

## Prevalence and Associated Factors of Anxiety Disorders among Cancer Patients Presented to King Abdulaziz University Hospital - Jeddah (2014)

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### Abstract

**Background:** The prevalence of anxiety disorders among cancer patients and its associated factors in Saudi Arabia are unknown. There is a need to develop an evidence-based knowledge to help introduce interventions as untreated anxiety can lead to significant morbidity.

**Objective:** To determine the Prevalence and associated factors of anxiety disorders among cancer patients presented to king Abdulaziz university hospital - Jeddah (2014).

**Methods:** This cross-sectional study was carried out among cancer patients presented to king Abdulaziz university hospital – Jeddah.

Sample consisted of 129 cancer patients, we included (120) of them in the analysis and excluded (9) of them due to missing or incorrect data. We used Tylor scale for anxiety.

**Results:** The mean age of cancer patients was 50.98 years, SD=16.233, and median illness duration was 17 months and 19.5 days, SD=19.813.

The prevalence of anxiety among cancer patients presented to king Abdulaziz university hospital – Jeddah city was (65%). Majority of patients have moderate degree of anxiety (34.62%). Age, duration (time since diagnosis), and marital status significantly affect the prevalence of anxiety with p-value (0.024, 0.001 & 0.042) respectively. There was no significant association between anxiety and socioeconomic, sex, and educational level.

**Conclusions:** The prevalence of anxiety disorder among cancer patients attending care at king Abdulaziz university hospital was high. The majority of patients were having moderate degree anxiety. There was significant association between anxiety and cancer's duration. There was significant association between the anxiety, and patients' age and marital status, there was no significant association between the anxiety and socioeconomic, sex, and educational level. Almost all cancer types showed moderate degree of anxiety.

**Recommendations:** We recommend that all cancer patients should complete a baseline psychological screening as a part of standard cancer care, there is a need for periodic psychological assessment of cancer patients by psychiatric consultants and we recommend the Oncology Center to have a psychiatric center as a part of their facilities to help support their patients.

**Keywords:** Anxiety Disorders; Cancer Patients; King Abdulaziz University Hospital; Jeddah

### Introduction

Cancer is a life threatening condition, it is an illness with direct influence on physical, and psychosocial well-being and overall quality of life and as in all threatening situations many individuals become anxious, feel alone, fear and vulnerable. Unfortunately, that anxiety sometimes becomes a clinically debilitating condition in its own right, and cancer care professionals will often be responsible for its initial recognition and management [1].

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Cancer is more than a health condition. It is characterized by fear, stress, and uncertainty about the future and it is one of the most stressful events that a person may experience in his or her life, so understandably many cancer patients can develop anxiety, up to one third of patients within one year of diagnosis with cancer will experience psychological morbidity such as major depression, generalized anxiety disorder [19].

Other researches estimates that as many as 50% of cancer patients develop anxiety, and more are likely to suffer from various bouts of stress and anxiety during their treatment. Yet studies have also shown that anxiety can actually hinder the success of cancer treatment, and the quality of life of recovery [2].

Cancer patients may develop more than one type of anxiety; Generalized anxiety disorder is the most common, but panic disorders may also affect those with a cancer diagnosis because health problems like cancer can make a patient to be hyper-aware of how they feel, and when they pay too much attention to the sensations in their body, they increase the risk of experiencing a panic attack. In addition, severe stress can also trigger a panic attack [3].

Anxiety levels become high soon after the onset of cancer symptoms, during investigation and diagnosis, but many people adapt over time [5].

Anxiety appears to increase as illness progresses, such that more extensive disease is associated with a higher prevalence of anxiety in the majority of studies [6].

In the general population, younger women are more prone to anxiety. However, age, gender, marital status, social class and education variants are not associated with anxiety in cancer patient populations. Perhaps when the stressor is more severe, degree of susceptibility with each variant may become less important [6].

However, such co variation of anxiety and progression of disease may not be found when analysis is controlled for physical disability [7].

Anxiety certainly can cause disruption, and be detrimental to quality of life. A pattern of association between anxiety and self-reported quality of life particularly impaired social functioning, fatigue, and physical impairment has been demonstrated in cancer care [8].

Chemotherapy and radiotherapy are associated with anxiety, but the context is important. Toxicity of chemotherapy co-varies with anxiety, in a multivariate analysis controlled for progression of disease and performance status [7].

The aim of our research is to help those involved in cancer patient care, who are not specialists in mental health, to understand the nature of anxiety, and discriminate morbid from normal anxiety.

### **Research Questions**

- 1- What are the prevalence and degree of anxiety disorders among cancer patients presented to king Abdulaziz university hospital – Jeddah city?
- 2- Is there an association between the socio-demographic variables (age, gender, level of education, and socioeconomic status) and anxiety?
- 3- Is there an association between the medical variables (Type of cancer and duration of disease at time of presentation) and anxiety?

### **Objectives**

#### **General objective**

To determine the Prevalence and associated factors of anxiety disorders among cancer patients presented to king abdulaziz university hospital - Jeddah city (2014).

### **Specific objectives**

- 1- To Recognize the grade of anxiety disorders among cancer patients presented to king abdulaziz university hospital - Jeddah city.
- 2- To assess the association between the medical variables (Type of cancer and time since the diagnosis has made) and anxiety.
- 3- To assess the association between the socio-demographic variables (age, gender, level of education, and socioeconomic status) and anxiety.

### **Methodology**

#### **Study design, area and time**

A cross-sectional study conducted at the king abdulaziz university hospital – Jeddah city (Makkah Almurramah Province, Saudi Arabia) during the period from 2/3/2014 to 2/4/2014.

#### **Study population**

The study included both adult male and female patients (over 18 years of age) undergoing chemotherapy at king abdulaziz university hospital - Jeddah city during the period from 2/3/2014 to 2/4/2014.

The list of all targeted patients was obtained from the registration department of king abdulaziz university hospital.

#### **Data collection tools and analysis**

The data was collected by interviewing patients using structured questionnaire containing personal data (sex, age, marital state, educational level, socioeconomic state), and some medical variables such as type of cancer and time since diagnosis.

According to a study conducted in USA [9] among patients with anxiety, firstly diagnosed by psychiatric clinical interview, then by different types of questionnaires (HADS-A, HADS-D, GAI, and GDS-SF) the results were:

“all measures were able to distinguish those with index disorders from those without. HADS-A displayed sensitivity 91% specificity 70%. HADS-D displayed sensitivity 82% specificity 83%. GAI displayed sensitivity 91% specificity 65%. ....” [9].

We used Taylor scale for anxiety, which is a modified HADS-A questionnaire (scale containing 30 questions, with yes or no answers .And every yes answer means one degree in the scale), The scale divided into 5 categories as follow:

\*0-9 free from anxiety. \*10-12 mild anxiety.

\*13-16 moderate anxiety. \*17-19 severe anxiety.

\*20-30 very sever anxiety.

Finely, the data was analyzed by using a computer program (SPSS) version 19.

#### **Ethical consideration**

We obtained this study’s approval from the department of community medicine, college of medicine, king abdulaziz University. The research processes including patients registry and data collection were facilitated by registration department of king abdulaziz university hospital, Jeddah city. Objectives of the study were clarified for the participants.

We ensured to those who agreed to participate in our study that their information will be kept in a strictest confidence and will only be used for benefit of the community.

### **Results**

The overall response rate to the questionnaires was 93% (120 out of 129 questionnaires) while the remaining (9 questionnaires) were excluded from analysis either due to incorrect, missing data or was under the required age. The mean age of patients was 50.98 and SD = 16.233, as shown in (Table 1). Also showed that the overall prevalence of the anxiety among all types of cancer was 65% (Figure 1). The

highest prevalence of the anxiety was among the age group between 36-50 years, it was 70.73%, and lowest prevalence was among the age group above 50 years, it was 60.35%, as shown in (Table 1).

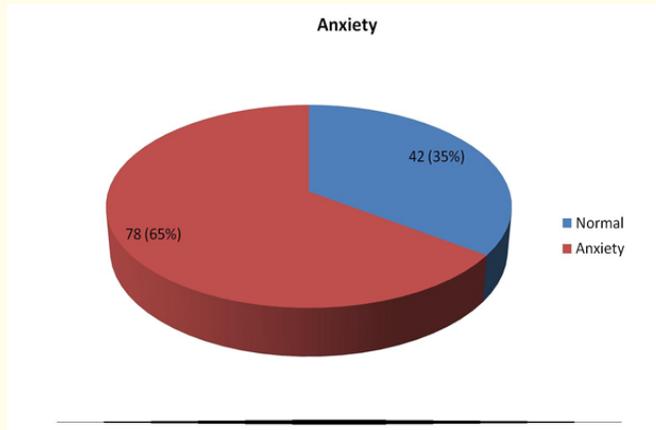


Figure 1: Distribution of anxiety in the respondents attending chemotherapy at kingabdulaziz university hospital – Jeddah city.

Variable		Anxiety Number	Normal Number	Anxiety Percent	Normal Percent	Total
Age	18 – 35 Years	14	7	66.7%	33.3%	21 (17.50%)
	36 – 50 Years	29	12	70.73%	29.27%	41 (34.17%)
	51 years &↑	35	23	60.35%	39.65%	58 (48.33%)
	Total	78	42	65%	35%	120 (100%)
Mean ± SD		50.98 <sup>^</sup> ±16.233				

Table 1: Distribution of age of respondents in-relation to present of anxiety or not among patients attending chemotherapy at king abdulaziz university hospital.

<sup>^</sup> = Years, SD = Standard deviation.

The overall prevalence is 65%

Regarding the gender of the respondents 55 (45.8%) of them were male, while the remaining were female 65 (54.2%) (Figure 2).

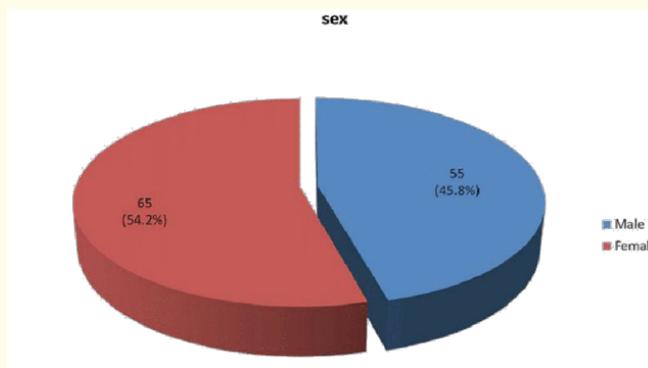


Figure 2: Distribution of respondents' sex among patients attending chemotherapy at king abdulaziz university hospital – Jeddah city.

Regarding the marital status of respondents 93 (77.5%) of them were married, 11 (9.2%) were single, 11 (9.2%) were widow, and only 5 (4.2%) of them were divorced (Figure 3). Regarding the education level of respondents most of them 63 (52.5%) were illiterate, while 35 (29.2%) of them were having primary school degree, and 20 (16.7%) of the patients were having secondary school degree, only 2 (1.7%) patients were having university degree (Figure 4).

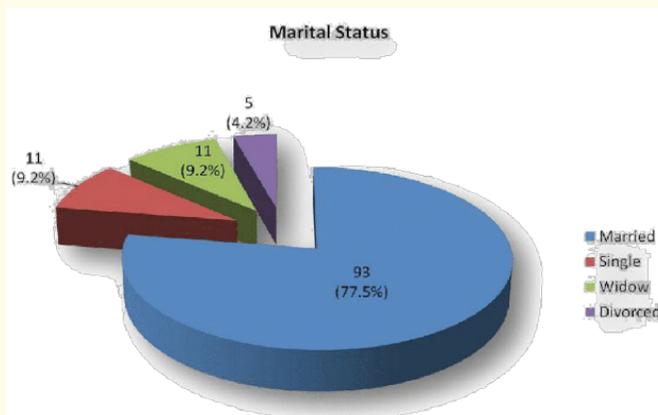


Figure 3: Distribution of Marital Status of respondents attending chemotherapy at king abdulaziz university hospital – Jeddah city.

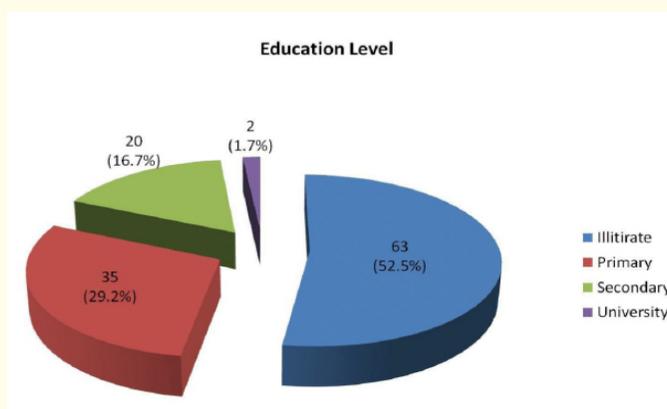


Figure 4: Distribution of educational level of respondents attending chemotherapy at king abdulaziz university hospital – Jeddah city.

Regarding the socioeconomic status of the respondents the majority of them 56 (46.7%) were middle class, and 49 (40.8%) of them were poor, while the all rest 15 (12.5%) patients were rich (Figure 5).

Regarding the tumor's type among the patients, the common three types were: breast cancer, Hodgkin lymphoma, and uterine cancer 27 (22.5%), 14 (11.67%), and 10 (8.3%) respectively, while the lower types were: esophageal cancer, renal cancer, hepatic cancer, pharyngeal cancer, and non-Hodgkin lymphoma each one was 3 (2.5%) (Figure 6).

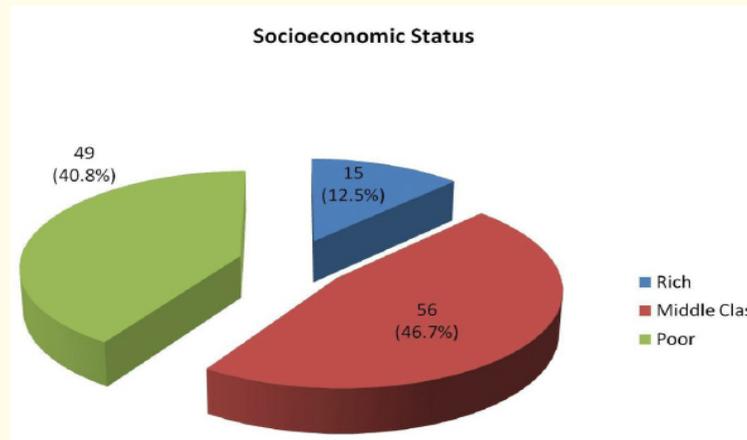


Figure 5: Distribution of socioeconomic status of respondents attending chemotherapy at king abdulaziz university hospital – Jeddah city.

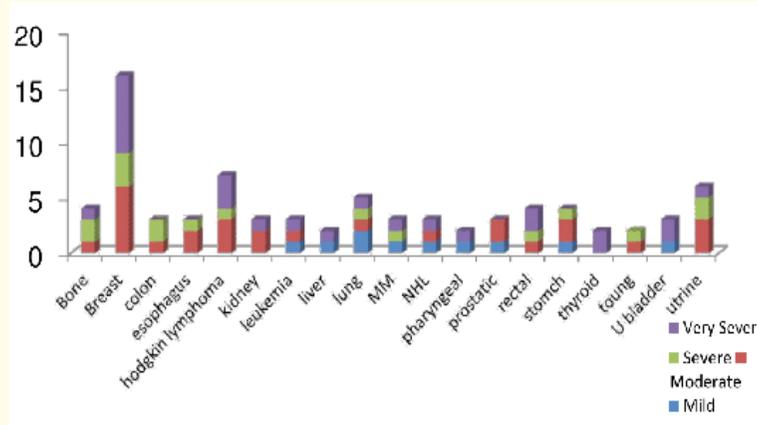


Figure 6: Distribution of respondent's cancer types and their relation to the grade of anxiety.

In resemblance to other researches we categorized the duration of cancer to four categories to make the comparison between the age groups easy, the age groups were: 6 months or less, 7 to 12 months, 13 to 24 months, and more than 24 months (Table 2).

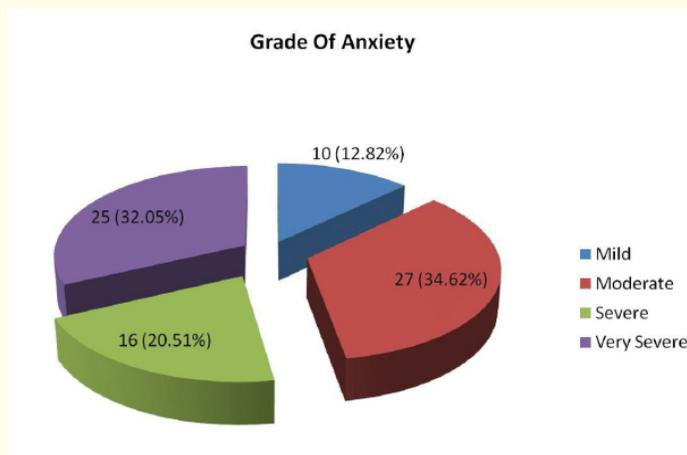
Variable		Anxiety Number	Normal Number	Anxiety Percent	Normal Percent	Total
Duration	6 months & ↓	28	21	57.14%	42.86%	49 (40.83%)
	7 – 12 months	6	14	30%	70%	20 (16.67%)
	13 – 24 months	22	2	91.67%	8.33%	24 (20%)
	25 months & ↑	22	5	81.48%	18.52%	27(22.5%)
	Total	78	42	65%	35%	120 (100%)
<b>Mean ± SD</b>		17.65 <sup>^</sup> ±19.813				

Table 2: Distribution of cancer's duration in-relation to presence of anxiety or not among patients attending chemotherapy at king abdulaziz university hospital.

<sup>^</sup> = months, SD = Standard deviation

As you can see clearly, the results proved that anxiety was highly prevalent among patients who had the cancer for around 13-24 months (Table 2) as it was 91.67%, and least prevalent among the patients who had the cancer for around 7-12 months, as it was 30%. The mean duration of the cancers was 17 months and 19.5 days and SD = 19.813 (Table 2).

We can notice from (Figure 7) that the most common form of the anxiety is the moderate form (34.2%), followed by the very severe form of anxiety (32.05%), while the lowest is the mild form of anxiety (12.82%).



**Figure 7:** Distribution of anxiety grades in respondents attending chemotherapy at king abdulaziz university hospital – Jeddah city.

T-Test was used to investigate the respondents’ age in-relation to respondents’ state of presence of anxiety or not, as a result we found the P-value = 0.024 and result of T-test = 2.29, as shown in (Table 3).

Anxiety		Mean ± SD	t	df	p-value
Age	Anxiety	48.54 ± 14.8	2.29	118	0.024*
	Normal	55.52 ± 17.91			

**Table 3:** Comparison of the respondents’ state of presence anxiety or not in-relation to their age using T-Test.

\* = significant, df = degree of freedom, SD = Standard deviation.

Another T-Test was used to investigate the respondents’ duration in-relation to respondents’ presence of anxiety or not, as a result we found the P-value = 0.001 and result of T-test = 3.34, as shown in (Table 4).

Anxiety		Mean ± SD	t	df	p-value
Duration	Anxiety	21.91 ± 22.09	3.34	118	0.001*
	Normal	9.74 ± 11.16			

**Table 4:** Comparison of the respondents’ state of presence anxiety or not in-relation to their cancers duration using T-Test.

\* = significant, df = degree of freedom, SD = Standard deviation.

As you can see, Chi- Square test was used to investigate the association between categorical variables (which were marital status, sex, education, socioeconomic status, and cancer type) in regarding to the presence of anxiety or not in those patients.

For marital status regarding to anxiety the Chi- Square test resulted in (P-Value= 0.042), as shown in (Table 5). For respondents’ sex regarding to anxiety the test resulted in (P-Value = 0.212), as shown in (Table 6). For respondents’ education regarding to anxiety the test

came up with (P-Value = 0.641), as shown in (Table 7). For respondents' socioeconomic status regarding to anxiety the result of test was (P-Value = 0.471), as shown in (Table 8). Lastly For respondents' cancer type regarding to anxiety the result of test was (P-Value = 0.042), as shown in (Table 9).

Variable		Anxiety	Normal	X <sup>2</sup>	p-value
Marital Status	Married	57 (61.29%)	36 (38.71%)	8.223	0.042*
	Single	10 (90.91%)	1 (9.09%)		
	Widow	5 (45.45%)	6 (54.54%)		
	Divorced	5 (100%)	0 (0%)		
	Total	78(65%)	42 (35%)		

**Table 5:** Comparison of the respondents' state of anxiety or not in-relation to their marital status using Chi-Square Test.

\*=significant; X<sup>2</sup> = Chi-Square test.

Variable		Anxiety	Normal	X <sup>2</sup>	p-value
Sex	Male	39 (71.43%)	16 (28.57%)	1.558	0.212
	Female	39 (60.71%)	26 (39.29%)		
	Total	78(65%)	42 (35%)		

**Table 6:** Comparison of the respondents' state of anxiety or not in-relation to their sex using Chi-Square Test.

X<sup>2</sup> = Chi-Square test

Variable		Anxiety	Normal	X <sup>2</sup>	p-value
Education	Illiterate	41 (65.08%)	22 (34.92%)	1.681	0.641
	Primary	21 (60%)	14 (40%)		
	Secondary	14 (70%)	6 (30%)		
	University	2 (100%)	0 (0%)		
	Total	78(65%)	42 (35%)		

**Table 7:** Comparison of the respondents' state of anxiety or not in-relation to their educational level using Chi-Square Test.

X<sup>2</sup> = Chi-Square test

Variable		Anxiety	Normal	X <sup>2</sup>	p-value
Socioeconomic status	Poor	35 (71.43%)	14 (28.57%)	1.507	0.471
	Middle Class	34 (60.71%)	22 (39.29%)		
	Rich	9 (60%)	6 (40%)		
	Total	78(65%)	42 (35%)		

**Table 8:** Comparison of the respondents' state of anxiety or not in-relation to their socioeconomic status using Chi-Square Test.

X<sup>2</sup> = Chi-Square test

Variable		Anxiety	Normal	X <sup>2</sup>	p-value
Tumor Type	Bone	4 (66.7%)	2 (33.3%)	13.053	0.875
	Breast	16 (59.26%)	11 (40.74%)		
	Colon	3 (75%)	1 (25%)		
	Esophagus	3 (100%)	0 (0%)		
	HL	7 (50%)	7 (50%)		
	kidney	3 (100%)	0 (0%)		
	leukemia	3 (50%)	3 (50%)		
	liver	2 (66.7%)	1 (33.3%)		
	Lung	5 (71.43%)	2 (28.57%)		
	MM	3 (100%)	0 (0%)		
	NHL	3 (100%)	0 (0%)		
	pharynx	2 (66.7%)	1 (33.3%)		
	prostatic	3 (60%)	2 (40%)		
	rectal	4 (66.7%)	2 (33.3%)		
	stomach	4 (100%)	0 (0%)		
	Thyroid	2 (50%)	2 (50%)		
	tongue	2 (50%)	2 (50%)		
	UB	3 (60%)	2 (40%)		
	uterine	6 (60%)	4 (40%)		
Total	78 (65%)	42 (35%)			

**Table 9:** Comparison of the respondents' state of anxiety or not in-relation to their cancer types using Chi-Square Test.

HL: Hodgkin lymphoma; MM: multiple myeloma; NHL: Non-Hodgkin lymphoma; UB: Urinary bladder; X<sup>2</sup> = Chi-Square test

## Discussion

The study focused on a from four aspects of anxiety: it's prevalence, it's grades, it's relation to medical variables, and it's relation to socio-demographic variables. So, we are going to categorize the discussion into these aspects.

The main finding of this study is the high prevalence of anxiety among cancer patients (65.0%) as compared to other studies. In our study, 65% patients with cancer had anxiety. This is slightly higher than study conducted earlier (2007) in Iran showing rate of 57% for anxiety [10]. However, the findings are comparable to a recent (2010) study from Pakistan reporting prevalence rates of 66% among cancer patients for anxiety [11]. This could be explained by different explanations: first explanation could be that most of the studies on prevalence of anxiety among cancer patients are from developed countries which have low prevalence of mental health problems as compared to developing countries [12], other developing countries came with similar result like Pakistan [11] and Iran [10]. A second explanation could be that all the participants in our study were undergo chemotherapy which is established risk factors for anxiety and psychiatric morbidity [13].

The most grade of anxiety in the patients was moderate type (34.62%). Other studies also confirmed our results UK (2013) and Iran (2013) [14,15]. This shows that cancer makes most of the patients moderately anxious and this should be taken into consideration in health policies.

There was no statistically significant relationship between anxiety and cancer type (p-value = 0.875) in the present study. Other meta-analysis of more than 50 studies (1997) showed that there were significant differences among groups with regards to type of cancer and

cancer duration [13]. We, however, did not find any significant effect of cancer type but we find significant differences with regards to cancer duration (p-value = 0.001) on predisposition to anxiety toward patients with more than one year cancer duration. Our result was consistent with the Pakistani study (2010) on significant of cancer's duration on predisposition to anxiety toward patients with more than 6 months cancer duration [11].

There was no statistically significant relationship between anxiety and gender, and anxiety and the socioeconomic status in the present study. Other studies also confirmed our results Pakistan (2010) [11]. Also, there was no statistically significant relationship between anxiety and educational level in the present study, which was not consistent with most of the other studies, but as we can see, there were 2 educated persons with university degree in our patients sample and 20 persons with secondary school degree which were the lowest two percentages while all others were illiterate or at primary school level, we, however, assume that the relationship between anxiety and educational level was not measured appropriately in our study.

In our cross-sectional study, a significant association (p-value = 0.024) was observed between anxiety and patients of age 18 up to 50 years having a higher likelihood of suffering from anxiety. we have seen that with increasing age of the patient the level of anxiety decreases. 62 (51.67%) of the study subjects were from the age group of 18 – 50 years. 43 (69.36%) subjects of them were having anxiety. This is in agreement with previous study from Pakistan (2008) [16] conducted in Lahore demonstrating that younger people up to 40 years are more prone to psychological distress when suffering from cancer and with other Studies [10,17,18].

There was statistically significant relationship between anxiety and marital status (p-value = 0.042) in the present study. The significant change was toward single and divorced patients, in expense of married and widow patients. Other studies show no statistical significant [10,11,14,15].

### **Limitation**

Firstly, Due to time and resource limitation, the study has been conducted only in chemotherapy's patients (cancer's patients undergone surgery or other types of treatment: radiotherapy, concomitant treatment, not included in the study) and hence it may be not a representation of all cancer patients.

Secondly, the study also has certain limitation represented in the use of self-reported questionnaires instead of psychiatric diagnostic interview and unavailability of psychiatric specialist or consultants.

Thirdly, there might be errors in the questionnaire stage. Different students tend to phrase questions differently which may influence the patient answers. Students may be forced to explain, elaborate and rephrase the questions so the patients can understand, thus might unintentionally direct the patients to specific answers.

### **Conclusions**

The prevalence of anxiety disorder among cancer patients presented to king abdulaziz university hospital was high.

1. The majority of patients were having a moderate grade of anxiety.
2. There was significant association between anxiety and duration of cancer.
3. There was significant association between the anxiety and age of the patients,
4. There was significant association between the anxiety and marital state.
5. There was no significant association between the anxiety and socioeconomic, sex, and educational level.
6. Almost all cancer types showed moderate grade of anxiety. the most frequent type in our study was breast cancer and the least type is tongue cancer.

### Recommendations

Based on the result of our study, the following recommendations were made:

1. We recommend that all cancer patients should complete a baseline psychological screening as a part of standard cancer care.
2. There is need for periodic psychological assessment of cancer patients by psychiatric consultants.
3. Achievement of psychological awareness of cancer patients and their family to decrease the risk of anxiety development,
4. 4-There is a need for these patients to be seen regularly by psychiatric doctors so we recommend king abdulaziz university hospital to facilitate a psychiatric interview to help support their patients.

### Questionnaire about the prevalence of anxiety disorders

Dear patient:

We are fifth year medical students, Faculty of Medicine and Health Sciences king Abdulaziz University. We are conducting a research on the “prevalence of anxiety disorders among cancer patients presented to king abdulaziz university hospital - Jeddah city,” please check out the answers of these questions, and the answers will take us very far in the search result, note that the information will be kept strictly confidential and will be used for scientific purposes, and you have complete freedom in the non-acceptance to answer any questions.

Our sincere thanks and appreciation.....

\*Personal Information:

Sex: ..... Age: ..... Marital status: .....

Educational level: ..... Socioeconomic state: .....

Type of cancer: ..... Time since diagnosis: .....

N	Question	Yes	No
1	Is your sleep disturbed and not continued?		
2	Do you have great fears compared to your friends?		
3	Have you had periods in which you lost sleep over worry?		
4	Do you complain of severe diarrhea or constipation?		
5	Do you see yourself lacking self confidence?		
6	Do you have uncomfortable feelings in your stomach?		
7	Do you blush from yourself or from others?		
8	Do you feel anxious about work or money?		
9	Do you complain form nausea?		
10	Do you feel hungry almost all the time?		
11	Do you feel unhappy all the time and you wish to be as happy as others.		
12	Did you frequently notice hands shaking when you try to do something?		
13	Do you feel worried beyond reason over small things?		

## **Bibliography**

1. Aass N., *et al.* "Prevalence of anxiety and depression among cancer patients seen at the Norwegian Radium Hospital". *European Journal of Cancer* 33.10 (1997): 1597-1604.
2. Sheard T and Peter Maguire. "The effect of psychological interventions on anxiety and depression in cancer patients: results of two meta-analyses". *British Journal of Cancer* 80.11 (1999): 1770-1780.
3. Osborn Robyn L., *et al.* "Psychosocial interventions for depression, anxiety, and quality of life in cancer survivors: meta-analyses". *The International Journal of Psychiatry in Medicine* 36.1 (2006): 13-34.
4. Mogg K., *et al.* "Attentional bias in anxiety and depression - the role of awareness". *British Journal of Clinical Psychology* 34.1 (1995): 17-36.
5. Fallowfield L. "Truth sometimes hurts but deceit hurts more". *Annals of the New York Academy of Sciences* 809 (1997): 525-536.
6. Noyes RJ., *et al.* "Anxiety disorders". In Psycho-oncology Holland JC (ed). *New York: Oxford University Press* (1998): 548-563.
7. Schag CA and Heinrich RL. "Anxiety in medical situations: adult cancer patients". *Journal of Clinical Psychology* 45.1 (1989): 20-27.
8. Jenkins R., *et al.* "British psychiatric morbidity survey". *British Journal of Psychiatry* 173 (1998): 4-7.
9. Hanlon Blair. "Self report questionnaire assessment of anxiety and depression amongst stroke patients in rehabilitation settings". D Clin Psy thesis, University of Glasgow (2010).
10. Tavoli A., *et al.* "Anxiety and depression in patients with gastrointestinal cancer: does knowledge of cancer diagnosis matter?" *BMC Gastroenterology* 7 (2007): 28.
11. Jadoon Nauman., *et al.* "Assessment of depression and anxiety in adult cancer outpatients: a cross-sectional study". *BMC Cancer* 10 (2010): 594.
12. Demyttenaere K, *et al.* "Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys". *Journal of the American Medical Association* 291.21 (2004): 2581-2590.
13. Van't Spijker A., *et al.* "Psychological sequelae of cancer diagnosis: a meta-analytical review of 58 studies after 1980". *Psychosomatic Medicine* 59.3 (1997): 280-293.
14. Davey CJ., *et al.* "Levels of State and Trait Anxiety in Patients Referred to Ophthalmology by Primary Care Clinicians: A Cross Sectional Study". *PLoS ONE* 8.6 (2013): e65708.
15. Khamechian Tahere and Mazoochi Tahere. "Prevalence of Trait Anxiety in Patients with Cancer". *World Journal of Medical Sciences* 9.3 (2013): 153-156.
16. Muhammad Umair. "Frequency of Depression and Anxiety among cancer patients and their determinants - a study at Oncology Units of Public and Private Sector, Tertiary Care, Hospitals of District Lahore, Pakistan (2008).
17. Redeker NS., *et al.* "Insomnia, fatigue, anxiety, depression, and quality of life of cancer patients undergoing chemotherapy". *Scholarly Inquiry for Nursing Practice* 14.4 (2000): 275-290.

18. Matsushita T, *et al.* "Psychological state, quality of life, and coping style in patients with digestive cancer". *General Hospital Psychiatry* 27.2 (2005): 125-132.
19. Maguire P. "Psychological aspects". In: ABC of Breast Diseases (ed. Dixon M.). BMJ Books, London, UK (2000): 1649-1652.

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