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RISK FACTORS ASSOCIATED WITH SUICIDE AMONG PATIENTS WITH KIDNEY CANCER INSTITUTE

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ABSTRACT

Renal cancer (renal cell carcinoma) is a malignant neoplasm derived from the proximal tubular epithelium and is highly lethal. Kidney cancer is the 13th most common cancer in the world and 9th among men. Patients with kidney cancer, especially in the terminal stage, have a reduced quality of life and a high mortality rate. In addition, kidney cancer is a devastating disease that leads to serious physical and psychological disorders and serious social problems in patients, families and even society, which are well-known risk factors for suicide Objectives: the present study was to study the characteristics of suicidal factors in patients with kidney cancer.

KEYWORDS: *Suicide, Kidney Cancer, Suicidal Factors*

INTRODUCTION

Suicide, a global public health problem, is a complex behavior influenced by physiological, psychological, social, environmental and cultural factors **[1].**

Among the factors affecting the quality of life and survival in patients with kidney cancer, there are mental health problems that often develop in patients with reduced kidney function **[2, 3].**

Depression is a well-known independent risk factor for hospitalization or death in patients with impaired renal function.

In recent years, studies have reported that patients with diagnosed diseases with a poor prognosis, especially cancer, were more likely to feel hopeless, suffer from depression, and subsequently commit suicide. 7,8 Several studies have reported an increase in suicidal thoughts and suicide attempts in cancer patients, as well as a high suicide rate among these patients. 7, 9, 10 because suicidal behavior was potentially recognizable and preventable, it was especially important to identify patients with high risk factors for suicide.

Materials and methods

We selected 30 patients with kidney cancer at risk of suicide, recruited from the department of the Bukhara Regional Cancer Hospital. The age of the patients at the time of the examination ranged from 30 to 62 years [mean age 29.1 ± 5.4 years], including 29 male patients and 1 female patient. All patients suffered from oncological diseases of the kidneys and had disabilities (2, 3 disability groups). Of these, 22 patients with stage 3 kidney cancer who received chemotherapy, 8 patients were end-stage kidney cancer.

The risk of suicidal behavior was assessed using the Beck Suicidal Thoughts Scale and the B. Luban-Plozz Suicide Risk Inventory. All patients underwent a detailed structured medical history and physical examination. Patients were divided into 2 groups with kidney cancer risk of suicide (group 1) and without it (group 2).

Results:

For genitourinary cancer, risk factors were associated with symptoms such as urinary incontinence, pain during intercourse, and erectile dysfunction.

Among all patients, 27 (88.6%) were married and 3 (11.4%) were unmarried. A total of 8 (3.7%) patients were operated on for cancer and 12 (40.3%) patients did not receive radiation therapy.

The results showed that higher risk of suicide in patients with kidney cancer was associated with male gender (versus female, $P < 0.001$) and no surgery for cancer (vs., adjusted for $P < 0.001$). The test results showed that the level of suicidal behavior among kidney cancer patients increased with histological grade ($P<0.001$) and disease stage ($P<0.001$). A significantly increased suicide rate among patients with kidney cancer from general patients was found in the first 2 years after the diagnosis of cancer.

Test results showed a higher histological grade (grade IV versus grade II, HR: 3.6, 95% CI: 1.7-7.6, $P < 0.001$; grade III versus grade I, HR: 2 .27, 95% CI: 1.28-3.05, $P = 0.005$), advanced disease (deep or localized, HR: 2.52, 95% CI: 1.55-4.13, $P < 0.001$) and cancer-guided surgery was not performed (versus performed, HR: 3.18, 95% CI: 1.91–5.30, $P < 0.001$) and cancer surgery was not performed (vs. performed, RR : 2.72, 95% CI: 1.51–5.10, $p<0.001$).

DISCUSSION

In our study, there was also a tendency for suicide rates to increase with age, although not statistically related. As reported in previous studies, the risk of suicide among cancer patients varied depending on the time after diagnosis, and an increased suicide rate could be found in the initial period after diagnosis. Our results showed a significantly increased suicide rate among kidney cancer patients in the general population in the first 2 years after diagnosis.

With regard to the specific clinical variables of kidney cancer, there are several findings to note. It was well known that a low histological grade of malignancy meant high differentiation of cancer cells, which predicted a good prognosis and improved health-related quality of life. Patients with higher histological grade (Grade III and IV) in our study were found to have a higher risk of suicide than those with lower histological grade (Grade I).

An increased risk of suicide has generally been associated with cancers with a poor prognosis. Compared with clear cell renal cell carcinoma, patients with sarcomatoid renal cell carcinoma

and collecting duct renal cell carcinoma had worse overall survival and cancer-specific survival. Conversely, patients with chromophobic histology had a higher survival rate. Based on our study, no significant difference in suicide rates among patients with different histological subtypes was found, and no obvious association between histological subtype and suicide was found using Cox regression modeling.

Another factor associated with suicide was surgery for cancer. Patients who underwent surgery were less likely to have suicidal behavior than those who did not undergo surgery. Cancer patients who underwent surgery with a high complication rate were more likely to be at risk of suicide than those who underwent surgery with a low complication rate. In addition, there was no clear association of suicide with the anatomical location of the cancer. Indeed, patients generally suffered from general weakness and experienced depression, hopelessness, and despair after surgery, which were risk factors for suicide. However, until now there has been no consensus on the link between cancer surgery and suicide. It should be noted that suicide was a complex phenomenon, including not only physiological, but also psychological and social factors. Therefore, more factors need to be taken into account to elucidate this relationship. Various factors influence the suicidal behavior of cancer patients. Compared to other causes of death, such as an accident, suicide is preventable. Suicide is predicted differently, and therefore more efforts should be made to improve the situation.

CONCLUSIONS

Based on our findings, we suggest that kidney cancer patients at high risk of suicide be considered for psychiatric evaluation. Currently, several proven tools can be used to identify depression risk, including the Beck Depression Inventory and Cancer Hospital Guidelines. Second, patients at risk should receive psychotherapeutic interventions as early as possible. It has been widely shown that psychotherapeutic interventions for people with depression can be beneficial in terms of reduce suicide rates and improve quality of life, such as participating in cancer support groups, managing stress, and integrating psychological support into cancer treatment. In addition, efforts to reduce suicide need coordination and cooperation, including healthcare professionals, family members, and even the entire community. In addition to professional help, family communication and social support also play an important role in preventing suicide and suicide attempts. In summary, our study identified independent risk factors for suicide in patients with kidney cancer. Diagnosis, male sex, unmarried status, higher histologic grade, and no surgery for cancer were all significantly associated with a high risk of suicide. Disease stage and radiation therapy were not associated with suicide. Thus, based on our study, clinicians can better screen and intervene for individuals at high risk of suicide, especially at vulnerable stages during diagnosis, treatment, and follow-up.

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