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Mental health in patients with head and neck cancer: literary review

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INTRODUCTION

Tumors of the head and neck region represent a diverse group of cancers including oral cavity, pharynx, larynx, nasal cavity, paranasal sinuses, and salivary gland cancer (1).

Analysis of research findings in previous research papers with focus on mental health issues among patients with head and neck cancer shows considerable levels of emotional distress.



This can be attributed to several factors:

- high rates of comorbidity with medical, psychological, and substance abuse disorders (2).
- the impact of the tumor, together with surgical, radiotherapeutic, and systemic treatments, often in combination- result in a range of functional impairments (3).
- difficulties in speech, swallowing, loss of smell and taste, hearing, and even dyspnea (4,5).
- the possibility of physical disfigurement adds a substantial psychological burden and further compromises the quality of life of the affected patients (6).

Hammermuller et al. (7) reported high symptomatic scores for depression, anxiety, and fatigue in this population, along with a lower overall quality of life.

Wu and colleagues (8) also reported a prevalence of anxiety and depression of more than 25% after a head and neck cancer diagnosis.

Suicide is not an exception: Cancer patients are at double the risk of suicide compared with the general population, whereas individuals with head and neck malignancies are 3 times more likely to commit suicide (9).

-symptoms such as fatigue, loss of appetite, and sleep disturbances (10,11,12) masking potential underlying psychiatric conditions.

-clinicians often lack sufficient time for a detailed assessment of this aspect of the illness

- various self-report questionnaires are employed to detect symptoms associated with mental disorders, following the criteria established in diagnostic manuals (19,20).

Jimenez-Labaig et al.(21) systematically researched the literature to determine meta-analytically the prevalence of psychological symptoms and/or disorders through all available clinical mental health domains in the distinct population of patients with head and neck cancer.

Moreover, it is still unclear whether the symptomatic burden observed in this population, as assessed through self-reported scales, reaches the threshold for specific psychiatric disorders.

MATERIAL AND METHODS

A literature search was carried out by authors of this paper. Web of Science database (Clarivate Analytics) was searched, incorporating the Web of Science Core Collection, the BIOSIS Citation Index, MEDLINE as well as Cochrane Central Register of Reviews, and PsycINFO databases (keywords were already explained)

Articles identified were first screened as abstracts, and after the exclusion of those that did not meet the inclusion criteria, the full texts of the remaining articles were assessed for eligibility and inclusion. The search was completed by manually searching through references of previously published systematic reviews and meta-analyses on the topic.

Inclusion criteria :

- 1) original studies with original data written in English.
- 2) prevalence about mental health outcomes included in at least 1 of the following categories: anxiety, depression, acute stress or distress, body distress, PTSD, sleep disturbances, and suicide;
- 3) using validated, structured, evaluation scales/

Exclusion criteria :

- 1) clinical cases, study protocols or qualitative studies, conferential proceedings, letters, and commentaries;
- 2) including samples already selected based on their psychological distress.

RESULTS

- Our findings and analysis from the literary review reveal that patients with head and neck cancer are particularly vulnerable to a spectrum of mental health symptoms and disorders, with great proportions of them experiencing distress, depressive symptoms, even suicide, anxiety, insomnia, posttraumatic symptoms, body distress.
- The final database for the literary review included 141 studies. A total of 62 studies focused on depression (52 on depressive symptoms and 10 on depressive disorders), 58 on anxiety (46 on anxiety symptoms and 12 on anxiety disorders), 6 on distress, 1 on body distress, 8 on insomnia (including 3 on insomnia-related symptoms and 5 on sleep disorders), and 6 on posttraumatic symptoms (3 studies) or disorders (3 studies).

DISCUSSION

The conclusions drawn from these findings are manifold.

- Evidence that head and neck cancers meaningfully impact the mental health of those affected, extending across multiple domains, as our findings point out.
- The prevalence of clinically relevant symptoms - much higher compared with the prevalence of criterion-meeting mental disorders for all the studied domains.
- Self-reported questionnaires could provide an overestimation of the actual percentage of patients with a psychiatric disorder among this population, as previous studies on this field corroborate (22).
- Specific symptoms like cognitive problems, insomnia, or anhedonia are distinct phenomena differing from each other in dimensions such as their biological mechanisms or risk factors (23).

Reporting specific symptom profiles among cancer patients, instead of disorders as dichotomic variables, could provide valuable information on their causes, their relationship with the underlying oncological process, and best ways to address them.

Systematic assessment of mental health should be an integral part of oncological care in patients with head and neck cancer, much like the assessment of pain or other physical discomfort, for which we suggest a stepped-care approach. Self-reported questionnaires can be an effective initial screening tool to identify patients with clinically significant symptoms.

Systematic screening for emotional distress in patients with some cancer types, in addition to present evidence in the early detection of mental disorders (24), promotes equal access to psychological services, in contrast with a referral system solely reliant on the initiative of doctors or patients (25).



A detailed interview to determine if they indeed present a mental disorder in which case they should be referred to the appropriate specialist for the necessary psychotherapeutic and/or pharmacological treatment at the earliest stages.

Patients who experiencing evident symptoms but who do not meet diagnostic criteria for a disorder, monitoring of symptoms is recommended.

Additionally, group CBT psychotherapeutic approaches have shown strong evidence in alleviating distress in oncologic patient samples while maintaining cost-effectiveness (26,27).

Notwithstanding all the above, future research should aim to study this subgroup of patients with subclinical mental health impairment to characterize their prognosis and trajectories, along with the effectivity of screening, preventive and therapeutic interventions.

CONCLUSIONS

This study has several important strengths:

- Represents the newest data concerning mental health outcomes in patients with head and neck cancer.
- Explores facets of mental health that have received less attention in prior literature, such as insomnia or suicide
- Categorizes the evidence into 2 important categories (symptoms and disorders)
- Patients with head and neck cancer are particularly vulnerable to a spectrum of mental health symptoms and disorders, with great proportions of them experiencing depressive symptoms, anxiety, distress, insomnia, posttraumatic symptoms, and even suicide.
- Future research should focus on longitudinal evaluations to identify screening and intervention-sensitive points and develop targeted interventions that enhance the mental health and quality of life of individuals facing head and neck cancer.

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