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Thesis Approval

Evaluation of Quality Improvement Project implemented at the Ministry of Health at Gaza Strip

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Abstract

The main goal of this study was to clarify the prevalence of Psychiatric disorders among cancer children attending pediatric hospital in the age group from 6-12 years in the oncology department of El-Nasser Hospital. The study sample consisted of 50 children, 92% of them had Leukemia compared to a control sample of 52 children treated in the hospital for other medical reasons rather than cancer and had no previous mental health disorder or mental retardation. These psychiatric disorders include anxiety, depression and post traumatic stress disorder.

Data was collected by using questionnaire consisted of a number of scales and divided into four parts, the first part contains the demographic data, the second part contains child post traumatic stress disorder scale CPTSD, the third part contains Children Depression Inventory scale CDI, and the fourth part contains Revised Children Manifest Anxiety Scale RCMAS and all these scales were applied on the study sample.

Most of cancer children 38% live in refugee camps, while 30 of them live in city and 32 % live in the village.

The results of the study show that 56% of cancer children compared by 11.54% of the children in the control group had anxiety disorder, and 64% of cancer children compared with 27% of the children in the control group had moderate to severe depression and 58% of the cancer children compared to 19.2% of the control group had PTSD. The children diagnosed with cancer had more statistically significant differences in anxiety depression PTSD than other control group.

There were no statistically significant difference in the type of residence for anxiety and PTSD variables, but depression was highly rate in children

with cancer who live in the city than in village and camps. and there no were statistically significant differences between cancer children and children in the control group in the number of siblings. According to gender, both males and females are affected by psychiatric disorders. The study also shows that the children of cancer live in low socio-economic status as social income than those in the control group. This study can be generalized for other cancer children in Gaza Strip. The researcher recommended that educational, recreational and psychological programs would be developed to decrease the suffering of cancer children and their families. This can be achieved by integrated mental health team from psychiatrists, psychiatric nurse's, psychologists, and social workers to establish individual psychotherapy, group therapy, social programs to cooperative with patients in hospital or home and Prepare education program for family to increase knowledge to support the children with cancer and their families. The researcher also recommended conducting longitudinal study to follow up the psychiatric disorders for children with cancer and their families.

ملخص الدراسة

الهدف الرئيسي من هذه الدراسة هو معرفة نسبة انتشار الاضطرابات النفسية بين مرضى أطفال السرطان من الفئة العمرية 6-12 سنة في قسم الأورام بمستشفى النصر للأطفال وتشمل القلق والاكتئاب و الاضطراب ما بعد الصدمة مقارنة بأطفال آخرين مصابين بأمراض أخرى ليس لها علاقة بمرض السرطان.

عينة الدراسة

تكونت عينة الدراسة من 50 طفل وطفلة مصابون بمرض السرطان وعينة ضابطة 52 من الأطفال الذين يترددون علي المستشفى بشرط أن لا يكون الطفل قد أصيب بأي نوع من أنواع السرطان وليس لديه مرض نفسي أو تخلف عقلي.

جمع البيانات

قد تم جمع البيانات الخاصة بالبحث عن طريق تصميم استبانته باستخدام عدد من المقاييس وتشمل أربعة أجزاء , الجزء الأول يتعلق بالعوامل الديموغرافية , والجزء الثاني مقياس كرب ما بعد الصدمة النفسية للأطفال "PTSD" , ومقياس الاكتئاب CDI ومقياس القلق RC MAS.

نتائج الدراسة

تبين من الدراسة أن 30% من الأطفال المصابين بالسرطان يسكنون في المدينة , و38% منهم يسكنون المخيمات؛ وبينما المرضى الذين يسكنون القرى 32% .

أما بالنسبة لنوع الإقامة فلا يوجد فروق ذات دلالة إحصائية بين الأطفال المصابين بالسرطان والعينة الضابطة لاضطراب القلق واضطراب كرب ما بعد الصدمة إلا أن مرض الاكتئاب أوجد دلالة إحصائية أكثر لأطفال السرطان الذين يسكنون المدينة.

وقد أظهرت نتائج الدراسة أن 56% من الحالات المصابة بالسرطان مقارنة 11.54% من الحالات الغير مصابة لديهم قلق نفسي , وقد تبين أيضا أن 64% من الحالات المصابة بالسرطان مقارنة 27% من الحالات الغير مصابة لديهم اكتئاب نفسي ما بين متوسط وشديد , وان 58% من الحالات المصابة مقارنة 19.2% من الحالات الغير مصابة لديهم اضطراب ما بعد الصدمة.

هناك دلالة إحصائية أن الأطفال الذين يعانون من مرض السرطان يعانون من اضطرابات نفسية أكثر من غيرهم من الأطفال في المجموعة الضابطة.

بينما كان معدل المرضى المصابين بمرض اللوكيميا يمثل نسبة 92% من مجموع الحالات المصابين بمرض السرطان وأن نسبة الشفاء من مرض السرطان للأطفال يمثل 90% من مجموع الحالات المصابة.

وقد وجدت الدراسة أنه لا يوجد فروق ذات دلالة إحصائية بين المرضى السرطان والمرضى الغير مصابين بالسرطان من حيث عدد الأخوة , أي أن جميع المرضى يتأثرون بالاضطرابات النفسية بنفس القدر إذا كان عدد الأخوة كثيراً أو قليلاً.

ولم تجد الدراسة أي فروق ذات دلالة إحصائية بين الجنس حيث أن الأطفال سواء كانوا ذكورا أم إناثا فانهم يتأثروا بالاضطرابات النفسية بنفس القدر سواء كانوا من الأطفال المصابين بالسرطان أو العينة الضابطة. كما أظهرت الدراسة أيضا أن مستوي الدخل الاقتصادي والاجتماعي اقل في مرضى السرطان مقارنة بالعينة الضابطة.

لاحظت الباحثة إلا أنه يمكن تعميم هذه الدراسة علي أطفال السرطان في قطاع غزة حيث تم جمع العينة من كل الأطفال الموجودين في قسم الأورام في مستشفى الأطفال. كما أوصت الباحثة بعدة اقتراحات والتي توصي بعمل برامج خاصة تثقيفية نفسية وبرامج ترفيهية لتخفيف الآلام لدي مرضى السرطان عن طريق إنشاء فريق نفسي متكامل من أطباء وتمريض وأخصائي نفسي وأخصائي اجتماعي لتقديم الخدمات النفسية لأطفال السرطان وذلك بإنشاء ودعم برامج توعية تعليمية نفسية بإنشاء مجموعات علاجية وبرامج تثقيفية لعائلات المرضى حتى يسهل التعامل مع المريض ومعرفة طبيعة مرضه ومساعدته , سوء في المستشفى أو البيت وذلك للتدعيم النفسي للأطفال المصابين بالسرطان وكذلك عائلاتهم. كما أوصت الباحثة بعمل دراسة طولية تتبعيه لمعرفة حجم المشاكل النفسية لدي أطفال السرطان وعلي أمهات المرضى أيضا الذين يعانون بصورة كبيرة.

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Chapter (1)

Introduction

1.1 Research background

Globally, cancer is and will be become an increasingly important factor in the global burden of disease in the decades to become, the estimated number each year is expected to rise from 10 million in 2000 to 15 million by 2020. Some of all these new cases will occur in the less developed parts of the world. A national control program is a public health program, designed to reduce cancer incidence and mortality to improve quality of life of cancer patient (PCR 2000). The systematic and equitable implementation of evidence based strategies for prevention, easily detection, diagnosis, treatment, and palliation, making the best use of available resources.

Cancer is the third leading cause of death among Palestinian after cardiovascular disease, and it is the major cause of mortality among Palestinian population. Health efforts aimed to reducing many of environmental and behavioral factors that associated with the onset of cancer.

Cancer is the leading cause of death due to illness in childhood and adolescence, except in infancy (Vaughan, 1987).

Malignant neoplasm was the leading cause of death for 30 child aged 0-18 years in 2003, 15 child aged from 0-4 years and 15 child aged from 5-18 years old (Ministry Of Health, 2004). In United States, cancer causes more deaths than any other disease of children between the ages of 15 years (Behrman, 1992).

Most of cancer children have periods of anxiety and depression during the course of their illness, e.g. acute lymphatic Leukemia, Myeloid Lymphatic Leukemia and Hodgkin's diseases. For many of children anxiety relates to procedures receiving chemotherapy or even anticipating going to the hospital. A child may appear depressed during acute exacerbation. They may feel better when there is physical improvement. Children may also be depressed and having hospital thereby and missing regular daily activities or not seeing friends (Selter, 1990). A more most consideration should be psychological and emotional support for patient and family.

Cancer ranks among the most dreaded of disease, a diagnosis can cause extreme fear, helplessness, and psychological trauma. The outcome of the treatment compounds the anxiety and leads of patients feeling powerless cancer is the product of cumulative lifestyle and environment factors that place everyone at risk. In the United States each year, approximately 1.3 million cancers are diagnosed, and so it is the second leading cause of death (Weaver, 2004).

WHO (2004) stated that mental health is as important as physical health to the overall well-being of individuals, societies and countries. Yet only small minorities of the 450 million people suffering from a mental or behavioral disorder are receiving treatment. Advances in neuroscience and behavioral medicine have shown that, like many physical illnesses, mental and behavioral disorders are the result of a complex interaction between biological, psychological and social factors. Mental and behavioral disorders have a basis in the brain; affected people of all ages in all countries. Mental and behavioral disorders estimated to account for 12% of the global burden of disease, yet the mental health budgets of the majority of countries constitute less than 1% of their total health expenditures. The relationship between disease burden and disease spending is clearly disproportionate. More than 40% of countries have no mental health policy and over 30% have no mental health programs. Over 90% of countries have no mental health policy that includes children and adolescents.

A child with major psychiatric disorder has a very serious illness affecting several areas of his or her life. These areas may include emotional, social and intellectual ability and the use of language. Children with major psychiatric disorder may also have physical problems. Major psychiatric disorder often lasts a long time and may be lifelong. However, when children with cancer begin treatment early, their health and ability to perform everyday tasks usually improve (McKesson, 2002).

6.7 Recommendation

- Establishment of multidisplenary team, psychiatrist, psychiatric nurse, psychologist and social worker to promote psychological needs of children and palliative care treatment.
- Developed the out patient clinic by computerized system for medical cancer index.
- More psychological programs directed to the children with cancer especially during invasive chemotherapy and educating family about cancer.
- Health care for children with cancer should include psychological services to prevent long-Term psychiatric problems.
- Enhancing community mental health program for psychological support for children with cancer and their families especially their mothers through home visits and follow up.

strip as a general lived in difficult circumstances due to daily traumatic events and the hard of socioeconomic status due to political violence. In other words, the psychiatric trauma was accumulative affect in different period of life (Awwad, 1988).

6.6 Conclusion

This study aimed to study the rate of psychiatric disorders among children with cancer compared with case control group of children attending to pediatric oncology department aged 6-12 years old in Gaza strip and differences of these psychiatric disorders particularly anxiety, depression and PTSD to sex, number of sibling, type of residence, educational level, types of cancer, and socioeconomic factors.

The study focused on the psychiatric disorders, the researcher found that prevalence of anxiety in children with cancer were 56% while in the control group were 11.54% rated by Revised Children's Manifest Anxiety Scale, (RCMAC) and the prevalence of depression in children with cancer were 64% (moderate and sever) while in the control group were 27% (moderate and sever) rated by Children Depression Inventory, (CDI) Kovacs and prevalence of PTSD in children with cancer were 5.8% while in the control group were 19.2 % rated by Children Post traumatic Stress Disorder Clinically Administrated scale (CPTSD) in this study demonstrated acceptable psychometric properties and can

be used as a clinical assessment tool in psychiatric disorders in children with cancer and in matched group of non-cancer children.

Many factors have been associated to prove psychiatric disorder among cancer children in oncology department; include sociodemographic factors types of cancer, and life style.

The study found most of children with cancer diagnosed as acute lymphatic Leukemia which represent 74%, acute myeloid Leukemia 18% Hodgkin's 2%, brain tumor 2% and Lymphoma (non-Hodgkin's) 4%, which the diagnosis affects to the child and family need more psychological support.

The children with cancer was treated by chemotherapy medication represent 96% and Bone marrow transplantation with radiation about 4%, about 90% of cancer children are improved and 10% of other cancer children not improved.

The researcher found that most of cancer children live in low socioeconomic status represent 76%, family income below 1500 shekel due to political situations. The result found that there were no gender differences in psychiatric disorders among children in cancer and non-cancer children.

The study find that there were no differences between type of residence and psychiatric disorders among cancer children who live in the city except intrusion factor of PTSD, re-experiencing the trauma was high in the city, than others which mean that the people in cities overwhelming by the traumatic events and feeling distressed when something reminds themes of their child illness.

Finally the researcher concluded that finding of the study can be generalized on the children of cancer in the oncology department in pediatric hospital other oncology department in Gaza strip.