

GENDER WISE EFFECT OF PAIN MANAGEMENT ON DEPRESSION AND ANXIETY OF CANCER PATIENTS & THEIR CAREGIVER'S

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Abstract

Depression and anxiety can have profound negative effects on functional status, quality of life, length of hospitalization, and even medical outcomes of cancer patients, assessment and treatment of these disorders are important.

Procedure

Multiple regression is used for 80 samples of cancer patients And 80 another of caregivers of cancer patients. We used path analysis, with multiple regressions. They came to the hospitals and checked up in OPD, a descriptive study to assess the prevalence of anxiety and depression in cancer patients. The data has been compiled from cancer patients and their caregivers too, from cancer wards of various hospitals. It collects total 160 data in a random purposive manner of both sample area. The researcher visited the hospital then before conducting the study, the consent was taken from the cancer patient. The sample was chosen to fulfil the purpose of the study. The researcher then provided the questionnaire to the sample and they filled up the questionnaire with the responses. They were not forced to give any responses and the reports were kept as confidential.

Conclusion

From the present research, we can say that the barrier to pain management of a cancer patient reflects a positive effect on anxiety, that is, pain control can be strengthened by reducing barriers to pain management, which also reduces anxiety. Age or gender had no relationship with depression. The type of reflux, duration of treatment and treatment modality were not correlated with the prevalence of depression and anxiety.

Discussion

Considering the relatively high prevalence of anxiety and depression in cancer patients, careful attention should be paid to the diagnosis and treatment of these diseases. Research is urgently needed into the possible impacts of long-term and late effects of cancer treatment on mental health and how these may be prevented, as increasing numbers of people live with and beyond cancer. The Anxiety and Depression Scale of cancer patients is a useful tool to investigate these problems of cancer patients. This research was done to assess the prevalence of their anxiety and depression.

Keywords: Depression, Anxiety, Cancer, Prevalence

Introduction

All cancers are the same but they are similar in a specific way. According to the World Health Organization, cancer is now the leading cause of death worldwide after heart disease. Statistics of National Cancer Registry in India show that 14.5 lakh new cases of cancer are being produced every year. More than 30 lakh people have been found to be suffering from cancer and more than 6 lakh 80 thousand deaths are due to cancer. Life can be saved when

the cancer is detected in the initial stage, but only 12.5% of Indians are those who are able to take the treatment in the initial stage.

Cancer

The most common cancer in men worldwide is lung cancer followed by prostate, cholesterol or rectal, stomach or liver cancer and the most common cancer in women is breast cancer, followed by cholesterol cancer, or rectal cancer, lung, gastric, ovary and oral cancers. According to B. Jacobson, (2012), The relationship of cancer can vary according to the geographical area of the person, prevailing social customs and socioeconomic status,. For example, oral cancer is common in the Indian subcontinent and is not common in Western countries, mainly because of its excessive consumption of tobacco chewable forms in or with gutka, pan masala, pan, khaini, betel nut, etc. Mouth and throat cancers are mainly due to this. Similarly, poor and low socio-economic level women have cervical cancer due to lack of complete knowledge and adherence to public hygiene, which is a common practice. Similarly, if we look at it, it is known that colorectal cancers are caused by high frequency, that is, people whose food contains less fibre and more fast food are more likely to be feared. WHO has attributed tobacco to cancer deaths? This is the most important cause of lung cancer is smoking among people who smoke cigarette cigar etc. More likely tobacco contains four thousand types of chemicals out of which 200 types of chemicals are harmful to the human body. Also, 70 different chemicals are found to be carcinogenic. Only smoking is the main cause of 15 types of cancer. E-cigarette trends have also found specific nitrogen salts and other harmful chemicals found in its smoke. As a result, the nicotine found in it is also highly intoxicating and carcinogenic. Similarly, consumption of alcohol is responsible for cancer as much as tobacco, despite being harmful.

If both are taken together then that person develops a very high risk of cancer himself. Besides, pollution betel nut, obesity, biological agents etc. are also responsible for different types of cancer, to identify the disease. Screening is done to show whether the disease has symptoms or whether the symptoms are still in the advanced stage. Early detection of cancer can provide adequate control over it. Screening helps in early detection and diagnosis of many cancers. Screening is a useful tool in the detection of breast, cervical, oral, cavity, and colon, rectal cancers. Breast cancer is routinely screened with mammography. It is similar to an X-ray image. Cervical cancer is examined with a pap smear test. In typical cancers, white or red patches are visible in the wound area. The apprehension increases. It is identified by biopsy.

Symptoms of depression in cancer patients and their caregivers

In cancer patients and their caregivers, if the stress starts moving towards depression, then its symptoms are visible for more than two weeks. Feeling worthless and helpless

Feeling restless or irritable, frequent thoughts of suicide or death, distance from social life, distance from family or friends, excessive use of alcohol or drugs, all these are the main symptoms of depression which can be seen in cancer patients. And are also found in their caregiver.

Symptoms of anxiety in cancer patients and their caregivers

Cancer patients have anxious feelings even when they do not want to be confirmed with cancer, due to which they keep feeling restless and nervous. Until these worrying feelings go away, it becomes difficult to cope with daily life with anxiety. Emotions cannot be controlled easily when there is anxiety. Fear in anxiety disorder, according to Neidzweis (2019) In anxiety disorder, the fear or anxiety does not go away, but becomes more and more with time. Seeing the concern about his disease, the carer of a cancer patient also has a feeling of

worry automatically, in which the person usually has fear and restlessness, inability to feel happiness, Irritability is found. According to Jedoon (2010) anxiety disorder is characterized by a feeling of fear that is sometimes more and sometimes less. Form and it is usually stronger than the feeling of tension in which the person unconsciously succumbs to it.

The Challenges of Cancer Patient

Pain

Every cancer survivor does not have pain, according to the World Health Organization, pain is found in about 67–72 per cent of cancer patients. According to Shute (2013) & Van and others (2016), most people have pain after surgery how much pain a person experience depends on the extent of surgery on which part of the body the surgery has been performed . According to J. Marric (2013), many times infection can also occur at the surgery site, so instructions from doctors and nurses should be followed to avoid pain and adequate pain management as unmanaged pain has adverse physical and psychological effects. Deglobecki (2015) says that a cancer diagnosis greatly influences the feelings of patients, families and caregivers.

Therefore, we can finally say that carers take effective care without compromising their own health and well-being. By L.L. Narthos (2012), Physical, social, economic, and psychological effects on the patient as a result of pain due to adequate treatment is put multidisciplinary initiatives for **pain management**, dissemination of community-based information, education and awareness programs can change the way treatment of pain is made more effective According to Zuccaro (2012), Depression, anxiety and fear due to cancer are very common, which increase pain and decrease patient confidence and self-esteem. Jean C.Y. (2017), & Alex (2011) found their review, Depression increases the risk of both pain and the risk of cancer from anxiety and fear Most patients have been found to suffer from depression, anxiety and fear due to the presence of a rural environment and conservative. (K. Tasaras 2018).

Treatment

Surgery for treatment, cryosurgery, in which liquid nitrogen gas or cold gas is used for treatment. Laser, in which a powerful beam of light is used. According to Allie Day (2017) along with this, the main challenge in cancer patients is the lack of facilities along with the cost of treatment. They have to face the challenges at the expense of insurance and medicines.

Radiation treatment

Radiation treatment - Radiation therapy is a type of cancer treatment that is used in 60% of cancer cases. Uses high doses of radiation to kill cancer cells and reduce tumours. According to R. Bhaskar (2012), G. Mohan (2019), Radiation therapy may need to be taken from 1 day to 1 month or even several weeks. Radiation therapy can be done depending on the type of cancer, tumour size, tumour location of the patient, depends on the patient's general health, medical history, age and other medical conditions, as well as chemotherapy.

Chemotherapy

Chemotherapy is able to slow down or stop the growth of cancer cells. This treatment uses drugs to kill cancer cells. Kimo is a type of injection, whereby the drug is injected into the body. This drug is not given directly and mixed with a bottle of glucose.

It eliminates tumours by shrinking cancer cells. The dependence of all these treatments depends on which cancer the patient has, where he is, how much he has spread and which

parts are affected, etc. Side effects of chemotherapy, vomiting or nausea, Hair of the head and other parts of the body - such as hair fall, etc., are included. By Nurgali (2018), Apart from this, there are many therapies like - immune therapy and targeted therapy are also effective for cancer prevention. According to H.K. Chan (2014) it can be concluded that uncontrolled pain in cancer patients can be controlled by appropriate treatment through radiation therapy, chemotherapy and neurosurgical techniques. Gedhu (2006) found their review the ultimate goal of cancer pain management should be to remain physically and mentally healthy, to determine the quality of life and to think positively.

Prevention From Cancer Pain

Any kind of pain does not discriminate based on caste, age, and gender in a person. It can be intense or mild which causes physical and social disturbances in the person due to which he has to seek help from other people. Cancer pain is an emergency and physicians should be well-versed in its treatment and management. There is no pain in all types and stages of cancer, but there is a pain in the cancer of the third and fourth levels. But the pain is recognized too late due to the following reasons such as:-

1. Failure to assess pain early,
2. failure to accept pain,
3. failure to meet patient expectations
4. inadequate knowledge of patient's disease,
5. patient bias,
6. lack of formal training in physicians,
7. not following pain management guidelines

The Prevalence Of Anxiety And Depression

Age or sex had no relationship with depression. Types of reflux treatment duration and treatment modality were not correlated with depression and anxiety prevalence.

Considering the relatively high prevalence of anxiety and depression in cancer patients, careful attention should be paid to the diagnosis and treatment of these diseases

Objective Of Study: To study the effect of gender & barrier to pain management on depression and anxiety of cancer patients & their caregivers.

Hypothesis Of Study: Significant differences will be found in gender & pain management barriers on cancer patient & their caregiver's depression and anxiety.

Method

Data Analysis

All the raw data was entered and analyze with SPSS 16.0. To fulfil the objectives of the study inferential statics were used at the point 0 5 level of significance moreover regression analysis where conducted and path analysis was used to determine the relationship between depression and anxiety and a barrier to pain management of cancer patients.

Instruments

Self-created questionnaires are used for data collection. There are three different questionnaires are made. The first questionnaire relates to the barriers to pain management of a cancer patient. The second questionnaire is related to the depression of a cancer patient. Similarly, the third questionnaire is related to the concern of the cancer patient. These three

questionnaires have been formulated to study the inhibition in pain management of cancer patients and their effect and age on their depression and anxiety.

Demographic Questionnaire

This was taken to find out the basic information of the cancer patient it was developed by the researcher which mainly tries to find out the basic information of an individual.

Procedure

Before conducting the study consent of the study was taken from the cancer patient the sample was chosen to fulfil the purpose of the study. The researcher then visits the hospital, thereafter their consent was taken to participate in the study. The researcher then provided the questionnaire to the sample and they filled up the questionnaire with the responses. They were not forced to give any responses and the reports were kept as confidential. This is the essential model.

Table 1 & 2 shows cancer patients and their caregivers' barriers to pain management, their association with gender and age, anxiety and Depression has been analyzed. The details of mean and standard deviation with different variables for male and female cancer patients and their male and female caregivers are presented in Table 1 & 2.

Table-1

Gender-wise mean and standard deviation of different variables in the caregivers of cancer patients

Variable	Caregiver's of Cancer patients			
	Male Caregiver's ¼Sample size+¾450½		Female Caregiver's ¼Sample size+¾430½	
	Mean	Standerd deviation	Mean	Standerd deviation
Caregiver's depression	19.4600	3.0116	19.2000	2.7593
Caregiver's anxiety	38.0200	5.7088	39.4000	5.6544
Barriers to the caregiver's pain management	24.9000	2.7497	23.4000	3.5583
Age of caregiver's	43.0000	15.6426	38.7667	9.9331
Caregiver's sex	1.0000	0.0000	2.0000	0.0000

Table-2

Gender-wise mean and standard deviation of different variables in cancer patients

Variable	Cancer patients			
	Male Cancer patients ¼Sample size+¾439½		Female Cancer patients ¼Sample size+¾441½	
	Mean	Standerd deviation	Mean	Standerd deviation
Cancer patients depression	19.2564	4.1702	20.4634	3.3845

Cancer patients anxiety	40.4872	8.6019	41.6829	5.8199
Barriers to the Cancer patients pain management	36.4103	6.3524	38.6341	5.6114
Age of Cancer patients	51.6154	14.4524	42.6098	17.6023
Cancer patients sex	1.0000	0.0000	2.0000	0.0000

Result & Discussion

Table 1 shows the mean and standard deviation for the male caregiver in the first part and the mean and standard deviation for the female caregiver in the second part, in which the mean for the male caregiver's depression was 19.460 and the standard deviation was 3.011. The mean value of the male caregiver's concern was 38.020 and the standard deviation was 5.709. The male caregiver's intervention for pain management was found to have a mean of 24.900 and a standard deviation of 2.749. The mean age of the male caregiver was 43.000 and the standard deviation was 15.642. The male caregiver's mean of gender-related barriers was 1.000 and standard deviation was 0.000.

Similarly, in the second part, the mean and standard deviation related to the female caregiver has been shown, in which the mean of depression of the female caregiver was 19.200 and the standard deviation was 2.759. The female caregiver's anxiety had a mean of 39.400 and a standard deviation of 5.654. The female caregiver's inhibition of pain management was found to have a mean of 23.400 and a standard deviation of 3.558. The mean age of the female caregiver was 38.766 and the standard deviation was 9.933. The mean gender of the female caregiver was 2.000 and the standard deviation was 0.000.

According to this table, we can say that older male caregivers are able to identify barriers to pain management and depression better than older female caregivers, while female caregivers manage anxiety better than male caregivers. Women caregivers are also at the forefront of caring for cancer patients.

Table 2 shows the mean and standard deviation of male cancer patient in the first part and mean and standard deviation related to female cancer patient in the second part, in which the mean of depression of male cancer patient was 19.256 and standard deviation was 4.170. The mean value of anxiety for a male cancer patient was 40.487 and the standard deviation was 8.601. The mean of inhibition of pain management for a male cancer patient was 36.410 and the standard deviation was 6.352. The mean age of a male cancer patient was 51.615 and the standard deviation was 14,452. The gender-related mean of the male cancer patient was 1.000 and the standard deviation was 0.000.

In the second part of Table 2, the mean mean of depression of female cancer patient was 20.463 and standard deviation was 3.384. The female cancer patient had a mean of 41.682 and a standard deviation of 5.819 for anxiety. The female cancer patient had a mean of 38.634 and a standard deviation of 5.611 for inhibition of pain management. The mean age of the female cancer patient was 42.609 and the standard deviation was 17.602. The mean gender of female cancer patient was 2.000 and standard deviation was 0.000.

Therefore, we can say that female cancer patients are more prone to depression and anxiety than male cancer patients as well as show a more cooperative attitude in identifying and overcoming barriers to pain management similarly to older male cancer patients. Younger men show a more cooperative approach in recognizing and overcoming barriers to anxiety,

depression, and pain management than cancer patients, and it has been found that older male cancer patients are more likely than older female cancer patients. Compared to pain management is good. The study presented has not found any meaningful effect due to the age of the caregivers on their anxiety and depression.

The study presented has not found any meaningful effect due to the age of the caregivers on their anxiety and depression. That is anyone caring for the cancer patient will have anxiety and depression due to various reasons such as patient health, family income, medical & treatment expenses regardless of his / her age.

Limitation

In this study total 160 $\frac{1}{4}$ 80+80 $\frac{1}{2}$ cancer patients & their caregiver's have been selected from four different hospitals by the random method which includes various female and male cancer patients and their carers. For this, the area of Bhilai, Durg, and Raipur has been determined.

Suggestion

- The effects of inhibitions in pain management of cancer patients on their anxiety and depression can be significant.
- The effects of anxiety and depression of cancer patient's pain management and their caregivers can be seen in significant cancer treatment and care.
- There is no meaningful effect on cancer patients' age gender and progressive thinking will find that stress has in cancer patients.
- The age and gender of a cancer patient will be achieved to have a positive recovery effect on his social and economic well-being.
- Cancer treatment causes a favourable effect on positive thinking and strong will power.

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EFFECT OF PAIN MANAGEMENT AND AGE-RELATED BARRIERS ON CAREGIVERS OF CANCER PATIENTS' ANXIETY

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ABSTRACT

Cancer is a group of cells associated with abnormal cell growth with the ability to spread or attack other parts of the body. Possible symptoms are lumps that cause abnormal bleeding. Prolonged cough, addiction, tobacco consumption, apparent cause of weight loss, abnormal changes in intestinal function, obesity, poor diet, lack of physical activity, excessive alcohol consumption, and infections are the common symptoms of cancer. All these symptoms can be a sign of cancer apart from other causes of cancer. In this study, anxiety and a barrier to pain management of cancer patients' carers were determined using regression analysis and a correlation method. The study found no any meaningful effect due to the age of the caregivers on their anxiety.

Keywords: Cancer, Anxiety, Caregivers, Barrier To Pain Management

INTRODUCTION

About 20% of cancers are caused by Hepatitis B, Hepatitis C, and human papillomavirus infection. Also, about 5 to 10% of cancers are caused by hereditary or genetic defects from parents. As per the latest GLOBOCAN 2018 data, 9.6 million cancer deaths was seen in the year 2018 and it is estimated to rise by 18.1 million new cancer cases in the coming years. Lung cancer is most commonly diagnosed (11.6% of total cases) and the leading cause of cancer death (18.4% of total death) followed by breast cancer (11.6%) in females. Some signs and symptoms of cancer can be detected by the pathological tests after that the physician examined medically and confirmed by biopsy. Radiation treatment, surgery, chemotherapy, and directed therapy have been used for cancer treatment. Several electronic databases were searched for writing the present reviews. Several areas have been considered in this article such as factors contribute to the development of common mental disorders in people with cancer; the prevalence of depression and anxiety; and potential care. Several personal, psychological, social, and contextual factors potentially contributed to the depression and anxiety in people with cancer and treatment-related characteristics were also studied. Compared to the general population, the prevalence of depression and anxiety is often higher in people with cancer. Still, estimates vary due to several factors such as type of treatment, type of cancer, and time since diagnosis.

CANCER

The relationship to cancer can vary according to the person's geographical area, prevailing social customs, and socioeconomic status. According to Jacobson (2010) and Mallach & telar et al.(2014), oral cancer is common in the Indian subcontinent but uncommon in Western countries mainly because of its excessive consumption of tobacco chewable forms in or with gutka, pan masala, pan, khaini, and betel nut. Mouth and throat cancers are mainly occur due to consumption of above compounds. Similarly, poor and low socioeconomic level women have cervical cancer due to a lack of complete



knowledge and adherence to public hygiene, which is a common practice.

Similarly, colorectal cancers are caused by consumption of food with less fibre and eating more fast food by the person. According to Alagelumangai (2012), only smoking is the leading cause of 15 types of cancer. E-cigarette trends have also found specific nitrogen salts and other harmful chemicals found in its smoke. As a result, its nicotine is also highly intoxicating and carcinogenic. Similarly, consumption of alcohol is responsible for cancer as much as tobacco, despite being harmful. If both are taken together, person prone to very high risk of cancer. Additionally, pollution of betel nut, obesity, and biological agents are also responsible for different types of cancer. Screening helps in the early detection and diagnosis of many cancers. Screening shows whether the disease has symptoms or whether the symptoms are still in the advanced stage. Early detection of cancer can provide adequate control over it.

CANCER PAIN

Any type of pain does not discriminate based on caste, age, and gender in a person. It can be acute or mild, causing physical and social disturbances. All types and stages of cancer does not involve pain but pain is also present in the third and fourth levels of cancer. Cancer pain is an emergency, and physicians must be adequately aware of its treatment and management. In the 1990s, the National Health Organization including the American Pain Society APS and the United Nations health organization 'Yeh Cahé', had inadequate pain management.

PREVENTION OF CANCER PAIN

Cancer can be prevented by stopping smoking, keeping the weight healthy, stop consuming alcohol, and vaccinating against infectious diseases. Most of the processed food and red mass should not be eaten to prevent progression of cancer. An individual should also avoid the risk of too much sunlight from ultraviolet rays to avoid cancer. Initial causes of cancer progression is delay in diagnosis of cancer pain. The second is the failure to accept the pain. Inadequate knowledge about the patient's disease is the fourth cause of disease progression. Patients are prejudiced and lack of formal training is the fifth and sixth reason, respectively. Seventh is the failure of pain guidelines. Medications that are patient-centred, safe and informed, appropriate and effective are useful in pain management. Quality management programs that are easy for the patient to adopt and the standards to be adopted by program providers may be helpful in the management of cancer.

CANCER PATIENT'S CAREGIVERS

The caregiver is this type of person who always helps the patient but is not paid for it. They may also be close or maybe a member of their family. He may also be a distant family member or in the absence of a family member. The hospital sometimes provides care. When he is an adult or sensible, they are treated by the patient. There is a lot of support in treating the patient. Due to this, the morale of the patient is consistently elevated. According to article; If You're About to Become a Cancer Caregiver. Carers have an essential role. Taking care of the patient is suitable for well-being, and reliable care is the main requirement of the patient.

ROLE OF CAREGIVERS

A caregiver is someone who helps someone to take care of their loved one. Not all people can become a carer; it is essential to have a family person, which is very important. It is not always easy to help a



person suffering from cancer. According to article; How to care for a cancer patient. (Leukemia & Lymphoma society.), the caregiver is this type of person who always helps the patient but is not paid for it. They may also be close or maybe a member of their family. He may also be a distant family member or in the absence of a family member. The hospital sometimes provides care. When he is an adult or sensible, they are treated by the patient. There is a lot of support in treating the patient. Due to this, the morale of the patient is consistently elevated. Carers have an essential role. According to article; How to care for cancer patients (Leukaemia & Lymphoma society), taking care is a full-time and non-stop job that can only be done when you are physically and emotionally strong. The caring family members are those who perform essential tasks for the patient. The caretakers can be different. They can help the patient can also be helped in activities like going to the doctor or preparing food.

CHALLENGES OF CAREGIVERS

There are many challenges for the caregivers of cancer patients. Just as these challenges are for the caregiver, all these challenges are also for the nurses, who are taking care of the cancer patients in the hospital, cancer patients are treating them. Should be sensitive to unforeseen needs and provide the necessary support to provide patient care. Health care is also required to provide advice to these caregivers. According to Given (2012), Health care policy consists of family members or friends contributing to the patient. The social value of care and the value of care have not been broadly considered. Hours of caregiver's contribution to the health system provided by the family are not taken into account. But the caregiver gets better results for the patient. According to Given (2011), Caregivers should also manage if there are no side effects. The medication history and the timetable of the patient's medicines have been studied, and the adverse events that occur with the patient should be detected early. So that it is easy for the patient to tell and deal with the challenges that the health care the patient makes as they get a better diagnosis

OBJECTIVE OF STUDY:

To study the effect of age and the barrier to pain management on the anxiety of cancer patients' caregivers.

HYPOTHESIS OF STUDY:

Changes in pain management and age-related barriers in cancer patients' caregivers will be seen.

METHOD:

DATA ANALYSIS:

All the raw data was entered and analyzed with SPSS 16.0. Inferential statistics was used at the point of 0.5 levels of significance. Anxiety and age-related barriers of cancer patients caregiver's were determined using regression analyses and correlation method.

INSTRUMENTS:

Self-created questionnaires are used for data collection. There are two different questionnaires made. The first questionnaire relates to the barriers to the anxiety of cancer patients' caregivers. The second questionnaire is related to the concern of barriers to pain management of the cancer patients caregiver's. These two questionnaires have been formulated to study the inhibition in lifestyle management & pain management of cancer patient's caregiver's and their effect and age on their anxiety.

DEMOGRAPHIC QUESTIONNAIRE:

This self-made questionnaire determined the basic information of the cancer patients' caregivers. It was developed by the researcher who mainly tries to find out the basic information of an individual cancer patient's caregivers.

CANCER PATIENT'S CAREGIVERS RELATED PAIN MANAGEMENT, ANXIETY QUESTIONNAIRE:

The self-made questionnaire consists of 20 questions on the barrier to pain management scale and 41 questions on the anxiety scale.

PROCEDURE:

The patient consent was taken from the caregivers before conducting the study. The researcher then visited the hospital, and their consent was taken to participate in the study. The researcher then provided the questionnaire to the sample, and they filled up the questionnaire with the responses. They were not forced to respond, and the reports were kept confidential.

The main objective of this study is to look at the effect of age-related barriers and barriers to pain management on anxiety in cancer patients' caregivers. The data obtained in the study has been analyzed by correlation and regression methods. In this research study, age was taken as an independent variable; in the same way, anxiety was taken as a dependent variable. In this, family information related to cancer patient caregivers is compiled in the form of demographic variables, including the cancer patient's caregiver's name, age, education, residence, gender, family type (single/joint), occupation/ occupation of father, Monthly income, type of patient's treatment are also included. In tables 1 and 2, the systematic regression method has been used for the analysis. This table analyzes cancer patients' caregiver's age, gender, and anxiety by regression method.

Table-1
Determinants of caregiver concern of cancer patients model summary

Model	Change Statistics				
	R Square Change	F Change	df1	df2	Sig. F Change
1 caregiver's depression	.308 ^a	34.648	1	78	.000
a. 2 caregiver's depression & caregiver's gender.	.047 ^b	5.619	1	77	.020

a.Predictors: (Constant), caregiver's depression
b.Predictors: (Constant), caregiver's depression & caregiver's gender.

Table-2

Role of different variables in determining carer's concern for cancer patients.

Regression coefficient

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
	B	Beta		
(Constant)	13.885		3.627	.001
Caregiver's anxiety	1.094	.558	6.096	.000*
Caregiver's gender.	2.596	.217	2.370	.020**

Dependent Variable :

Caregiver's anxiety

*p < 0.01, **p < 0.05

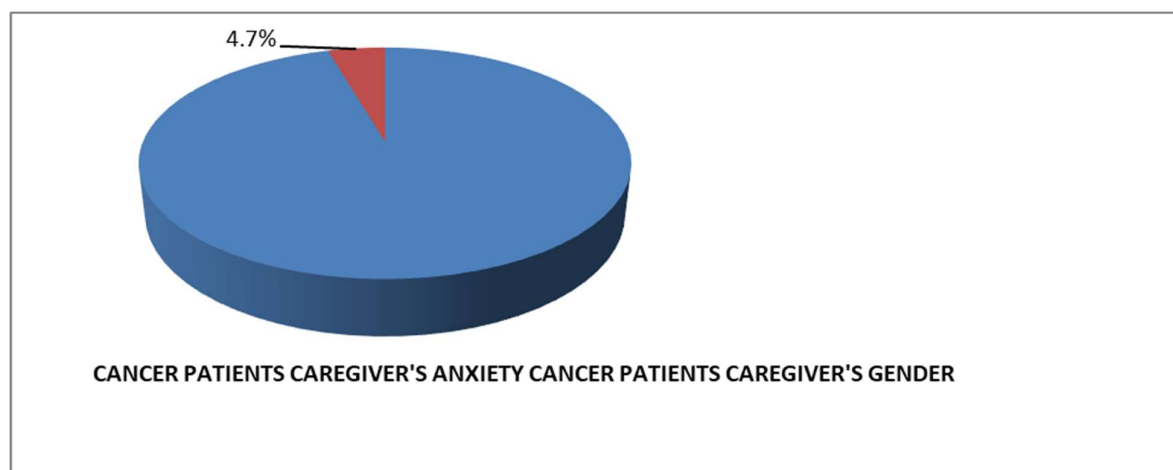


Fig.-1 Cancer patient-caregiver concerns and their determinants

Result

Results in Table 1 and 2 showed that the beta value of the cancer patient caregiver's regression of anxiety of the caregiver was $\beta = 0.558, p < 0.01$ and the beta value of the gender of the caregiver was $\beta = 0.217, p < 0.05$ and the regression coefficient R^2 was found to be 0.047, i.e. sex of the caregivers shown significant effect on the caregiver's anxiety, and it showed a 4.7 % deviation on the carer's anxiety of cancer patients.



Discussion

Decreased caregiver anxiety for cancer patients also reduces their depression, improving the resolution of barriers to cancer patients' pain management. The caregivers of cancer patients are mainly concerned about the patient's deteriorating condition due to cancer, and they become even more worried if the cancer patient is the only earning member in the household (Gray, et al. 2020). According to Mohan (2019) in case of radiotherapy, The cancer patients feel very lonely, when they are constantly in a state of anxiety, which leads to a state of depression. Cancer patients and their caregivers' anxiety has been found to have a significant effect on their depression; that is, cancer patients' caregiver's anxiety management tends to decrease as their depression level increase (Given et al. 2011; K.Tsaras 2018). Better anxiety management by the caregiver of patients reduce their depression. The combined effect of the carer's depression and caregiver's gender on the carer's anxiety was significant for cancer patients. Cancer patients' caregiver's management of anxiety decreases as their depression levels increase. According to Given et al. (2012) and the American Cancer Society the combined effect of carer's depression and caregiver's gender on cancer patients is significant on caregiver anxiety that means the cancer patients and their caregivers can manage their patient's depression better when they are of the same sex. Hazlewood, et al. (2012); Northos, (2012) reported that cancer patients and their caregivers were of the same gender as their anxiety decreased. According to the Canadian Cancer Society. Canadian Cancer Statistics - 2007. (2007), and Jean. (2017) cancer patients and their caregivers, being of the same gender, better understand each other, which reduces their anxiety and improves their depression management (Miller, et.al. 2019), cancer is a very dangerous disease. Vann and others (2016) observed in their studies that this negative thought in the caregiver controls the patient's pain level. And increases the transmission of pain, and it becomes difficult for the patient to bear the pain, due to which he experiences severe pain and becomes physically and mentally weak. In his research, Shoot (2013) stated that the patient should first identify the pain, evaluate the pain himself, and then consult the doctor to start treatment. Dinesh (2013) reported in his research that cognition of pain can reduce the quality of life, ability to cope with the disease, and death anxiety. Oliver (2008) and Zuccaro (2013) reported in his studies that the main reasons for barriers to pain management are as follows: 1. Inadequate assessment of pain and management of pain, 2. The reluctance of patients to report pain, 3. Inadequate knowledge of pain management by doctors and other medical professionals without these, the difficulty in pain management hinder prognosis and management of cancer patients. In his research, Mehta (2013) and West, et al.(2015) stated that the barriers to the test for the doctor are also included under it, so cancer pain management can be done by paying adequate attention to these points. The female caregiver's concern for cancer patients was higher than that of the male caregiver. Women have a natural quality of care, due to which they are more concerned about the patient.

Petersen. (2015) and Woods (2018) found in their studies that the female caregiver plays a vital role in the health care stage of cancer patients by modifying the diet of the cancer patient, thereby reducing barriers to pain management. better management so that the patient gets relief from that condition

LIMITATION

In this, 80 cancer patient caregivers were selected from four different hospitals by the random method, including various female and male cancer patient caregivers. Bhilai, Durg, and Raipur cities of Chhattisgarh were selected for the study.



SUGGESTION:

- The effects of barriers to pain management of cancer patients on their anxiety and depression can be seen.
- The effects of treatment and care on the patient's pain management and their caregiver's anxiety and depression can be seen significantly.
- There is no meaningful effect of cancer patients' age, gender, and progressive thinking on their stress level.
- The age and gender of a cancer patient will have a positive recovery effect on his social and economic well-being.
- Cancer treatment causes a favourable effect on positive thinking and strong willpower.

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Effect of Age, Gender, & Barrier to Pain Management on Depression and Anxiety of Caregivers of Cancer Patients

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Abstract: Cancer is a group of cells that is associated with abnormal cell growth with the ability to spread or attack other parts of the body. Possible symptoms are lumps or lumps that cause abnormal bleeding. Prolonged cough, addiction, tobacco consumption, obvious cause of weight loss and abnormal changes in intestinal function, obesity, poor diet, lack of physical activity, excessive alcohol consumption and some infections are also included. All these symptoms can be a sign of cancer apart from other causes of cancer. Regression analysis where conducted and path analysis was used to determine the relationship between depression and anxiety and a barrier to pain management of cancer patients. The study presented has not found any meaningful effect due to the age of the caregivers on their anxiety and depression.

Keywords: Cancer, Anxiety, Depression, Caregivers, Barrierto Pain Management.

Article History

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INTRODUCTION

In developing countries, about 20% of cancers are caused by Hepatitis B, Hepatitis C, and human papilloma virus infection. Also, about 5 to 10% of cancers are caused by hereditary or genetic defects from a person's parents. (American cancer society) As per latest GLOBOCAN 2018 data ,there will be an estimated 18.1 million new cancer cases and 9.6 million cancer death in 2018.Lung cancer is most commonly diagnosed (11.6%of total cases) and leading causes of cancer death(18,4% of total death) followed by breast cancer (11.6%) in females. Some signs and symptoms of cancer can be detected by the test of the patient, after which the doctor is medically examined and confirmed by biopsy. Radiation treatment, surgery, chemotherapy and directed therapy required searched several electronic databases for present reviews on cancer,

depression, and anxiety from 2012 to 2019. Several areas have been taken, factors that contribute to the development of common mental disorders in people with cancer; they are -prevalence of depression and anxiety; and potential care and treatment options. Several personal, psychological, social, and contextual factors potentially contribute to the development of depression and anxiety in people with cancer, as well as cancer and treatment-related characteristics. Receive. Compared to the general population, the prevalence of depression and anxiety is often higher in people with cancer, but estimates vary due to several factors, such as type of treatment, type of cancer and time since diagnosis.

CANCER

The relationship of cancer can vary according to the geographical area of the person, prevailing social customs and socioeconomic status (B. Jacobson, 2012). For example, oral cancer is common in the Indian subcontinent and is not common in Western countries (Mallach, telar &et.al.2014), mainly because of its excessive consumption of tobacco chewable forms in or with gutka, pan masala, pan, khaini, betel nut, etc. Mouth and throat cancers are mainly due to this. Similarly, poor and low socio-economic level women have cervical cancer due to lack of complete knowledge and adherence to public hygiene, which is a common practice. Similarly, if we look at it, it is known that colorectal cancers are caused by high frequency, that is, people whose food contains less fibre and more fast food are more likely to be feared(Alagelumangai2012). . Only smoking is the main cause of 15 types of cancer. E-cigarette trends have also found specific nitrogen salts and other harmful chemicals found in its smoke. As a result, the nicotine found in it is also highly intoxicating and carcinogenic. Similarly, consumption of alcohol is responsible for cancer as much as tobacco, despite being harmful. If both are taken together then that person develops a very high risk of cancer himself. Besides, pollution betel nut, obesity, biological agents etc. are also responsible for different types of cancer, to identify the disease. Screening is done to show whether the disease has symptoms or whether the symptoms are still in the advanced stage. Early detection of cancer can provide adequate control over it. Screening helps in early detection and diagnosis of many cancers.

CANCER PAIN

Any type of pain does not discriminate based on caste, age, and gender in a person. It can be acute or mild, causing physical and social disturbances in the person. There is no pain in all types and stages of cancer. But pain is also present in the third and fourth levels of cancer.Cancer pain

are an emergency and physicians must be properly aware of its treatment and management. In the 1990s, the National Health Organization, including the American Pain Society APS and the United Nations health organization 'Yeh Cahé', had inadequate pain management. Has understood the widespread problem, and they are planning to manage the proper assessment of pain.

PREVENTION OF CANCER PAIN

To prevent cancer pain, cancer can be prevented by not smoking, by keeping the weight healthy, by not drinking too much alcohol, and by vaccination of infection diseases. Most of the processed food and red mass should not be eaten by us and we should also avoid the risk of too much sunlight from ultraviolet rays so that cancer can be prevented. These are some of the main reasons that pain is diagnosed too late, the first being the failure to assess the pain early. The second is the failure to accept the pain, or the failure to meet the third. Not being successful Fourth, inadequate knowledge about the patient's disease. Fifth patients being prejudiced. Lack of formal training in sixth physicians. Seventh pain failure guidelines. Medications that are patient-centred, safe and judicious, appropriate and effective, as well as pain management and quality management programs that are easy for the patient to adopt and the standards to be adopted by program providers And requires constant education of patients

CANCER PATIENT'S CAREGIVERS

The caregiver is this type of person who always helps the patient but is not paid for it. He / she may also be close or may be a member of his / her family. He may also be a distant family member, or in the absence of a family member. Care is sometimes provided by the hospital. When he is an adult or sensible, he or she is treated by the patient. There is a lot of support in treating the patient. Due to which the morale of the patient is always elevated. Carers have an important role. Taking care of the patient is good for the well being as well as reliable care is the main requirement of the patient(Article; If You're About to Become a Cancer Caregiver.www.cancer.org.)

ROLL OF CAREGIVERS

A caregiver is someone who helps someone to take care of their loved one. Not all people can become a carer, it is important to have a family person in it and it is very important. It is not always easy to help a person suffering from cancer (Article; How to care for a cancer patients. pearl point nutrition service. Leukaemia &Lymphoma society.). The caregiver is this type of

person who always helps the patient but is not paid for it. He / she may also be close or may be a member of his / her family. He may also be a distant family member, or in the absence of a family member. Care is sometimes provided by the hospital. When he is an adult or sensible, he or she is treated by the patient. There is a lot of support in treating the patient. Due to which the morale of the patient is always elevated. Carers have an important role (Article, If You're About to Become a Cancer Caregiver, www.cancer.org). Taking care is a full-time and non-stop job that can only be done when you are physically and emotionally strong. The caring family members are those who perform important tasks for the patient. The caretakers can be different. They can help, the patient can also be helped in activities like going to the doctor or preparing food (Article; How to care for a cancer patients. Leukaemia & Lymphoma society).

CHALLENGES OF CAREGIVERS

There are many challenges for the caregivers of cancer patients. Just as these challenges are for the caregiver, similarly all these challenges are also for the nurses, who are taking care of the cancer patients in the hospital, they are being treated by cancer patients. Should be sensitive to the unforeseen needs and provide the necessary support to provide patient care. Health care is also required to provide advice to these caregivers. (Barbara A. Given Charles W. Given Paula Sherwood 2012) Health care policy consists of family members or friends contributing to the patient. The social value of care and the value of care have not been broadly considered. Hours of caregiver's contribution to the health system provided by the family are not taken into account. But the caregiver gets better results for the patient. If the cancer is the caretaker of the patient, then the problems should be identified at the beginning for better results. Caregivers should also manage if there are no side effects. The medication and the time table of their medicines should also be studied properly and the adverse events that occur with the patient should be detected early. So that it is easy for the patient to tell and deal with the challenges that the health care of the patient makes as they get better diagnosis (Barbara A. Given 2011).

OBJECTIVE OF STUDY:

To study the effect of age, gender and the barrier to pain management on depression and anxiety of caregivers of cancer patients.

HYPOTHESIS OF STUDY:

Significant differences will be found in pain management barriers, age-related barriers and gender on caregivers of cancer patients' depression and anxiety.

METHOD:

DATA ANALYSIS:

All the raw data was entered and analyze with SPSS 16.0. To fulfill the objectives of the study inferential statistics were used at the point 0. 5 level of significance moreover regression analysis where conducted and path analysis was used to determine the relationship between depression and anxiety and a barrier to pain management of cancer patients.

INSTRUMENTS:

Self-created questionnaires are used for data collection. There are three different questionnaires are made. The first questionnaire relates to the barriers to pain management of a cancer patient. The second questionnaire is related to the depression of a cancer patient. Similarly, the third questionnaire is related to the concern of the cancer patient. These three questionnaires have been formulated to study the inhibition in lifestyle management& pain management of cancer patients and their effect and age on their depression and anxiety

DEMOGRAPHIC QUESTIONNAIRE:

This self made questionnaire was taken to find out the basic information of the cancer patients caregivers. It was developed by the researcher, which mainly tries to find out the basic information of an individual cancer patient's caregivers.

CANCER PATIENT'S CAREGIVERS RELATED PAIN MANAGEMENT, DEPRESSION & ANXIETY QUESTIONNAIRE:

This is a self made questionnaire and it consist 20 questions in barrier to pain management scale ,28 questions in depression scale and 41 questions in anxiety scale.

PROCEDURE:

Before conducting the study consent of the study was taken from the cancer patient the sample was chosen to fulfil the purpose of the study. The researcher then visits the hospital, thereafter their consent was taken to participate in the study. The researcher then provided the questionnaire to the sample and they filled up the questionnaire with the responses. They were not forced to give any responses and the reports were kept as confidential.

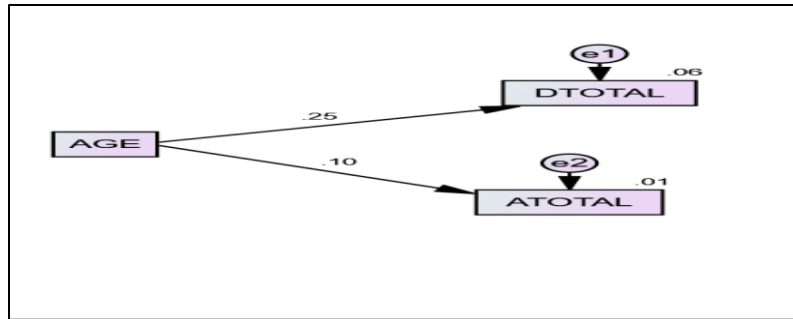


FIGURE NO. 1

Scalar Estimates (Group number 1 - Default model)

Maximum Likelihood Estimates

Regression Weights: (Group number 1 - Default model)

	Estimate	S.E.	C.R.	P	Label
DTOTAL <--- AGE	.137	.060	2.286	.022	
ATOTAL <--- AGE	.073	.078	.935	.350	

TABLE NO.-1

Standardized Regression Weights: (Group number 1 - Default model)

	Estimate
DTOTAL <--- AGE	.249
ATOTAL <--- AGE	.105

TABLE NO.-2

Variiances: (Group number 1 - Default model)

	Estimate	S.E.	C.R.	P	Label
AGE	194.969	31.022	6.285	***	
e1	54.958	8.744	6.285	***	
e2	93.632	14.898	6.285	***	

TABLE NO.-3

Squared Multiple Correlations: (Group number 1 - Default model)

	Estimate
ATOTAL	.011
DTOTAL	.062

TABLE NO.-4

RESULT:

The study presented has not found any meaningful effect due to the age of the caregivers on their anxiety and depression.

DISCUSSION:

The study presented has not found any meaningful effect due to the age of the caregivers on their anxiety and depression. That is any one caring for the cancer patient will have anxiety and depression due to various reason such as patients health, family income, medical & treatment expenses regardless of his/her age.

LIMITATION

In this 80 cancer patient caregivers have been selected from four different hospitals by the random method which includes various female and male cancer patient caregivers. For this, the area of Bhilai, Durg, and Raipur was selected.

SUGGESTION:

- The effects of barrier to pain management of cancer patients on their anxiety and depression can be seen.
- The effects of treatment and care on the patient's pain management and their caregiver's anxiety and depression can be seen significantly.
- There is no meaningful effect of cancer patient's age, gender and progressive thinking on his stress level.
- The age and gender of a cancer patient will have a positive recovery effect on his social and economic well-being.
- Cancer treatment causes a favourable effect on positive thinking and strong will power.

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