

Anxiety in Terminally Ill Cancer Patients

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Reference: Elissa Kolva, MA, Barry Rosenfeld, PhD, Hayley Pessin, PhD, William Breitbart, MD, and Robert Brescia, MD
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Abstract

Context: Anxiety in terminal cancer is linked to diminished quality of life, yet overall it is poorly understood with regard to prevalence and relationship to other aspects of psychological distress.

Objectives: This study examines anxiety in terminally ill cancer patients, including the prevalence of anxiety symptoms, the relationship between anxiety and depression, differences in anxiety between participants receiving inpatient palliative care and those receiving outpatient care, and characteristics that distinguish highly anxious from less anxious patients.

Design:

t-test and Chi square statistics were used in addition to multiple regression analysis.

Methods: Participants were 194 patients with terminal cancer. Approximately half (n = 103) were receiving inpatient care in a palliative care facility and half (n = 91) were receiving outpatient care in a tertiary care cancer center. The Hospital Anxiety and Depression Scale was used to assess anxiety and depression, and was administered along with measures of hopelessness, desire for hastened death, and social support.

Results: Moderately elevated anxiety symptoms were found in 18.6% of Participants (n = 36) and 12.4% (n = 24) had clinically significant symptoms of anxiety. Level of anxiety did not differ between the two treatment Settings. However, participants receiving palliative care reported significantly higher levels of depression and desire for hastened death. A multivariate prediction model indicated that belief in an afterlife, social support, and anxiolytic and antidepressant use were unique, significant predictors of anxiety.

Conclusion: Severity of anxiety symptoms did not differ between the study sites, Suggesting that anxiety may differ from depression and desire for hastened death in the course that it takes over the duration of terminal cancer.

Strengths:

- The study is relevant to palliative care patients.
- The present study provided a comprehensive examination of anxiety in terminally ill patients.
- Showed that patients do not become more anxious as they approach death and this differs from the previous cross-sectional studies that showed the opposite.
- This study identified the demographic, clinical and psychosocial characteristics of highly anxious patients.

Weaknesses:

- Selection bias.
- Seven participants omitted a single item of the HADS, for these cases HADs scores were prorated to account for the missing item.
- Although HADS is a reliable valid tool, structural clinical interview for DSM disorders is still the gold standard for the diagnosis of psychiatric disorders.
- The use of anxiolytics may have artificially lowered the rate of anxiety in this study
- Reliance on self report data
- A true examination of the relationship between anxiety and illness severity will be a longitudinal study.

Relevance to palliative care:

Anxiety has been linked to lower levels of quality of life, insomnia, poor treatment compliance and decreased trust in physicians especially in patients with advanced or terminally ill disease. They are usually anxious about the treatment process, the disease progression, uncontrolled pain , dying and uncertainty as to what happens after death. This study has provided a clear picture about the prevalence of anxiety, its relation to depression in addition to its relation to the severity of the disease among the palliative care patients. moreover it opens the way to develop adequate methods for identifying and treating distress and to find the best ways to bolster patient resources to improve the quality of life.

Table 1
Demographic Characteristics and Comparison of Samples

Variable	Total Sample	Inpatient Palliative Care	Outpatient Life-Prolonging Care	df	c ² or t
	M (SD)	M (SD)	M (SD)		
Age	62.4 (12.8)	65.6 (13.5)	58.8 (11.0)	192	3.76 ^a
Education (years)	14.6 (3.0)	13.7 (3.1)	15.8 (2.7)	187	4.88 ^a
Months to death	4.1 (4.1)	1.9 (1.5)	8.1 (4.3)	136	12.47 ^b
	n (%)	n (%)	n (%)	df	c ² or t
Gender					
Male	88 (45.5)	39 (37.9)	49 (53.8)	1	4.97 ^b
Female	106 (54.5)	64 (62.1)	42 (46.2)		
Race					
White	154 (79.8)	78 (75.7)	76 (83.5)	5	6.24
Black	29 (14.9)	19 (18.4)	10 (11.0)		
Asian	7 (3.6)	4 (3.9)	3 (3.3)		
Other	4 (2.0)	2 (1.0)	0 (0.0)		
Ethnicity					
Hispanic	21 (10.8)	14 (13.6)	7 (7.7)	2	2.81
Not Hispanic	172 (88.7)	89 (91.7)	83 (91.2)		
Marital status					
Married	94 (48.5)	31 (30.1)	63 (69.2)	3	32.05 ^a
Single	36 (18.6)	26 (25.2)	10 (11.0)		
Divorced	39 (20.1)	25 (24.3.5)	14 (15.4)		
Widowed	25 (12.9)	21 (20.4)	4 (4.4)		
Religion					
Catholic	83 (42.8)	45 (43.7)	38 (41.8)	5	13.29 ^b
Protestant	25 (12.9)	9 (8.7)	16 (17.6)		
Jewish	37 (19.1)	14 (13.6)	23 (25.3)		
Baptist	9 (4.6)	6 (5.8)	3 (3.3)		
Other	24 (12.3)	18 (17.5)	6 (6.6)		
None	16 (8.2)	11 (10.7)	5 (5.5)		
Religious					
Yes	104 (53.6)	61 (59.2)	43 (47.3)	3	6.61
Somewhat	37 (19.1)	23 (25.3)	14 (13.6)		
No	51 (26.3)	25 (27.4)	26 (25.2)		
Belief in an afterlife					
Yes	114 (58.8)	61 (59.2)	53 (58.2)	3	1.92
Somewhat	42 (21.6)	22 (21.4)	20 (22.0)		
No	36 (18.6)	18 (17.5)	18 (19.8)		

SD ¼ standard deviation.

^aP < 0.01.

^bP < 0.05.

Table
2
Item Statistics for the HADS-A
Subscale

Total Sample (n ¼ 193)	HADS-A < 8 (n ¼ 133)	HADS-A ≥ 8 (n ¼ 60)
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Item	M (SD)	M (SD)	M (SD)
1. I feel tense or “wound up”	0.88 (0.84)	0.53 (6.62)	1.65 (0.73)
3. I get a frightened feeling as if something awful is	0.80 (0.93)	0.40 (0.60)	1.69 (0.93)
5. Worrying thoughts go through my mind	1.03 (1.01)	0.59 (0.59)	2.02 (1.24)
7. I can sit at ease and feel relaxed	0.87 (0.87)	0.56 (0.70)	1.55 (0.83)
9. I get a sort of frightened feeling like “butterflies”	0.54 (0.76)	0.29 (0.48)	1.08 (0.94)
11. I feel restless as if I have to be on the move	0.96 (0.97)	0.65 (0.81)	1.67 (0.94)
13. I get sudden feelings of panic	0.51 (0.71)	0.24 (0.44)	1.10 (0.83)

SD ¼ standard deviation; HADS ¼ Hospital Anxiety and Depression Scale.

Table 6
Final Model Predicting HADS-A

Step	Variable	B	SE B	Beta	df	t
1.	Age	0.02	0.03	0.06	1	0.72
	Gender	0.69	0.64	0.08	1	1.08
	Education (years)	0.06	0.11	0.04	1	0.52
	Marital status	0.28	0.75	0.03	1	0.37
2.	Treatment setting	0.70	0.67	0.08	1	1.05
3.	Belief in an afterlife	1.78	0.79	0.16	1	2.24 ^a
	Antidepressant use	1.92	0.74	0.19	1	2.59 ^b
	Anxiolytic use	2.52	0.73	0.19	1	3.46 ^b
	Social support	0.10	0.04	0.20	1	2.66 ^b

B ¼ Unstandardized coefficients; Beta ¼ Standardized coefficients; HADS-A ¼ Hospital Anxiety and Depression Scale-Anxiety subscale; Social support ¼ Duke-UNC Functional Social Support Questionnaire (FSSQ); SE ¼ Standard Error.

^aP < 0.05.

^bP < 0.01.