often overlooked if there is no accompaniment. It can be concluded that cCancer patients with mental disorders may follow all treatment programs recommended by doctors. Patients can not run a treatment program properly without counseling.

Keywords: Assistance, cancer, patients, mental, disorder

INTRODUCTION

Over the past twenty-five years, psychiatric services have shifted from hospital to community. Managed care reinforces this trend. Mental illness is better understood and less stigmatized, and services are more commonly used ¹. But many in need do not receive care consistent with evidence-based standards, or at all ².

The researchers used the global point prevalence rate of 7.3% for anxiety disorders, 3.2% for depression in men, and 5.5% for depression in women. For countries in crisis, the burden of mental health illness might be higher. In Nepal, a decade-long armed conflict was responsible for more than 10 000 deaths, and displacement of more than 100 000 people between 1996 and 2006 ^{1,7}.

Cancer patients with mental disorders are very important to get mentoring. Mental distress can impair treatment processes and outcomes, such as adherence to treatment recommendations, satisfaction with care, and quality of life ^{1,2}. Mental health is just as important as a healthy body. Caring for oneself at a time of cancer treatment may be difficult ³.

Earlier research suggests poorer outcome of cancer care among people with severe mental illness. Integrated medical and psychiatric care is needed to improve outcomes of cancer care among patients with mental disorder ⁴.

Being diagnosed with cancer is a stressful, life-changing event that can evoke feelings of fear, worry, sadness, and anger. Depression gives one feelings of hopelessness and helplessness, disinterest in previously enjoyable activities, and a consistently down and sad mood. Depression often interferes with one's ability to work, sleep, eat, and enjoy life. Patients with cancer are especially at risk for depression

because of the physical changes and limitations from symptoms and treatment as well as of the uncertainty their treatment holds on their lives^{3,4}.

Mortality rates in psychiatric patients are much greater than in the general population, 1-17 including Nordic countries where longstanding egalitarian health and welfare policies might be expected to facilitate treatment access. Chronic physical disorders such as cardiovascular disease and cancer are the main cause,^{8,10-12} accounting for 10 times the absolute numbers of suicide in one study but receiving far less attention. In cancer, overall mortality is higher in psychiatric patients, even though the incidence is similar to that in the general population. The disparity between incidence and mortality is most marked for several common sites such as prostate and colorectal cancers. Possible explanations might be delayed diagnosis or lack of access to screening, leading to more advanced staging at diagnosis, and reduced access to or use of appropriate treatments after diagnosis^{1,4,5}.

The purpose of this study was to provide a more useful understanding of the actions to be performed by doctors during a treatment program of cancer patients with mental disorders. Assistance is expected to accelerate the healing of patients so as to not experience any complications that are likely to occur.

METHODS

Qualitative data collection methods were performed on 5 patients with cancer who experienced mental disorders, using open-ended questions and literature studies.

RESULT

Cancer patients with mental disorders desperately need assistance in following various treatment programs. Chemotherapy is one of the treatment programs that are often overlooked if there is no accompaniment.

We found excess mortality in people with a history of psychotic and substance use disorders. Cancer stage and comorbidity did not explain mortality differences. Controlling for cancer treatment decreased the differences. The mortality gap between patients with psychosis and cancer patients without mental disorder increased over time.

Support groups, led by a social worker, clinical therapist,⁴ psychiatrist, or psychologist, can be helpful when coping with cancer-related depression⁴.

Although incidence is no higher than in the general population, psychiatric patients are more likely to have metastases at diagnosis and less likely to receive specialized interventions. This may explain their greater case fatality and highlights the need for improved cancer screening and detection⁵.

Increased financial burden also as a result of cancer care costs is the strongest independent predictor of poor quality of life among cancer survivors^{5,6,7}.

CONCLUSIONS

Cancer patients with mental disorders may follow all treatment programs recommended by doctors. Patients can not run a treatment program properly without counseling.

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