

Depression and Suicide in Cancer Patients

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Abstract

The goal of the current study was to compare cancer patients who passed away from natural or medical reasons or by suicide. The purpose of this study is to pinpoint factors that can prevent and contribute to suicide in cancer patients. Our study did not discover any significant differences between individuals with a cancer diagnosis at TOD who died by suicide and those who died by natural or medical reasons, in contrast to earlier studies that looked at suicidality in cancer patients.

Keywords: Suicide • Depression

Introduction

Even after controlling for depression, a higher risk of suicide has been observed in individuals with severe, persistent, and life-threatening medical conditions. A terminal illness diagnosis increases a person's risk of suicide attempt by two times compared to the general population. Regardless of the stage or prognosis, receiving a diagnosis for a serious illness like cancer is a stressful experience that some people may find challenging to handle. However, other factors that raise the risk of suicide in cancer patients, regardless of gender, include the intensity of the pain, the aggressiveness of the disease, and the prognosis itself.

The first year after a cancer diagnosis is when there is the greatest risk of suicide thoughts and actions. The majority of those at risk for suicide within the first year had been found to have advanced cancer. After that, the risk of suicide usually declines. However, the higher risk of suicide in the first year after diagnosis should prompt more focus on and referrals for mental health care. Patients who worry about losing their independence as their cancer worsens are also more likely to commit suicide. One of the most frequent psychological reactions to a cancer diagnosis is depression.

When compared to the overall population, people who have been diagnosed with cancer are much more likely to experience depression. Suicidal ideation is linked to extreme depression, a propensity for hopelessness, and recurrent thoughts of suicide in the community of cancer patients.

Cancer patients who are in their advanced stages may start to feel like a burden to their loved ones. When determining the risk of suicide in older cancer patients, perceived burdensomeness is particularly important because it has been connected to a diminished capacity for finding meaning in life. Protective factors, social support from a spouse, or having a job may lessen the risk of committing suicide. The probability of suicide decreases one year after the initial cancer diagnosis with higher education. Additionally, a stronger emphasis on family and professional responsibilities may lessen suicidal thoughts and associated problems like despair or sadness. The goal of the current study was to compare cancer patients who passed away from natural or medical reasons or by suicide.

The purpose of this study is to pinpoint factors that can prevent and contribute to suicide in cancer patients. Suicidal ideation, suicide attempts, and suicide death by suicide among cancer patients and other populations may be influenced by a variety of risk and protective variables. Understanding the most important elements that raise the risk of suicide behavior in cancer patients may help to lower mortality rates in this vulnerable group. In addition to the type and stage of cancer that was identified, financial load, social issues, and mental health history were looked into as potential risk and protective variables.

The study's objectives included evaluating cancer patients who passed away from illnesses, accidents, or suicide as well as identifying protective and risk factors for suicide in cancer patients. Our study did not discover any significant differences between individuals with a cancer diagnosis at TOD who died by suicide and those who died by natural or medical reasons, in contrast to earlier studies that looked at suicidality in cancer patients. It is frequently believed that all populations who manifest suicidality share certain traits. However, past research comparing people who attempt suicide and people who successfully commit suicide have found that there are significant differences between these populations in a number of areas, including demographic traits and manner of suicide.

Although there were no statistically significant differences between our two cohorts, the data did show a few trends that were close to being significant. According to the findings, a depressive disorder diagnosis (major depressive disorder, persistent depressive disorder, adjustment disorder with depressed mood, or depression not otherwise described) at TOD may be a marker of a higher probability of successfully committing suicide after receiving a cancer diagnosis. When giving older persons a cancer diagnosis, healthcare professionals should consider this finding as it may have clinical applications. Quick depression screeners could be used by medical professionals to determine if patients need additional testing or are best sent to a mental health professional.