

ABSTRACT

Background

Colorectal cancer is the second most common cancer in Hong Kong. A high rate of psychiatric morbidity has been found in colorectal cancer survivors. As psychiatric morbidity is known to have negative impacts on the clinical outcomes of colorectal cancer patients, it is important to identify those at risk early so as to offer appropriate treatment. However, little is known about the prevalence and predictive factors of psychiatric morbidity in Chinese colorectal cancer patients. Moreover, there is no well established screening tool for psychiatric morbidity in this patient population.

Aim

The aim of the present study is to determine the prevalence of psychiatric morbidity, to identify potential predictors and to evaluate the effectiveness of the 12-item General Health Questionnaire (GHQ-12) as a screening instrument for psychiatric morbidity in Chinese patients with colorectal cancer.

Methodology

The present study recruited all consecutive Chinese colorectal cancer patients who attended the surgical and oncology combined clinic of a major general hospital in Hong Kong for the first time during a 5-month period. Subject characteristics including socio-demographic background, past medical history, clinical features and treatment characteristics of the colorectal cancer, and social problems were recorded. The GHQ-12 was administered

and its scores were compared to the psychiatric diagnoses made using the Structured Clinical Interview for DSM-IV Axis I disorders (SCID).

Results

One hundred subjects were included and 93 (93%) of them agreed to participate. Current Axis I disorder was found in 35.5% of the participating subjects. Among them, 12.9% suffered from major depressive disorder, 11.8% suffered from adjustment disorder with depressive symptoms, 6.5% had anxiety disorders, 3.2% had substance-related disorders and 1.1% had paranoid schizophrenia. “Being an active smoker”, “having an increased number of chronic medical illness” and “receiving government allowance” were found to be associated with overall psychiatric morbidity. “Being an active smoker”, “having an increased number of chronic medical illness” and “the presence of social problems” were found to be associated with current depressive disorders. No significant association was found between the exposure variables and current anxiety disorders. All of these variables, except “receiving government allowance”, remained statistically significant after logistic regression analysis. The GHQ-12 was found to be effective in screening for current depressive disorders, with a high sensitivity and specificity of 91% and 86% respectively, at the cut-off score of 14/15 using the [0-1-2-3] scoring method.

Conclusion

Chinese patients with colorectal cancer have a higher rate of psychiatric morbidity compared to the local general population. The identification of risk factors and the use of

GHQ-12 as a screening tool help facilitate early detection and treatment of psychiatric morbidity in colorectal cancer patients attending an out-patient specialist clinic.