NEUROPSYCHIATRIC ASPECTS OF MALIGNANCY

ESSAY

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Master Degree in
NEUROPSYCHIATRY

BY

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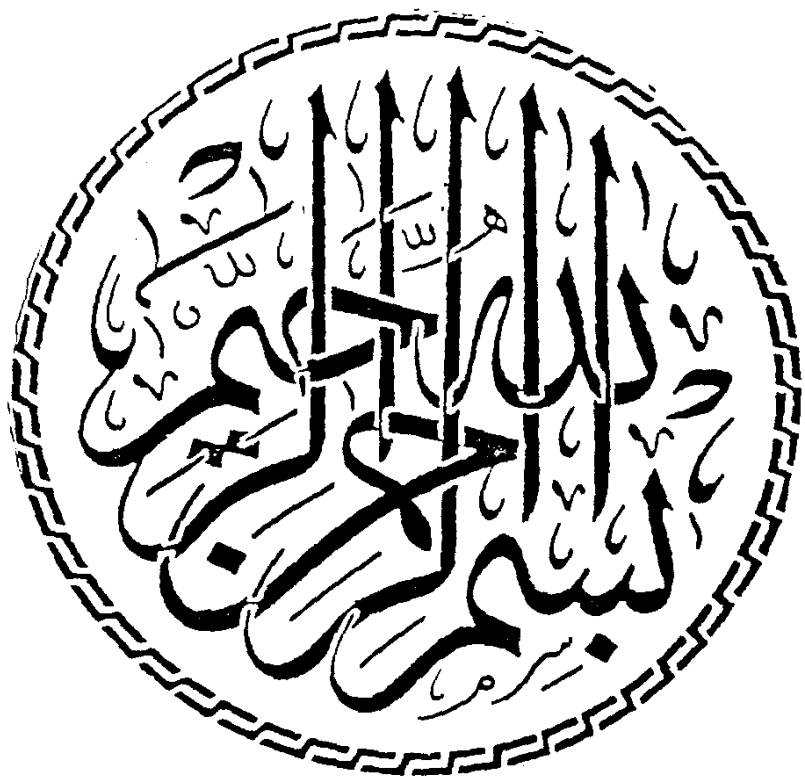

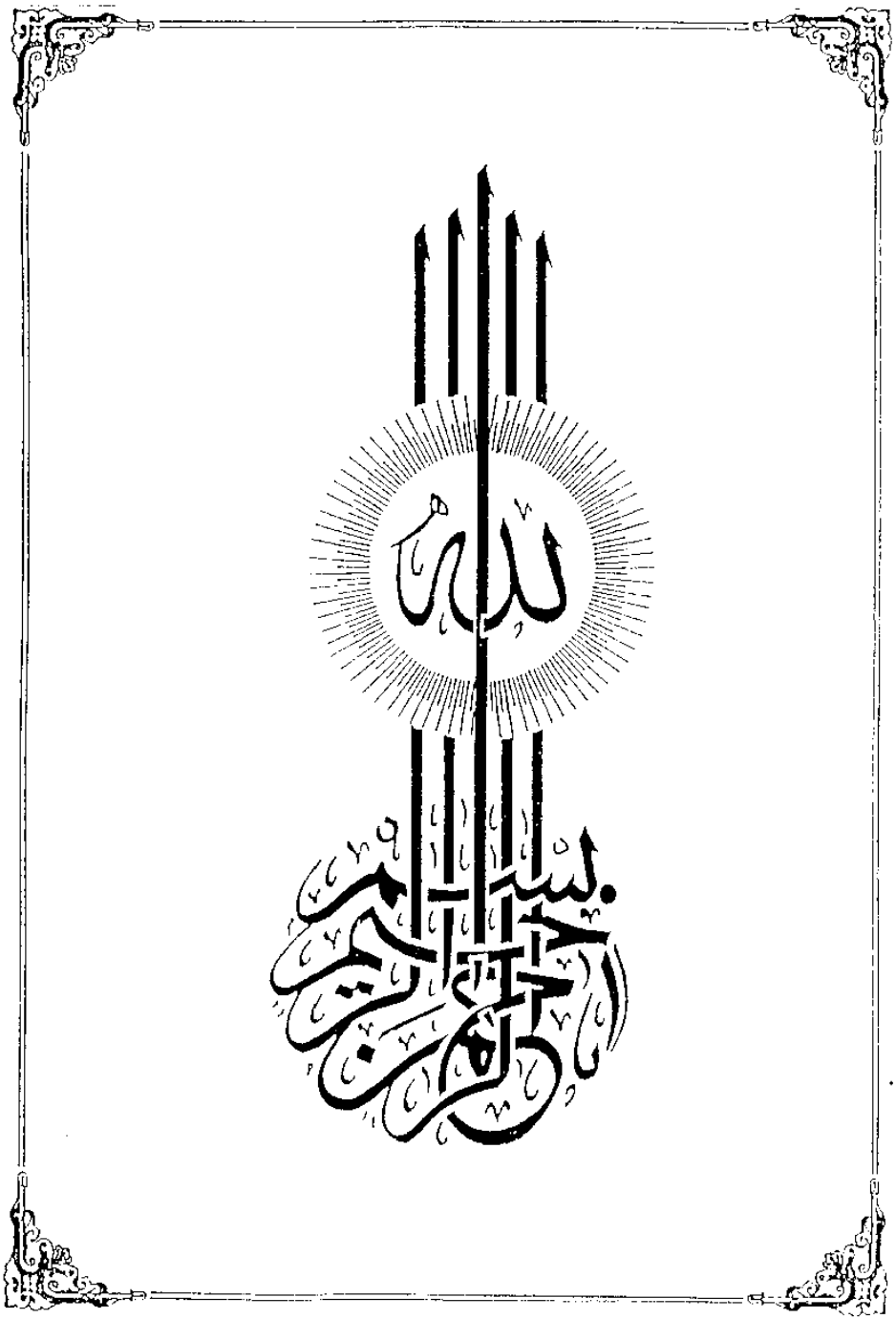

TO MY FATHER

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INTRODUCTION

Malignancy is any new cellular growth that originates from normal tissue, unresponsive to normal body and cellular controls and has the ability to metastasize to other parts of the body *(Willis, 1952 and Andreoli et al., 1986)*. Cancer was described in the early Greek and Roman writings and has been detected in the Egyptian mummies 5000 years old. Cancer is the second to heart disease as a cause of death and accounts for 22% of all deaths. In males, lung cancer, prostate and colonic cancer are the most common malignancies while in females, breast cancer, lung and colonic cancers are the most common forms. Haematologic malignancies are the most common malignancies in children *(Devita et al., 1989)*.

A neoplasm elsewhere in the body may affect the nervous system in several different ways. The most familiar is by the spread of metastases to the nervous system itself *(Walton, 1985)*.

The last twenty years have seen the recognition of several neuropsychiatric syndromes which may accompany neoplasia in various parts of the body even when there is no spread of tumour

cells to the brain. These neuropsychiatric manifestations may precede clinical evidence of the primary tumour by a considerable interval of time, sometimes by several years *(Lishman, 1987).*

Improved treatments have changed cancer from an incurable to occasionally curable disease. It is estimated that in 1998, at least half of the million patients who will contract cancer will be alive in 5 years. Furthermore, in the United States, there are at least 3 millions cancer survivors with no evidence of the disease *(Lederberg, 1989).*

During the last few years, growing dissatisfaction among patients with what they regard as dehumanized high technology medicine has focused the attention of surgeons, radiotherapists, and medical oncologists to the quality of life of cancer patients under their care *(Greer, 1985).*

Cancer survivors are large and growing populations whose special needs are being increasingly recognized, in part, as a result of two social trends. The first, is the thanatology movement, which focused the attention on the psychological complexity of the terminal period.

The second trend, is the development of bioethics, impelled by the emotionally charged dilemmas and paradoxes that both physicain and patient face. Patients have become more aware and demanding about treatment results, and quality of life issues and have created self-help organizations, such as the American Cancer Society, which influence the service of consumers' demands.*(Lederberg, 1989).*

AIM OF THE WORK

1) To review the various clinical neuropsychiatric manifestations of malignancy.

2) To emphasis the possible aetiologies of these neuropsychiatric disorders, which may be:
   - Direct effect of the malignant tumour on central nervous system whether primary or secondary.
   - The neurological paramalignant syndromes.
   - Other complications of malignancy as pain, cerebrovascular complications, and metabolic complications.
   - The neuropsychiatric complications of cancer therapy whether radiotherapy, chemotherapy or surgery.

3) The quality of life of cancer survivors and the care of terminally-ill and care of the dying patients.

CHAPTER I

To be a malignant patient

TO BE A MALIGNANT PATIENT

When we hear about a patient with cancer, one may ask himself: Is there a possibility to be stigmatized with cancer like him? Is there a certain personality characteristics for malignancy? What should I do if it is proved that I am a malignant patient? What about my work, my family and my future?

These questions brought the attention for the systematic research on the psychosocial aspects of cancer. The field is moving in the direction of examining the complex interactions among mood, personality, social support and cancer incidence and progression *(Spiegel, 1991)*.

In this chapter, we will review the role of psychological factors in cancer incidence and the psychological reactions of having cancer.

Psychological antecedents of cancer :

I Personality attributes :

Hypotheses linking cancer–proneness with certain personality attributes have begun to be tested in systematic controlled studies. *Kissen,* in his studies of men with lung cancer

and controls with non-malignant pulmonary diseases, found supporting evidence for his hypothesis that lung cancer is associated with a diminished outlet for emotional discharge. This attribute was unrelated to cigarette consumption, but he suggested that both cigarette smoking and personality are involved in the development of lung cancer *(Kissen, 1964; 1967 & Kissen et al., 1969).*

As regard to breast cancer, an association was found between its diagnosis and a behaviour pattern of abnormal release of anger, predominantly severe suppression, low anxiety specially in women under 50 years of age *(Greer and Morris, 1975 & Morris et al., 1981).*

In a subsequent three studies, patients with breast cancer had a greater tendency to avoid conflicts with suppression of anger but were more depressed *(Scherg et al., 1981 & Wirsching et al., 1982).*

Personality characteristics of women with mixed gynaecological cancers (cervix, uterus and ovary), have been compared with controls with benign diseases. Those with cancer