

# Anxiety and Depression among maxillofacial cancer patients during perioperative period

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# Aim of the study

- The aim of this study was to examine changes in psychological distress, such as depression and anxiety, and quality of life (QOL) during the perioperative period in maxillofacial cancer patients undergoing surgery. We also investigated the relationship between patient's psychological distress and QOL.

- We hypothesized that perioperative psychological distress would affect QOL.
- Thus, maxillofacial cancer patients with lower psychological distress would experience better QOL compared with patients with higher psychological distress.

# Methods

- The data were obtained in Dept. of Maxillofacial surgery, Clinical Hospital, Stip. The sample consisted of forty patients diagnosed with cancer in maxillofacial region.
- The Hospital Anxiety and Depression Scale (HADS), Functional Assessment of Cancer Therapy General (FACT-G); and Head and Neck (FACT-H&N), as quality of life (QOL) surveys were administered preoperatively, after surgery, and 1 month after leaving the hospital.

# Results

- Statistically significant differences were seen in all stages of chronological progression for HADS-A (  $F=6.544$ ,  $df=2$ ,  $p<0.01$ ) and HADS-D ( $F=5.323$ ,  $df=2$ ,  $p<0.01$ ).

# Results

- Post hoc Scheffe F test were conduct :  
Pre – operation and post- discharge and post-  
operation and post-discharge HADS-A scores  
differed significantly while pre-operation and  
post-discharge HADS-D scores differed  
significantly.

# Results

- Anxiety was highest pre-operation and depression was highest post-operation, but improvements in both were seen post-discharge.
- At the pre-operation time point, anxiety and depression low-score groups had significantly high scores on Emotional well-being and Functional well-being. At the post-operation time point, anxiety and depression low-score groups had significantly high scores on all QOL subscales.

# Conclusion

- Providing psychological support while considering anxiety might be particularly useful preoperatively whereas providing psychological support while considering depression might be particularly useful postoperatively.