

Abstract

Background: Endometrial cancer is the most common gynaecological cancer in Hong Kong. Psychiatric morbidity has been shown to be highly prevalent in gynaecological cancer patients and has a significant negative impact on patients' quality of life and disease outcomes. However, little is known about the prevalence of psychiatric morbidity specifically in endometrial cancer patients and local data is lacking.

Aims: The primary objective was to measure the prevalence of psychiatric morbidity in endometrial cancer patients in Hong Kong and compare it with that in patients with benign gynaecological conditions. The secondary objectives were to identify the factors associated with psychiatric morbidity, and to examine the use of the Hospital Anxiety and Depression Scale as a screening tool for psychiatric morbidity in Chinese endometrial cancer patients.

Methods: This cross-sectional study was conducted at a gynaecology specialist clinic in a regional hospital in Hong Kong. Consecutive patients with endometrial cancer and an age-matched control group of comprising of patients with benign gynaecological conditions were recruited. Socio-demographic and clinical factors were recorded. Perceived social support was assessed by the Chinese version of the Medical Outcomes Study Social Support Survey, and depressive and anxiety symptoms were measured by the Hospital Anxiety and Depression Scale

(HADS). The cancer-specific health-related quality of life of endometrial cancer patients was assessed by the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core Module and the Endometrial Cancer Module. Psychiatric diagnoses were established using the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Axis I Disorders (SCID-I). Univariate and multivariate analyses were performed to determine the independent factors associated with psychiatric morbidity. The results of the HADS were compared against the psychiatric diagnoses generated by the SCID-I to evaluate its performance.

Results: A total of 157 patients with endometrial cancer and 157 patients with benign gynaecological conditions were recruited. The point prevalence of overall psychiatric disorders, depressive disorders and anxiety disorders among the endometrial cancer group was 33.1%, 15.3% and 17.8%, respectively. The point prevalence of overall psychiatric disorders, depressive disorders and anxiety disorders among the benign gynaecological condition group was 21.1%, 7.0% and 13.4%, respectively. The prevalence of overall psychiatric disorders and depressive disorders was significantly higher in endometrial cancer patients than patients with benign gynaecological conditions. Endometrial cancer patients with psychiatric morbidity had worse health-related quality of life than those without, but only 19.2% of the patients with psychiatric morbidity were receiving psychiatric or psychological treatment. A past history of

psychiatric disorders, low levels of perceived social support, poor body image, the presence of urological symptoms and pain in the back and pelvis were found to be independent factors significantly associated with psychiatric morbidity. The HADS was effective in screening for psychiatric morbidity. The optimal cut-off point of the total score was 12 for overall psychiatric disorders, that of depression subscale was 7 for depressive disorders and that of anxiety subscale was 7 for anxiety disorders.

Conclusion: Approximately one-third of the Chinese endometrial cancer patients in Hong Kong had psychiatric morbidity and they had worse quality of life than those without. However, a large proportion of patients with psychiatric morbidity was not treated. Identifying the factors associated with psychiatric morbidity and using the HADS as a screening tool may facilitate the early detection of psychiatric morbidity. Psycho-oncology services should be developed and the liaison role of the psychiatric teams should be strengthened, so that integrated care can be provided to endometrial cancer patients, and their quality of life and medical outcomes can be improved.

Keywords: psychiatric morbidity, endometrial cancer