

Stress, Fears, and Phobias: The Impact of Anxiety

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Case Presentation: How often in the oncology setting do patients express fear, worry, or concern about the cancer experience? A 41-year-old woman with a diagnosis of stage I ductal carcinoma treated with lumpectomy, radiation therapy, chemotherapy, and hormonal manipulation had no evidence of disease four years later. The patient had trouble sleeping at night and felt nervous most of the time. She expressed that her feelings have been worse since her cancer diagnosis.

A 50-year-old man with stage III colon cancer completed adjuvant chemotherapy three months ago. For six weeks prior to his routine follow-up appointment, he was unable to eat, felt fidgety, had difficulty sleeping, and was irritable with his family. On the day of his appointment, he felt nauseated, was short of breath, and had a rapid heartbeat. He stated that his thoughts for the past six weeks constantly centered on being told that the cancer was back.

A 46-year-old man was undergoing neoadjuvant chemotherapy for colorectal cancer. On scheduled treatment dates, he would experience nausea and vomiting prior to arrival at the office. When IV access was obtained, he would become cold, pale, and diaphoretic. Despite interventions, the symptoms worsened with each treatment. He started to arrive late for appointments, cancel treatments, and subsequently stopped therapy to avoid the symptoms that occurred on the day of scheduled treatment.

The common denominator for these patients is anxiety. Anxiety and anxiety disorders are frequent occurrences that can be debilitating for patients with or without cancer diagnoses. This article will review the most common types of anxiety disorders that may be seen in patients with cancer.

Definition and Incidence

Anxiety as a response to a cancer diagnosis and treatment often is under-recognized and undertreated (Bottomley, 1998). Anxiety is described as a vague, general feeling of concern or worry. The incidence of anxiety in recently diagnosed patients with cancer may be as high as 50%. The estimated rate of chronic anxiety present in long-term cancer survivors is approximately 30%. Events that may trigger anxiety in patients with cancer include hearing the diagnosis, receiving chemotherapy, having surgery, undergoing radiation therapy, and discussing issues with family.

Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) is an uncontrolled worry, fear, or excessive apprehension about events or activities (Antai-Otong, 2003; Bottomley, 1998; Shear, 2003). GAD affects women more often than men. Approximately 4 million people in the United States have GAD. The disorder may manifest during childhood or adolescence.

Panic Disorder With or Without Agoraphobia

Panic disorder is described as an intense fear that occurs suddenly and without warning. Attacks are unpredictable. Patients with panic disorders may have agoraphobia, an uncontrollable fear of a place or situation with subsequent avoidance of the evoking situations associated with the attacks (Antai-Otong, 2003; Bottomley, 1998; Shear, 2003).

On average, 3.6% of American adults report panic disorders, with 8%–13% seen in the primary care setting (Bottomley, 1998; Simon & Korobly, 2002). Women are affected twice as often than men. The disorder is commonly seen in patients aged 25–44 years. Phobias that oncology health-care workers need to consider include fear of doctors, illness, injury, and death (Bottomley). Other fears that impact the care of patients with cancer are those of needles, medication, or anesthesia.

Social Anxiety Disorder

Patients with social anxiety disorder (SAD) have an inappropriate, persistent

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