



PSYCHOPATHOLOGICAL STATE OF PATIENT WOMEN WITH BREAST CANCER

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Mukhsinov Nodir Tokhirovich

Bukhara State Medical Institute

SUMMARY

Psychotraumatic moments are both the detection of a malignant process itself and the ideas in society about its low curability, a high percentage of deaths, crippling consequences, risky surgical interventions, radiation and chemotherapy associated with somatic discomfort. Studies of the psychological reactions of cancer patients have revealed that they may correspond to a psychotic level. At all stages of the oncological process, patients experience emotional stress, which forms psychogenic reactions that qualitatively reflect premorbid personality characteristics. A high percentage in their structure belongs to depression and anxiety. Depression is found in 1/3 of cancer patients. Some foreign authors provide data that 24% of patients hospitalized for treatment for a malignant neoplasm were in a state of severe depression, 18% had moderate depression, and 14% of patients had symptoms of depression and “annoyance.” Anxiety in cancer patients is often associated with the symptoms of the disease and the treatment being carried out. It can be acute, chronic, or a consequence of a previous pathology that is aggravated by a new disease. It is impossible not to take into account the anxiety before each outpatient visit to the doctor. Pain itself can cause symptoms of acute anxiety. Pre-existing conditions of chronic anxiety that may worsen include anxiety and panic disorders, and phobias. There are reports that anxiety and depression are often not recognized, which negatively affects quality of life and the reverse development of the oncological process.

Key words

breast cancer, oncology, depression, anxiety, psychological trauma

Breast cancer, ranking first in prevalence among other malignant neoplasms, differs in the intensity of its psychotraumatic impact: the making of such a diagnosis and the specificity of treatment consist not only in the immediate threat to life, but also in the exclusively “female” nature of the disease and disfiguring consequences. At the same time, specifically regarding this disease, there are many hypotheses that psychosocial stressors may be the cause of the disease or contribute to its progression. Therefore, the study of the psychological consequences of stress,



as well as factors influencing the psychological state of patients with breast cancer, is extremely relevant, since it can make a significant contribution to understanding the mechanisms of the impact of traumatic events on the human psyche, as well as contribute to solving the problem of the psychosomatic nature of cancer.

Purpose of the study

To determine the severity of psychopathological symptoms in breast cancer patients with different levels of intensity of post-traumatic stress reactions.

Research methods

The study of the psychological consequences of traumatic stress caused by cancer was carried out using a set of psychometric techniques tested in the Bukhara branch of the Republican Specialized Scientific and Practical Center for Oncology and Radiology.

The set of techniques included:

1. Scale for clinical diagnosis of PTSD, CAPS (Clinical-Administered PTSD Scale).
2. Scale for subjective assessment of the severity of the impact of a traumatic event, Impact of event scale - revised, IOES-R.
3. Mississippi Scale - civil version (MS, Mississippi Scale), designed to assess post-traumatic reactions.
4. Life Experience Questionnaire (LEQ).
5. Spielberger-Hanin scales of situational and personal anxiety.

The reliability of scientific results was ensured by the adequacy of the methods and techniques used, analysis and verification of the data obtained using various statistical procedures. Statistical data processing was carried out using the "STATISTIKA 6.0" software package and included correlation analysis, analysis of the significance of differences, etc.

Results and its discussion

The results of a clinical interview and data from psychometric questionnaires aimed at diagnosing parameters of post-traumatic stress confirmed that cancer is the strongest traumatic stressor for the examined group of women. As a result of the psychotraumatic impact of the disease, some patients develop a condition expressed in a combination of signs of post-traumatic stress (symptoms of intrusion of obsessive memories about the disease; desire to avoid any situations reminiscent of it; increased physiological reactivity of the body in response to any reminder of the disease and emotional excitability) and psychopathological symptoms. In the study sample, 41.3% of breast cancer patients showed individual signs of post-traumatic stress, and in 24% of the entire sample, psychological distress reached a level corresponding to the clinical picture of post-traumatic stress disorder. The



main etiological factors leading to the development of signs of post-traumatic stress were the feeling of a threat to life, accompanied by the experience of intense negative emotions of fear, horror and feelings of helplessness, the chronic nature of the disease and the crippling nature of the operation. The level of severity of psychopathological symptoms was associated with the intensity of signs of post-traumatic stress (which confirms data from other studies about the high prevalence of comorbid disorders among patients with signs of PTSD).

The results of the study made it possible to identify some generalized patterns of psychopathological characteristics of breast cancer patients with different severity of signs of post-traumatic stress. It was found that both groups of subjects - "Partial PTSD" and "PTSD" - are characterized by a peculiar triad of characteristics identified using the SCL-90-R: approximately the same, high levels of hostility, phobic anxiety and paranoid symptoms are observed, and these indicators are reliably observed in them differ from the "No PTSD" group. The occurrence of these symptoms may be associated with the specifics of the disease: mutilation surgery, fear of relapse of the disease, fear of negative evaluation from others. It is possible that the presence of these particular psychopathological symptoms is associated with the development of individual signs of post-traumatic stress.

In the group of PTSD patients, compared to the other two groups, significantly higher levels of indicators of somatization, obsessive-compulsiveness, depression and psychoticism appear. It is possible that the presence of a combination of these signs in patients with breast cancer characterizes a variant of ineffective coping with the consequences of cancer and indicates the severity of the negative psychological consequences of the disease. A significant increase in the level of severity of certain psychopathological characteristics identified using the SCL-90-R in patients with high intensity post-traumatic stress reactions can be considered as a result of traumatization (since the level of severity of these symptoms is statistically significantly different compared to the "No PTSD" group). Within the framework of this work, it is impossible to determine whether these symptoms were present before the injury, since the examination was carried out once with each patient. However, even if we assume that comorbid symptoms and disorders relate to premorbidity, it is known that their presence increases the likelihood of developing PTSD and worsens the process of coping with mental trauma.

One of the most fundamental questions in all studies of post-traumatic stress in victims of various traumatic events is why some people experience post-traumatic stress reactions while others do not, i.e. how to explain the causes of this disorder, what factors predispose or contribute to its development? It is very difficult to answer this question, since the effect of many variables cannot be



controlled in one study. We tried to answer this question by analyzing the relationship of the studied signs of post-traumatic stress with socio-demographic, cognitive-personal and clinical characteristics, presumably capable of influencing the processes of coping with trauma.

Conclusions

An analysis of the literature data showed that oncological diseases have a multifactorial nature: on the one hand, psychological factors such as stress and certain personal characteristics can contribute to the onset of the disease, along with biological determinants; on the other hand, the stress that arises in connection with the disease, and the characteristics of coping with this stress, affect not only the quality of future life of patients, but can also play a certain role in the future prognosis. Cancer has a profoundly traumatic effect on any person, and the experience affects all aspects of a person's life. Changes occur in the emotional, motivational-need, value-semantic spheres, etc. A large number of studies demonstrate the prevalence of serious mental disorders and psychiatric problems in cancer patients, and this confirms that not all patients successfully overcome the stress they experience. Somatic and psychological phenomena observed in patients at different stages of the disease have been actively studied in recent decades within the framework of a relatively new interdisciplinary science - psycho-oncology. One of the promising areas of psycho-oncology is the study of post-traumatic stress that occurs in response to the traumatic impact of diagnosing a disease that threatens the patient's life. Currently, special attention of researchers is aimed at studying factors that increase the risk of post-traumatic symptoms and worsen the adaptation process. This aspect is important specifically for cancer, since until now the question of the psychosomatic nature of cancer, the role of stressful events and negative psychological state in the etiology and course of the disease has not found a clear solution; The data obtained are quite contradictory and further research in this area is needed.

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