Disfigurement perception, Quality of Life, and Mental Health in the Post-treatment Head and Neck Cancer Patient

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ABSTRACT

Head and neck cancer and its treatment presents many challenges to the patients. In addition to the uncertainty of survival, patients with head and neck cancer undergoing major surgery have to cope with permanent disfigurement and impairment in complex major body functions (speech, breathing, swallowing) and potentially all senses (vision, hearing, taste, olfaction and sensation). Because head and neck cancer is highly related to tobacco and alcohol use, patients suffer increased anxiety of withdrawal states as well as increased pain and depression related to feelings of guilt. While most papers in the literature on head and neck cancer focus on cancer treatment outcome (survival, recurrence, etc), fewer studies have been done addressing function after head and neck cancer treatment. Research and publications on the mental health aspect of this disease and treatment are very limited. Yet available data shows that incidence of depression in patients with head and neck cancer can be as high as 50%. Depression is multifactorial, with a major reason being the location of the disease and predictive factors have been identified and suspected. Those include social and emotional support, personality, avoidant style of coping, female gender in addition to advanced stage and history of depression. In this study we examine the relationships between quality of life, mental health, observer rated disfigurement, and patient measure of body apperception.

INTRODUCTION

Objectives: Evaluate the relationship of body image perception, disfigurement, and anxiety/depression with quality of life one year after treatment in head & neck cancer patients.

Study Design: Cross-sectional study, Academic, tertiary referral center.

Methods: One-hundred and fifty (n=150) patients with a diagnosis of head & neck cancer at least one year status post completion of definitive therapy completed a series of patient administered intake questionnaires (demographic/medical history/cancer variables, Functional Assessment of Cancer Therapy [FACT, FACT-HN], Washington Quality of Life Survey, Hospital Anxiety and Depression Survey [HADS], and measure of body apperception [MBA]). A single physician completed an observer-rated disfigurement scale for all patients at the time of enrollment.

Methods: Patients reporting scores for body integrity and appearance reported both lower quality of life (p=0.0001) and higher anxiety/depression scores (p=0.0001). This correlation was noted to be strongest in Hispanics. Patients treated with surgery had higher anxiety/depression scores than nonsurgical therapy. Patients with the highest anxiety/depression scores did not correlate to the highest physician-rated disfigurement scores.

Conclusions: One year post cancer treatment, patients who place greater value on body image/appearance and a sense of body integrity are noted to have lower quality of life scores and increased levels of anxiety/depression. The most anxious/depressed patients in this group were not the most physically disfigured, but placed high emphasis on importance of body integrity/appearance. Therefore a high index of suspicion needs to remain for all post treatment head and neck patients, not only the most physically disfigured.

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RESULTS

Population distribution: Gender distribution (69% male, 31% female). Race distribution (61% Caucasian, 33% Hispanic, African American 3%, Haitian 2%) – see figure 1,2. Mean population age 63.5 years (range 20-89). Treatment group distribution (77% surgical, 23% nonsurgical).

Observer disfigurement scores: The majority of patients with increased observer disfigurement scores were in the surgical group. Higher observer disfigurement scores correlated to higher anxiety (p=0.004) & depression (p=0.0001) scores, as well as lower quality of life scores (p=0.0001).

Quality of life scores: When considering quality of life scores, patients with lower scores tended to have both higher anxiety (p=0.0001) and depression (p=0.0001). Overall, causation quality of life scores were noted to average higher than African Americans and Hispanics.

Body perception scores: Patients with higher scores tended to have lower quality of life scores (p=0.0001), higher anxiety (p=0.0001) and depression (p=0.0001). Body perception scores tended to be roughly equal between men and women. When comparing race, Hispanics had a non-significant trend towards increased body perception scores.

DISCUSSION

• Fifteen to fifty percent of head and neck cancer patients develop depression, placing them among the highest rates of major depressive disorders. Yet clinicians typically only successfully identify one third of patients with severe mental distress. Mental health has been recognized as important outcome variable as it relates to treatment of head and neck cancer more than 20 years ago. The emotional impact of post operative disfigurement and dysfunction is recognized as a critical factor in physical and psychosocial rehabilitation of head and neck cancer patients.

• We note that one year post cancer treatment, patients who place greater value on personal appearance and a sense of body integrity are noted to have lower quality of life scores and increased levels of anxiety/depression. Interestingly, the most anxious/depressed patients in this group were not the most physically disfigured, but placed high emphasis on importance of body integrity/appearance.

• In the past, findings regarding the impact of disfigurement on quality of life in head and neck cancer patients have been inconclusive. There is minimal data regarding quality of life and disfigurement perception because previous studies have not noted that physicians perceive lack of proven clinical usefulness. As a result, there is a gap between patient’s and clinician’s perception regarding routine assessment of mental health and quality of life measurements. Although cancer surgery itself may not be compromised to account for differences in disfigurement perception, early mental health intervention may have a major role and significant impact on quality of life by enhanced adaptation.

• This cross-sectional observational study is intended to generate pilot data in anticipation of a prospective study to further explore prognostic indicators for adverse mental health outcomes in newly diagnosed head and neck cancer patients. Early identification of these factors as well as early mental health intervention will likely improve the patient’s quality of life.

CONCLUSIONS

• Patients with higher scores for body apperception reported both lower quality of life and higher anxiety/depression scores. This correlation was noted to be strongest in Hispanics.

• Patients treated with surgery had higher anxiety/depression scores than nonsurgical therapy. Patients with the highest anxiety/depression scores did not correlate to the highest physician-rated disfigurement scores.

• As a result, a high index of suspicion for adverse mental health outcomes needs to remain for all post-treatment head and neck patients, not only the most physically disfigured.

REFERENCES


