

The raise of adult cancer rates

[Literature](#)



I. Introduction

Cancer is a high-interest subject of health in the centuries besides AIDS, but we must be careful when dealing with the subjects that involve death and dying. This is due to the fact that people fundamentally do not like to watch those things occurred in their family and neighborhood. In fact, on the other hand, the stories are often so forceful and overwhelmed. The stories are likely to expose people who are diagnosed to attain the diseases, describe those who decide to fight, discuss activities they do within their last months of life, or explain what they do if they survive.

In my opinion, we think the story is probably more of interest than the cancer itself. People also like to hear about cancer breakthroughs, like Gleevec, the leukemia drug, something that has given people extra months of life. In addition to the cancer issue, depression also becomes the issue in health science since there are debates and theories explaining the relation between depression and cancer. Some says that depression causes cancer while others explain the vice versa, cancer causes depression. in spite of the debates, we found that depression is to affect men and women equally in patients with cancer.

II. Statement of the Problem

In the last few years, we have seen the statistics indicating that cancer mortality shows declining trends. In addition, through the great scientific expertise and commitment of cancer researchers, we are gaining an ever-increasing understanding of how cancer develops and who is at risk for the disease. This knowledge is providing insights into how we can detect and

diagnose cancer more effectively, how we can design directed approaches to prevent its beginning, and how we can develop targeted therapies to arrest and reverse the progression of disease, or effectively manage it in those whom we cannot cure (“ Cancer Coordination” 2001).

However, the key question is therefore whether depression causes cancer or cancer that is responsible for causing depression. Under such circumstances, in this paper, we would like to explore the correlation between depression and stress to adult rates. In this situation, we would like to find out whether it is justified the theory that says depression and stress become the dominant factors causing the raise of adult cancer rates in the modern society. However, as a preliminary hypothesis, I would like to address the finding explaining that it is only a myth that depression and stress become the driving factors causing the cancer in adult. I take this hypothesis since I found that not all depressed and stressed people have cancer and not all people with cancer are depresses.

However, in this paper we will test the hypothesis to obtain the justified results. Among the any research method, I think the multiple regression analysis is the best in testing the correlation between depression and cancer. This method is important to help us predict the value of one variable from other variables whose values can be predetermined. Therefore, multiple regression analysis is able to identify the relationship between the dependent variable and the explanatory variables.

III. Literature Review

Adults are told to avoid smoking, radiation, sunburn, eating fatty foods, etc., in order to prevent some forms of cancer. We can estimate that the death rate from cancer could be cut in half if the prevention strategies now known to be effective were followed. More than a hundred thousand cancer deaths each year can be linked to tobacco use, and the report suggests that a third of all cancers are related to poor nutrition, physical inactivity, being overweight, or other lifestyle factors. Fortunately, some researchers have invented new curing methods such as beating cancer with nutrition or nutritional therapy (Quillin 2001).

In this method, patients are to take supplements separately or can buy Immunopower, a combination of powder and pills. In addition, other researchers suggest that in order to prevent cancer, people should consume eat low-fat cottage cheese combined with flaxseed oil (sometimes known as linseed oil) (Fischer 1992). In addition to nutritional factors, depression and stress often connected as dominant factors causing among adults. In fact, depression is a disabling syndrome that affects approximately 15% to 25% of cancer patients (Bodurka-Bevers D, Basen-Engquist K, Carmack). It emphasizes the idea that depression is not the causing factors but the impacts.

This is in line with findings saying that individuals and families whom diagnosed of having cancer will be likely to experience varying levels of stress and emotional upset. Some situation experienced by people with cancer are fear of death, disruption of life plans, changes in body image and self-esteem, and changes in social role and lifestyle. That people with cancer suffer from depression comes as no great surprise. Cancer brings many

drastic changes including the threat of death and more immediate concerns of coping with chemotherapy, surgery, medical expenses and changing body image.

A more fascinating development is the emerging evidence that depression may be a predictor for cancer risk (" Cancer Coordination", 2001). In recent years, an extensive body of literature has accumulated that examines depression in patients with medical illness and, more specifically, the diagnosis and treatment of depression in patients with cancer. Investigators have found a relatively high prevalence rate of depression in patients with certain types of cancer, and some reports have suggested an association between depression and increased morbidity in cancer patients.

One obstacle in studying depression in cancer patients has been the difficulty detecting depression because the diagnostic criteria for major depression include a number of signs and symptoms that have been attributed to the patient's malignancy (e. g., appetite loss, weight loss, insomnia, loss of interest, and loss of energy) (" Cancer Coordination," 2001). Feelings of sadness are normal and expected responses to painful life experiences associated with perceived loss. These feelings are often a normal part of receiving a diagnosis of cancer and coping with treatment. However, distinguishing between normal degrees of sadness and the syndrome of depression in cancer patients is essential to delivering quality medical care (" Cancer Coordination," 2001). Depression is a common, potentially lethal but very treatable disease.

Most studies that have examined the prevalence of depression in the context of other medical illnesses, especially cancer, have found in the general

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population (" Cancer Coordination," 2001). This same analysis did yield a modest statistical correlation between cancer and conflict-avoidant personalities, denial or repressive-style of coping, stressful life events, and separation from or loss of a loved one. The researchers noted that correlation should not be confused with causation, but added that further investigation should focus on the personality types for which they found some significant statistical link (" Cancer Coordination," 2001). Even those in the alternative medicine field have observed a link between emotion and breast cancer.

Energy healers point to disturbances in the " heart chakra", which is associated with issues of love, compassion, confidence, inspiration, hope, despair, hate, envy, fear, jealousy, anger, generosity, as being the cause of cancer (" Behavior Matters," 2002). Traditional physicians say this link may exist, but for more mundane reasons. Proposed mechanisms of cancer causation include immune system suppression caused by increased stress hormones and certain antidepressants as tumor promoters (" Cancer Coordination," 2001) The role that work, marriage, and children play in a woman's depression is complex. Many women feel that they must be everything to everyone and at the same time feel as if they are no one at all. Such a self-image is common, and it should be strongly considered as a major contributor to depression in many women, particularly those who work and have small children.

There are results of studies suggesting the difficulty of reviewing the relationship between a woman's social status and depression (" Behavior Matters," 2002) Depression is less reported in the male population, but this

may be caused by male tendency to mask emotional disorders with behavior such as alcohol abuse. There are more information about the women's other illnesses, smoking habits and other lifestyle factors, including socioeconomic status, may shed further light on how depression is linked to the risk of death in different stage cancer patients.

The exact mechanisms by which depression might interact with cancer to cause death are still unknown. (" Behavior Matters," 2002) What becomes clear in reviewing the role of depression in cancer patients is that a true biopsychosocial approach to treatment is an important addition to the standard biomedical treatment from both a psychological and physiological perspective (" Cancer Coordination," 2001)

IV. Methodology

In general, there are two approaches to research: Qualitative and Quantitative. Qualitative approaches are research that is carried out through interviews and observations. This kind of research enables a researcher to investigate in little more detail on the individual perceptions of a phenomenon. Since the research deals with the personal, therefore, such an investigation is limited in its scope. To be specific, in this paper, we would employ qualitative approaches to research. There are two approaches in qualitative research, interviews and observations, but in this paper we merely consider observations methods.

By using this method, we enable a researcher to investigate and find out a phenomenon in much from individual perceptions. Moreover, observation becomes an important technique for collecting data concerning what occurs

in a real-life situation. This method also helps us to reach an understanding about the perceptions of those who are being studied, in that situation. To be specific, we employ non-participant observation method especially by analyzing qualitative information from journals, books, magazines and many more. The reason we choose observation method is because it is an important research tool in which it allows us to observe other people in a natural setting or in a more artificial experimental situation. Moreover, by using observation method we can collect and gather data in natural settings concerning what is really going on in a real-life situation.

The most important of conducting observation is it provides researchers with an understanding about the perceptions about things or people we observe. However, since observation deals with someone's perception, we plan to avoid preconceptions since it would provide this research with some bias. Specifically, methodology research that we employ is non-participant observation. The reason we choose non-participant observation method is because this method allows us to observe people or organization in a natural setting or in a more artificial experimental situation. The method does not involve direct interviews which will slightly reduce objectivity and the accuracy of information. We are retrieving more reliable data from experts' analysis, journals and various publications from available media. Using the data resources above, we are hoping to present an independent and objective analysis toward the contemporary issue.

V. Discussion

The relationship between time of depression and cancer stage is "difficult to explain," and suggest that a whole host of factors may contribute to the

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differences in risk, including potentially better psychiatric care for late-stage patients who spend more time under clinical care. Nowadays, in modern society, depression is well known to negatively, affect a person's work life. It significantly increases the risk for unemployment and lower income. Major depression accounts for nearly half of the nation's excess lost productive time. In most cases, it is due to reduced performance at work. Workers with depression also lose significantly more time due to ill health than non-depressed workers.

Such lost time is estimated to cost the country billions of dollars each year ("Balancing Act," 2001) Women experience depression about twice as often as men do. Many hormonal factors may contribute to the increased rate of depression in women-particularly such factors as menstrual cycle changes, pregnancy, miscarriage, postpartum period, pre-menopause, and menopause. Many women also face additional stresses such as responsibilities both at work and home, single parenthood, and caring for children and for aging parents ("Balancing Act," 2001) Depression can also affect the physical health in men differently from women.

A new study shows that, although depression is associated with an increased risk of coronary heart disease in both men and women, only men suffer a high death rate. In some studies, the risk of breast cancer has been reported to be higher in women who have experienced major (though not minor) depression in the years preceding diagnosis. Some, but not all studies have found that exposure to severely stressful events increases a woman's chance of developing breast cancer.

In one study, breast cancer patients exposed to severely stressful events, such as death of a spouse or divorce, had more than five times the risk of suffering a recurrence compared with women not exposed to such stressors (" Cancer Coordination," 2001) Although stress has long been considered as a possible risk factor, some studies have not found significant correlations between psychological stressors and breast cancer risk, or the risk of breast cancer recurrence.

Similarly, experiencing psychological distress (independent of external stressors) has, in some reports, not been associated with a reduction in survival or the risk of suffering a breast cancer recurrence (" Cancer Coordination," 2001). An analysis of studies using the best available methodology found that women who drink alcohol have a higher risk of breast cancer compared with teetotalers. Alcohol consumption during early adulthood may be more of a risk factor than alcohol consumption at a later age (Boyles, S. Grayson, C., 2004).

Then, what is the most important thing for people with cancer? The most important thing to do is they had better take care of themselves. Although more researches on the issue are urgently needed about specific nutritional advice for cancer survivors, a healthy lifestyle is the best place to start. I recommend patients with cancer to eating a mainly plant-based diet rich in a variety of vegetables and fruits, limiting or avoiding alcohol, restricting fatty and high-sodium foods, steering clear of charred food, maintaining a healthy weight and exercising regularly (" Cancer Prevention Diets", 2001).

In addition to healthy eating, moderate exercise seems likely to offer benefits during and after cancer treatment. Cancer treatment often causes

people to lose fitness and strength due to decreased activity. When doctors say it is safe, cancer survivors should start to slowly rebuild fitness capacity. Research shows that exercise also offers a variety of mental and emotional benefits and increases a survivor's sense of well being. It means that there is a safe and effective place to reduce depression in people with cancer: the positive thinking.