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CLINICAL-PSYCHOPATHOLOGICAL ANALYSIS OF DEPRESSIVE DISORDERS OF ONCOLOGICAL PATIENTS

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Abstract

Cancer has a strong impact on a human's psyche and causes a number of negative emotions among which deep depression, suicidal thoughts and attempts are the most dangerous. Mental pathology has a significant adverse effect on the clinical and social outcomes of oncological diseases, reduces survival rates, level of adaptation and quality of life, as well as attachment to pathogenetic treatment. The objective: to investigate clinical and psychopathological peculiarities of the formation and the course of depressive disorders and suicidal behavior in cancer patients. 78 women and 76 men aged 25-55 years old with oncology had been examined. They had pathology of stages I and II without brain localization in which disorders of adaptation, in the form of depressive reaction (F43.21, F43.22) (48.4%); moderate and severe depressive episode (F32.1, F32.2) (38.2%), organic depressive disorder (F06.32) (13.4%) were diagnosed. A program of differentiated prophylaxis of suicidal behavior in cancer patients with depressive disorders was developed and tested.

Key words: **malignant tumor, suicidal behavior, depressive disorder.**

Cancer has a strong impact on a human's psyche. Stress, negative emotions, misunderstanding, anxiety, fear, confusion, panic, apathy, feelings of doom are causes of deep depression, suicidal thoughts and attempts. Recently, the relevance of the problem of depression in cancer practice has increased significantly, where their prevalence ranges from 40 to 60% according to various authors [1, 2, 3].

Mental pathology has a significant adverse effect on the clinical and social outcomes of oncological diseases, including reducing survival rates, reducing the level of adaptation and reducing the quality of life, as well as attachment to pathogenetic treatment [4, 5].

Data from many studies indicate that depression is considered as one of the important factors in the deterioration of the oncology prognosis and an increase in the mortality rate of cancer patients by 25%. In addition, some studies have convincingly shown that the life expectancy of patients with malignant tumors is reduced if there are symptoms of depression. Depression, especially severe, is an important factor contributing to the patient's desire to accelerate death, including the abandonment of antitumor therapy [6, 7, 8].

The foregoing stipulated the relevance and necessity of this study to explore clinical and psychopathological peculiarities of the formation and the course of depressive disorders and suicidal behavior in cancer patients.

To achieve the goal, a comprehensive survey of 154 patients of both sexes (78 women and 76 men aged 25-55 years) with oncology was conducted on the basis of the Kharkiv Regional Clinical Psychiatric Hospital No. 3, adhering to the principles of bioethics and medical deontology during 2013-2016. The examined people had pathology of stages I and II without brain localization in which depressive disorders were diagnosed: disorders of adaptation, in the form of depressive reaction (F43.21, F43.22) (48.4%); moderate and severe depressive episode (F32.1, F32.2) (38.2%), organic depressive disorder (F06.32) (13.4%).

The main group consisted of 103 patients with signs of suicidal behavior (56 women and 47 men), and the control group included 51 patients without signs of suicidal behavior (26 women and 25 men).

The following survey methods were used in this study: clinical-psychopathological, clinical-anamnestic and psychodiagnostic.

As the results of the survey indicated, all patients (100%) noted the psychotraumatic nature of the fact of diagnosing malignant tumors, they felt a sense of danger (69.3%); anxiety (78.2%) up to panic (45.8%); depression (72.9%); fear of death 66.8%; hopelessness (39.2%) and apathy (38.2%); despair (35,6%); loss of meaning of life (35.2%), sense of dignity (29.8%) and control of the situation (48.6%); they became introverted (44.6%).

In the clinical aspect of depressive reaction (48.4% of the examined patients), there is depression, feeling of anxiety, internal tension, anxiety with the inability to relax, various fears and concerns.

The depressive episode (38.2% of the examined patients) was characterized by increased fatigue, lethargy, exhaustion, inactivity, indifference, lack of interest in

communication, irritability, increased sensitivity to previously neutral stimuli, apathy, psychomotor retardation.

In the organic depressive disorder (13.4% of patients), along with depressed mood, an effect of anxiety, sleep disturbance it was noted concentration of attention on the state of somatic distress, short-term violent reactions to minor emotional events, inconsistency of emotional reactions of the situation.

In the analysis of clinical symptoms it was revealed some gender differences: in women, in comparison with men, depressive episodes were characterized by a more pronounced tenderness and hypochondria, more often than in men, there were trends in autonomic crises, tachycardia, arrhythmias. Men in the clinical setting were dominated by anxiety and irritability.

The study of suicidal behavior in the group I indicated that 31.1% of patients with depressive reactions, 32.1% of patients with depressive episode, 28.9% with organic depressive disorder attempted to commit a suicide. In 42.3%, 48.5% and 44.2% of patients respectively it was recorded suicidal decisions and intentions; in 26.6% of patients with depressive reaction, 19.4% of patients with depressive episode, 26.9% with organic depressive disorder it was observed passive and active suicidal thoughts, fantasies and concerns.

During the course of study, variants of suicidal behavior were analyzed depending on the variant of depressive disorder. It was determined that in all examined patients the true suicidal behavior prevails (53.2% of the patients with depressive reaction, 56.5% of patients with depressive episode, 51.2% of patients with organic depressive disorder), an affective variant of suicidal behavior was observed in 38.1%, 40.1% and 44.1% of patients respectively; suicidal behavior with demonstration of intimidation was noted in 8.7% of patients with depressive reaction, 3.4% of patients with depressive episode, 4.7% of patients with organic depressive disorder.

As the results of the study indicated, the patients of the main group are characterized by clinical manifestations of anxiety and depression on the hospital scale, severe anxiety and depression on the Hamilton scale, a large depressive episode on the Montgomery-Asberg scale. The patients of the control group have clinical manifestations of anxiety and subclinical depressions on the hospital scale, moderately expressed anxiety and depression on the Hamilton scale, moderate depressive episode on the Montgomery-Asberg scale.

In the study of the severity of suicidal risk, it was found that in patients of the main group, this indicator was significantly higher than it was in the control group (42.7 ± 2.7

points and 20.4 ± 3.4 points). At the same time, the indicator of the level of self-awareness of death in the main group was 17.6 ± 3.2 points, and in the control 28.4 ± 1.3 points. Thus, high suicide risk and low level of death awareness in cancer patients with depressive disorders are a prerequisite for the formation of suicidal behavior.

According to the data obtained, the patients of the main group were characterized by low communicativeness, reserved demeanor, anxious vengeance, a tendency to dramatization and a negative assessment of events and facts, increased sensitivity, vulnerability, coverage of the experiences of acute grief due to the diagnosis of cancer, with the narrowing of cognitive functions and domination of the content of mental trauma in consciousness, the assessment of the situation that has developed as hopeless, a sense of isolation, lack of social support.

Based on the data obtained during the study, a program of differentiated prophylaxis of suicidal behavior in cancer patients with depressive disorders was developed and tested.

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