

Mental Health and Emotional Stress; Impact of Cancer Diagnosis on Suicide

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Editorial

A cancer diagnosis is an incredibly stressful, life altering event. In concordance with National Suicide Prevention Week (NSPW) [1], we highlight the significant increased risk of suicide in cancer patients.

Prior international studies have reported high suicide rates in cancer population compared to the general population; Higher suicide rates were seen in respiratory and breast cancers in Denmark [2], in respiratory and oropharyngeal cancers in Norway [3] and esophageal, pancreatic, and respiratory cancer patients in Sweden [4].

In a recent study [5] conducted by our team on 3,640,229 cancer patients in the Surveillance, Epidemiology, and End Results (SEER) database of the National Cancer Institute (NCI), we identified 6,661 patients who committed suicide (1973–2013).

We explored the suicide rates in lung cancer patients compared to the general population and to the three most prevalent non-skin cancers (breast, prostate, colorectal cancer (CRC) using SEER*Stat 8.3.2 program to calculate the standardized mortality ratio (SMR).

The cancer associated suicide rate was 27.5/100,000 person-years with SMR of 1.6 which is nearly twice that of US-general population. Despite this data, many doctors don't fully consider the risk of suicide in cancer patients.

The rate of suicide in lung cancer patients stood out significantly with an SMR of 4.2 which means more than four times higher than the general USA population. This rate was followed by CRC and breast cancer patients, who had a 40 percent higher than average rate, and prostate cancer patients who had a 20% higher suicide rate compared to the general USA population; SMR=1.2). The suicide rate was significantly higher in older patients (70-75 years; SMR=12), males (SMR=8), widowed patients (SMR=11.6) and Asians (SMR=13.7).

The median time to suicide was shortest in lung cancer patients (7 months) compared to prostate cancer (56 months), breast cancer (52 months) and 37 months in CRC (p <0.001).

The shorter median time to suicide for lung cancer patients appears to be related to the dismal outcome often associated with lung cancer. The late development of symptoms at advanced stages, and the feeling of personal guilt for smoking.

While the study reveals the continued risk for suicide among cancer patients it did highlight that advances are being made in identifying high risk patients. There was a decrease in the suicide rate over the 40-years study period. This may be attributed to identifying and treating patients with cancer earlier which translates into more hope for cure and identifying patient who are emotionally distressed for intervention.

Based on these results it appears intuitive that patients be surrounded by a strong support system that includes friends and family to reduce the feeling that they are alone in this difficult journey. It is our responsibility to request that patients come with a loved one for their consultation and treatments. We believe that a full emotional survey should be conducted just like a physical exam. Pointed questions such as "are you eating, sleeping or considering suicide?" should be broached. If a patient has any of these concerns they should be referred to mental health professionals for early intervention.

References

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