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Review Article

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Navigating the Mental Health Challenges of Head and Neck Cancer: A Comprehensive Review

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Abstract

Introduction: The diagnosis of head and neck cancer is a profound and life-altering event that transcends its physiological implications, significantly impacting individuals on a mental and emotional level. This patient demographic faces unique risk factors for mental health disturbances which will be explored throughout this narrative review.

Discussion: Depression, aptly termed "the silent shadow," lingers even after successful treatment, influencing therapy adherence and overall well-being. Anxiety, prevalent among head and neck cancer survivors, not only exacerbates physical ailments but also emerges from fears of disease recurrence and physical limitations. The subtle yet pervasive effects of PTSD, stemming from the trauma associated with diagnosis and treatment, demand vigilant recognition, as they pose a threat to recovery and mental health. The physical metamorphosis brought about by treatment, particularly impacting younger patients, significantly disrupts body image and self-esteem, often leading to social ostracization and the weight of stigma. Moreover, caregivers, who navigate the challenging journey alongside their loved ones, grapple with heightened levels of stress, anxiety, and depression. Therefore, head and neck cancers significantly affect the patient's overall life.

Conclusions and Relevance: This narrative review underscores the pressing need for holistic care that addresses the management of head and neck cancer patients. Timely identification and intervention for resulting distress is important as it influences treatment efficacy. Support groups, counseling, and interventions to boost body image and self-esteem offer a lifeline to survivors, promising an elevated quality of life. By acknowledging and accommodating the psychological facets of this arduous journey, healthcare professionals can redefine the head and neck cancers patient's experience.

Keywords: Cancer; Mental Health; Depression; Anxiety; PTSD

Introduction

The diagnosis of cancer does not come easy to hear, as a majority of individuals tend to fear the mere word "cancer" when used to describe a disease. It is a life-altering experience that impacts one to their very core identity. Will I survive? A burdening



question that echoes in many. Head and neck cancers affect diverse areas like the throat, mouth, face, nose, ears, and thyroid gland. Treatment can profoundly impact speech, swallowing, and appearance, triggering many physical troubles [1- Weak]. Despite serious effects, mental health care is often overlooked for these patients. Studies reveal psychological struggles like depression, anxiety, PTSD, and reduced quality of life after diagnosis and treatment. A cancer diagnosis always exacts an emotional toll, but head and neck cancers uniquely distress due to impacts on essential life functions. Losing the ability to speak, eat, or breathe normally fundamentally alters one's identity and worldview. Facial disfigurement from surgery can batter self-image and relationships. Though improved reconstruction helps, external scars belie inner turmoil. Compounding physical and mental hardships may isolate and engulf patients. Greater awareness, screening, and mental health support are urgently needed. Comprehensive care must address physical and psychological well-being to improve the quality of survival, as no one should suffer silently.

Depression: The Silent Shadow of head and neck cancers

Depression stealthily stalks head and neck cancer patients, earning it the moniker "the silent shadow." Even after successful treatment, this pervasive mental health issue lingers, clouding survivors' well-being. Recent studies spotlight the gravity of depression and underscore the need for holistic mental health care. Though treatments advance, emotional scars remain. Depression hides in plain sight, draining joy and hope even when physical recovery seems complete. Head and neck cancer patients have particular risk factors for depression, including surgically-induced deformity, communication defect, and fear of recurrence [2- Strong]. In this situation, depression is a complicated interaction of medical and psychological elements rather than just a reaction to disease. Depression can sometimes make physical problems worse and make therapy less effective. Head and neck cancer patients who were depressed could not tolerate radiation therapy as well, potentially reducing the effectiveness of their treatment.

Rates of depression among patients with head and neck cancer range from 20–57% [3- Strong]. This is higher than the prevalence in both the general population and other cancer cohorts, and multiple factors elevate depression risk [4- Strong]. Disfigurement from surgery, impaired speech and swallowing, fear of recurrence, and changes in self-concept can all contribute [4- Strong]. Additionally, direct biological effects of cancer treatments like inflammation may play a role in triggering depression [3- Strong]. Depression negatively impacts treatment outcomes. In a study of 22 patients, moderate to severe depression was associated with lower tolerance for radiotherapy [3- Strong]. It can reduce adherence to treatment protocols and rehabilitation exercises [5- Strong]. It is also linked to a higher perceived symptom burden [3- Strong]. Screening tools like the Patient Health Questionnaire-9 can help identify head and neck cancer patients at risk of clinical depression [6- Strong]. However, psychosocial needs often go undetected. In one study, only 49% of depressed patients had been referred to mental health services [3- Strong].

Anxiety: The Uncertain Future

Anxiety looms large in the lives of head and neck oncology patients, often stemming from the uncertainties of their future. Fears of recurrence worries over speech and swallowing troubles, and anxiety about lasting physical and emotional impacts can trigger crippling anxiety [7,8- Strong]. This anxiety may also surface through physical symptoms like insomnia, further jeopardizing well-being. Understanding the interplay between anxiety and sleep disturbances is crucial in providing holistic care to these individuals [10- Strong]. Anxiety disorders are estimated to affect 30% of head and neck cancer survivors [5- Strong]. Fears over cancer recurrence and loss of function are paramount.

In a study of 152 patients, fear of recurrence exceeded 70% one month after treatment. At 12 months, it remained high at 42% [4- Strong]. Uncertainty over the future manifests as anxiety, hypervigilance, and perseverative thinking [5- Strong]. Anxiety also stems from treatment side effects. Over half of patients report anxiety surrounding anticipated swallowing problems. Actual functional impairments further elevate anxiety, creating a self-perpetuating cycle [4,5- Strong]. Left unaddressed, anxiety is linked to poorer emotional well-being up to 5 years post-treatment [4- Strong]. It can also exacerbate physical symptoms like pain and insomnia [10- Strong]. Multidisciplinary care and cognitive behavioral techniques may help reduce anxiety [5- Strong].

Post-Traumatic Stress Disorder

The trauma of the diagnosis, invasive treatments, and the looming threat of mortality can inflict deep emotional scars that surface as PTSD symptoms. Many survivors meet diagnostic criteria for PTSD, highlighting the need for long-term psychological care [10- Strong]. The intrusive thoughts, flashbacks, and hypervigilance demand attention, as they undermine well-being and recovery. These emotional scars must not be underestimated. For certain patients, receiving a cancer diagnosis and enduring rigorous treatments such as surgery, radiation, and chemotherapy can constitute a form of psychological trauma. Research employing recognized PTSD assessments has identified rates ranging from 5% to 35% among survivors of head and neck cancer [3- Strong]. Patients describe traumatic intrusive thoughts and memories related to diagnosis and treatment [5- Strong]. Psychological trauma from invasive surgeries may be augmented by physical trauma [3- Strong]. Other risk factors for PTSD include pre-existing mental illness, low social support, and greater perceived life threats [6- Strong]. PTSD worsens emotional distress and undermines functional recovery [3- Strong]. Early screening may facilitate referral to trauma-focused cognitive behavioral therapy [5- Strong]. More research is needed on preventing cancer-related PTSD.

Patients with head and neck cancer often endure significant reductions in their quality of life (QoL). Factors such as pain, fatigue, speech and swallowing difficulties, as well as facial disfigurement, collectively contribute to this decline. A comprehensive study involving more than 1,000 patients revealed that QoL scores were notably lower when compared to a control group from the

general population. These differences were particularly evident across various domains, encompassing physical health, daily functioning, social interactions, and emotional well-being [3- Strong]. Reduced QoL can persist long after treatment completion [4- Strong]. Functional impairments like dysphagia independently predict worse QoL [3- Strong]. They also drive social isolation and psychological distress. Rehabilitative exercises led by speech-language pathologists can help improve function and restore QoL [11- Strong]. Multidisciplinary supportive care integrating physical, social, and emotional needs is required. Palliative medicine approaches focusing on QoL have demonstrated benefits but remain underutilized.

Head and Neck Cancer Coping Mechanisms: A Beacon of Hope

Many head and neck oncology patients develop remarkable resilience and coping strategies despite the challenges. Group therapy, support networks, and personalized interventions provide a beacon of hope, offering strategies for navigating the psychological aspects of their journey. Notably, participation in support groups improved the mental health outcomes of head and neck cancer survivors [9- Weak]. These groups provide a secure setting for exchanging experiences, encouraging a feeling of identification and comprehension. Additionally, specialized coping techniques have shown promise in lowering anxiety and depression in this patient population [11- Strong]. There are methods that fall into this classification, such as Mindfulness-Based Stress Reduction (MBSR) and cognitive behavioral therapy (CBT) [12- Weak]. Research has shown that rehearsing MBSR can upgrade strength and work on personal satisfaction.

Many patients have incredible resiliency in the face of hardship. In a study of more than 300 Pakistani patients with head and neck cancer, 56% of the patients scored highly on resilience [6- Strong]. This was linked to better mental health outcomes. Social support emerged as a key resilience factor. Patients reporting strong social support had higher resilience, better mental health, and greater life satisfaction [6- Strong]. Group therapy interventions can provide peer support and boost coping skills [2- Strong]. Individual strategies like positive reappraisal, goal-setting, and finding meaning also promote resilience. In one study, patients frequently described cancer as a transformative experience leading to personal growth [2-Strong]. Fostering resilience is an important target for psychosocial interventions.

Body Image and Self-Esteem

The physical changes often accompanying head and neck cancer treatment significantly impact body image and self-esteem. Head and neck cancer survivors notice differences, in how their face looks how they speak, or how they swallow. These changes can sometimes make them feel self-conscious and unhappy with their body. Interventions focused on boosting body image and self-esteem had an impact, on their mental wellbeing [13-Weak]. However, changes in appearance and body image are almost unavoidable with head and neck cancer treatment. In a 5-year longitudinal study, body image scores showed an initial sharp decline followed by

gradual improvement [2- Strong]. However, body image remained poorer compared to pretreatment. Dissatisfaction centered around the face, neck, and shoulder areas. Younger patients are especially vulnerable to body image disturbances. They are still developing a sense of self and sexuality [2- Strong]. Peer support groups may help patients adjust to their altered appearance [11- Strong]. Clinicians should warn patients and caregivers about expected body changes. Psychotherapy, cosmetic techniques like tattooing, and social reintegration training could mitigate body image concerns.

Social Isolation and Stigma

Head and neck cancer treatment can result in functional impairments that affect social interactions. Difficulties with speech or swallowing may lead to social withdrawal, isolation, and a sense of being stigmatized by others. This social isolation can exacerbate feelings of depression and anxiety. The findings emphasized the importance of addressing not only the physical but also the social and emotional aspects of living with a head and neck cancer diagnosis. Functional impairments coupled with body image concerns often lead head and neck cancer survivors to withdraw socially. In a study of 152 patients, over a quarter reported reduced socializing and hobbies after treatment [4- Strong]. The feeling of being stigmatized is also common. In one qualitative study, patients described feelings of shame surrounding their altered speech, appearance, and eating behaviors [11- Strong]. Some felt shunned or avoided in social situations. Consequently, patients can become isolated and reluctant to seek support. Clinicians should promote reintegration and help patients overcome social barriers. Antistigma interventions and online peer support groups can also alleviate stigma [11- Strong].

Caregiver Burden

The impact of head and neck oncology diagnoses extends beyond the patients themselves; it also affects their caregivers. Providing support and care to loved ones can be. Caregivers frequently face elevated levels of stress, anxiety, and depression during this journey. Recognizing and addressing caregiver burden is essential in promoting the overall well-being of both patients and their caregivers [4- Strong]. Caring for head and neck cancer patients places major demands on family members and caregivers. They must contend with their loved one's physical and emotional needs while processing their own grief and worry.

Caregivers report significantly higher levels of anxiety, depression, and distress compared to patients. Distress is highest in women and spousal caregivers, and is linked to financial concerns and lack of personal time [10- Strong]. Caregiving strains family relationships. One study found over 40% of caregivers experienced communication and relationship problems with patients [6-Strong]. Supporting the caregiver's mental health and well-being is paramount. Respite care, online support groups, and teaching coping strategies can ease the caregiver's burden [10- Strong]. Caregivers also need information on care tasks, resources, and patient psychosocial needs [11,14- Strong]. Integrating them into the care team is key.

Conclusion

Battling head and neck cancer involves more than just fighting the disease itself. It means confronting the many health challenges that come with it. These incorporate circumstances that could wait long after treatment is finished, for example, despondency, nervousness, PTSD, self-perception hardships, depression, and parental figure pressure. However, this story is more than just one of affliction; it is likewise one of versatility and trust. Patients battle with issues including social disengagement, self-perception issues, PTSD, uneasiness, misery, and lessened personal satisfaction. The caregiver burden is substantial too. Though many patients demonstrate resilience, screening and early intervention for mental health needs remains critical. Multidisciplinary care teams must be equipped to provide psychosocial support and teach coping skills. With compassionate, holistic care, survivors can move beyond mere survival to thrive. To truly care for head and neck cancer patients, providers must recognize and address the mental health dimensions of their experience. Support groups, therapy, early screening, and interventions to improve body image and self-esteem can profoundly improve survivors' lives. By confronting physical and emotional challenges together, patients and providers can transform the cancer journey.

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Conflict of Interest

No conflict of interest.

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