

Psychological Issues in Children with Cancer in Republic of Macedonia

Tatjana Zorcec¹, Kata Martinova²

University Children's Hospital, Medical Faculty, Ss. Cyril and Methodius University, Skopje, Macedonia

Abstract: ***Introduction:** childhood cancer diagnosis is hard emotional and psychological burden on the child and his family. Typically, parents ask for emotional support from family members and friends but in many cases their support is not sufficient and professional help provided by psychologists, social workers, psychiatrists etc. becomes essential. **Aim of the study:** to investigate the motives of parents with children undergoing cancer treatment in Republic of Macedonia for seeking professional psychological interventions. Subjects and methods: we have performed a retrospective study of the childhood cancer cases in the time period 2012-2014, diagnosed/treated at the oncology department, University Children's Hospital in Skopje, Macedonia. **Results:** in this period, there were 118 cases of childhood cancer. Out of this number, 52% of the children and their families asked for a specific psychological intervention, 27% needed just general consultation and 21% didn't need any psychological consultations. Psychological interventions were mainly for an assistance in the adjustment process or experiencing persistent and intense distress, negative perception of self-appearance, withdrawals, tantrums, aggression, eating difficulties, emotional problems or combination of several symptoms. **Conclusion:** childhood cancer causes serious emotional and psychological burden on the child's life and the entire family. Psychological interventions are comprehensive part of the treatment and help in achieving better outcome. Follow up on the child's psychological state after the acute phase of the illness are necessary and prevents future development of psychological problems.*

Keywords: children, cancer, psychological interventions

1. Introduction

The diagnosis of cancer in children is a hard emotional and psychological blow on the child and the entire family. Firstly, parents may ask for moral support from their family members and friends, people who love them and understand their feelings at best. But then again sometimes family, friends and support groups are not enough and parents decide to seek professional help from psychologists, social workers, psychiatrists etc. Many parents find it helpful to seek out mental health care professionals to help resolve the difficult feelings and states that cancer awakens. Psychologists and other mental health professionals make important contributions to the understanding and care of families faced with pediatric cancer. They have a strong and important presence in children's cancer care departments. Usually, psychologists collaborate with other health care professionals and provide consultation to deliver psychological support to patients, families and staff. This care is an integral part of comprehensive cancer treatment. Cancer is provoking many changes and challenges for children and their families. Children on different developmental level understand and react differently to cancer and the treatments that follows. Besides the developmental level, the way child copes with cancer depends also on child's personality, coping mechanisms, supporting system, cancer type and treatment plan etc.

Psychologists can play an important role throughout the entire process of a child's experience with cancer, including:

- the time when the diagnosis is established
- during the treatment
- at the end of the treatment
- after the treatment ends
- when relapse occurs
- at the end of life.

Psychologists can provide the following important services to pediatric cancer patients and their families:

- assessment and treatment of behavioral, cognitive and emotional problems associated with pediatric cancer diagnosis and treatment
- neuropsychological assessment to understand how cancer (e.g., brain tumors) and cancer treatments (e.g., chemotherapy and radiation to the brain) affect cognitive and academic skills
- program development of evidence-based interventions for children and adolescents treated for cancer, their parents and their siblings
- mourning counselling and treatment;
- consultation to medical professionals, family members and school staff regarding health promotion and treatment of behavior and emotional difficulties, as well as the accommodations and interventions needed to address cognitive and academic difficulties [1].

Besides on the parents, cancer has the following strong psychological impact on the child:

- physical symptoms of cancer and the cancer treatment can cause serious social and emotional consequences (negative perception of self-appearance is associated with academic, social, and psychological impairment, low self-esteem and symptoms of depression)
- significant risk for a range of short- and long-term social, emotional, and behavioral difficulties (treatment-related pain, visible side effects such as hair loss, weight gain or loss, physical disfigurement, and repeated absences from school and peers, negatively impact children's social and psychological adjustment)
- severe anxiety, inhibited and withdrawn behavior, behavior problems, excessive somatic complaints, intense stress, post-traumatic stress disorder (PTSD), academic difficulties and surrounding frustration, peer relationship

difficulties, and worries about the future in relation to career and relationships

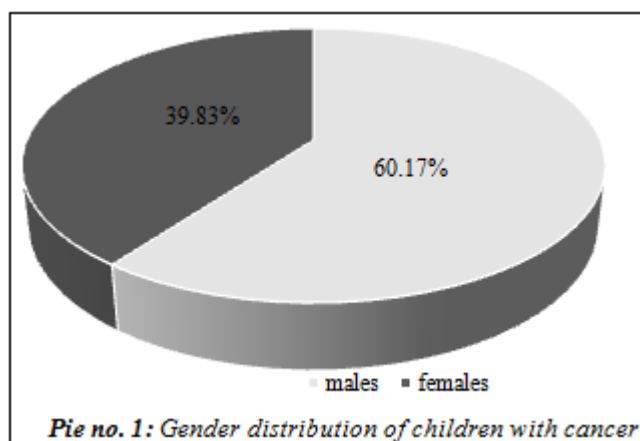
- academic difficulties that contribute to social and emotional maladjustment
- depression, apathy and poor self-concept [2].

2. Aim of the Study

The main aim was to investigate the reasons parents of children with cancer in Republic of Macedonia asked for psychological interventions.

3. Subjects, Methods and Results

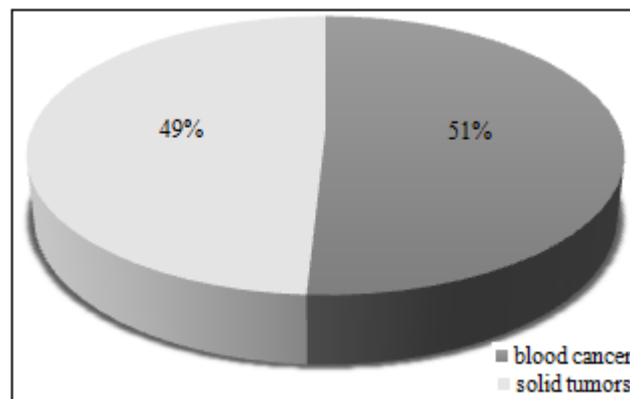
Subjects of this study were children with cancer, diagnosed and treated in the time period from 2012 to 2014, at the department of oncology, University children's hospital in Skopje Macedonia. Age of the children was from 0-14 years old, from both genders, all nationalities and religions and all parts of the country. Overall, in the period of three years, there were 118 reported cases of childhood cancer, from which 106 new cases and 12 cases with recidivism. Majority of them were males (60.17%) and the rest females (39.83%) (Pie no. 1).



Pie no. 1: Gender distribution of children with cancer

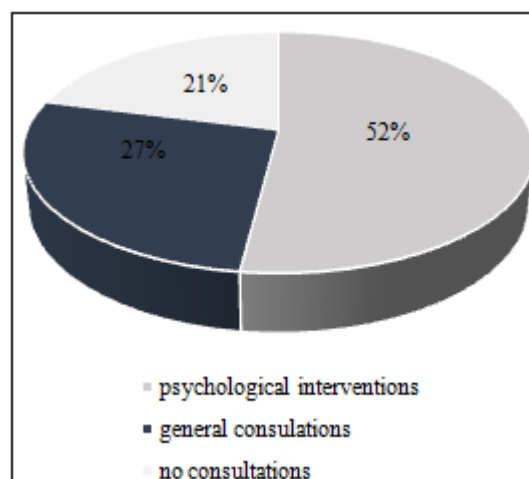
Mean age of the children treated in 2012 was 6 years, (SD=4.25), in 2013 also 6 years (SD=3.58) and in 2014 7 years (SD=3.94). All children had both of their parents alive and all had from one to several siblings.

In 50.84% of the cases children had different forms of blood cancer and in 49.16% various types of solid tumors (Pie no. 2).



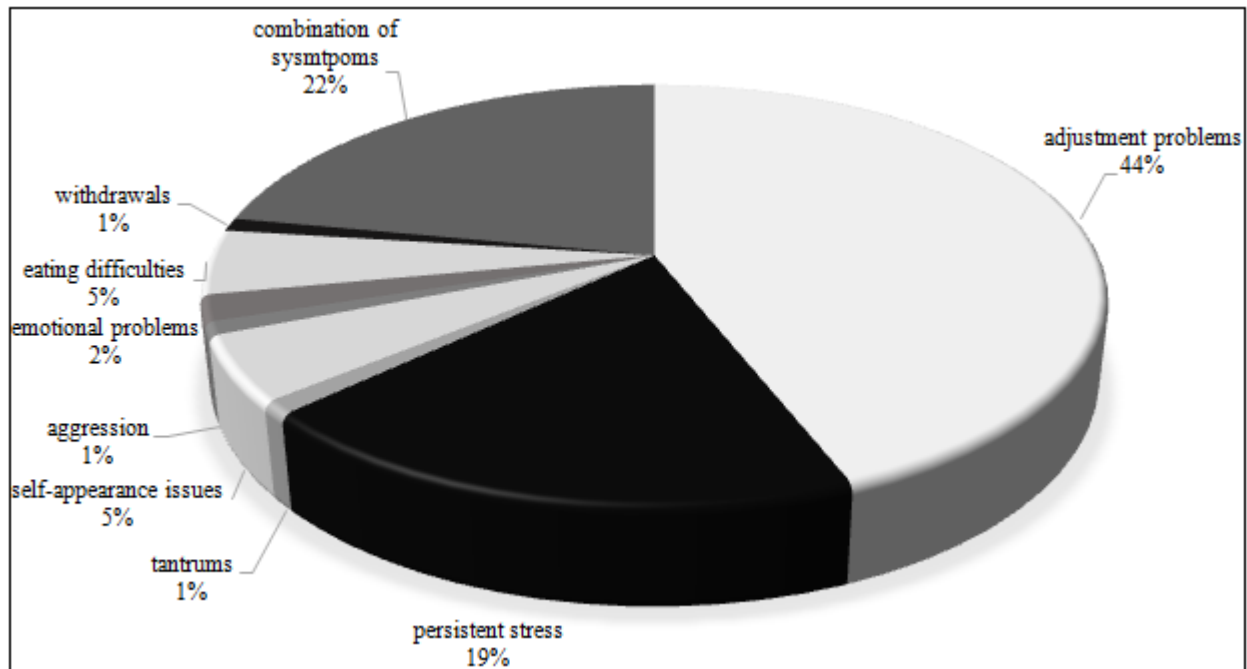
Pie no. 2: Distribution by the cancer forms

We have performed retrospective study in which we have explored cancer cases and we found out that in 79% of the cases some type of psychological interventions were required and in 21% no interventions were needed (Pie no. 3). In all intervention cases we have conducted interview with the parents and the children and suitable psychological interventions were undertaken.



Pie no. 3: Cancer patients and psychological need

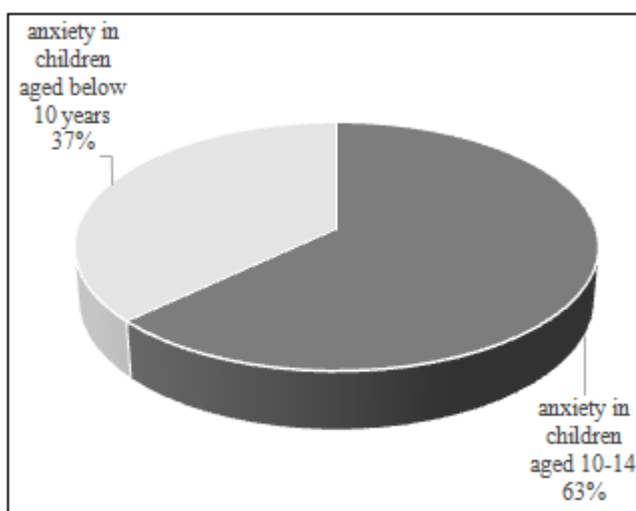
Those cases that needed psychological interventions were mainly for an assistance in the adjustment process or experiencing persistent and intense distress, negative perception of self-appearance, withdrawals, tantrums, aggression, eating difficulties, emotional problems or combination of several symptoms (Pie no. 4).



Pie no. 4: Psychological issues in children with cancer

In general consultations, parents had dilemmas on over-all behavior with the child in this difficult situation, how to manage possible problems, if the treatment could cause any psychological effect on the general state of the child, adaptation of the family to the new situation etc.

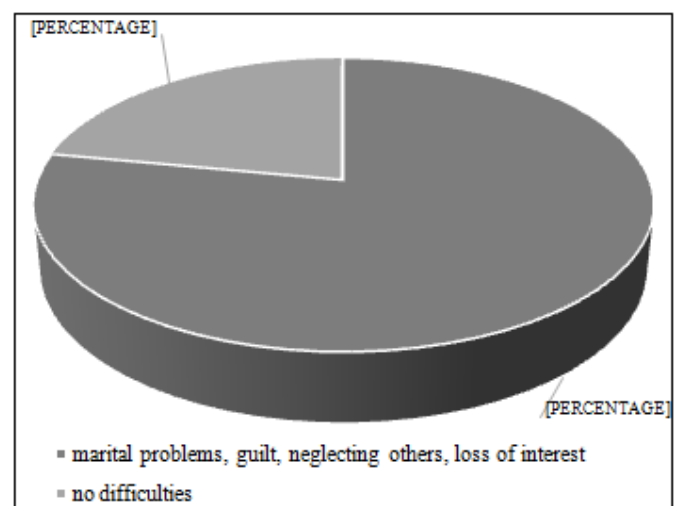
Detailed personal interviews with the parents and children showed profound changes in many areas of their lives. For all of those children the most profound changes were in the typical family rhythm and live, concerning the long periods of absents from home settings and family members. All of those children were hospitalized in the company of their mothers and the other family members had open access to visit daily and be supportive during the many periods of hospitalization. Nevertheless, the absence from home environment and daily routines caused distress and anxiety among children. The most profound distress was noticed in older children (age from 10-14 years old) then in the smaller children (bellow 10 years old) (Pie no. 5).



Pie no. 5: Anxiety levels among cancer patients

Also all of the school aged children had long absents from visiting school and school activities. Children has stressed out that support from the school teachers and classmates was very important and valuable for them in any period of the treatment. They have noted that decrease in the frequency of social contacts is something that is making them anxious and unhappy.

Problems in the marriage, neglecting the healthy siblings, feeling of guilt and loss in the interest for work occurred in the majority of parents, especially in mothers who are staying with the children during the long hospital treatments (Pie no. 6).



Pie no. 6: Difficulties among parents of children with cancer

4. Conclusion

Childhood cancer causes strong emotional and psychological burden on the child's life and his entire family. Children treated for cancer can develop serious medical and physical conditions but also psychological difficulties during the

period of intensive treatment. But then again psychological issues can be developed and after the treatment when they experience transition back into their family, social and school lives they had prior the cancer diagnosis. Cancer treatments leads to interruption in normal family, social, and school life so it's very understandable to feel anxious or have emotional reactions, but feeling excessively concerned, depressed or develop behavior problems can affect numerous aspects of child's health and functioning. The expansion and evolution of these kind of problems depends on many factors like child's age, personality, supporting system, cancer type, treatment plan etc. With appropriate supporting system from the family, peers, medical doctors, mental health professionals and others, many children can survive cancer and succeed in spite many challenges. Parents also experience and express feelings of frustration, anger, depression, threat and loss of control. Early symptoms of emotional or behavior distress require prompt assessment and intervention in order to diminish negative impact on the child's general state. Psychological interventions are comprehensive part of the treatment and helps in achieving better outcome. Follow ups on the child's psychological state after the acute phase of the illness are necessary and prevents future development of psychological problems.

References

- [1] <https://www.cpa.ca>
- [2] <https://www.apa.org>