

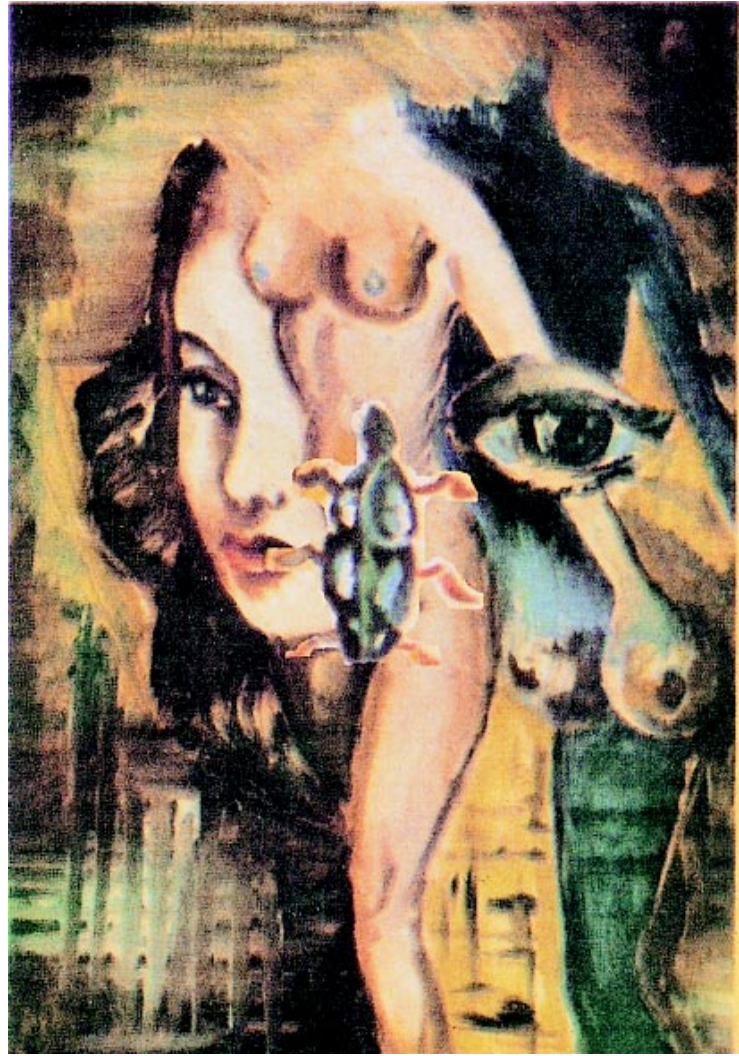
# Behavioural Oncology

**B**EHAVIOURAL Oncology deals with the psychological, social and environmental factors in relation to cancer which have been implicated in the development, course, terminal phases and consequences of cancer. Behaviour is the mirror of individual's physical, mental, physiological and genetic make ups. It has emerged as a sub-speciality of oncology over the past two decades but no such discipline has been developed in India. The basic knowledge of behavioural aspects of cancer patients is a must for all the care-givers. It focuses on:

- Role of life events, stress and other psychological factors in the causation, maintenance and prognosis of cancer
- Psychological disorders in relation to cancer and its treatment
- Psychological and emotional reactions to diagnosis of cancer, its recurrence, metastasis
- Psychological methods of treatment and counselling cancer patients and their family member
- Communicating with cancer patients and their relatives
- Terminal and palliative care
- Study and management of grief and bereavement related to cancer.

Generally patients are highly anxious when they go through various tests and other procedures to rule out a possibility of diagnose cancer, and when they come to know that they are suffering from cancer, they will be in a serious crisis. The patients go through different phases during their adaptation to the disease. The initial phase is characterised by disbelief and denial which is followed by emotional disorder leading to anxiety, depression, poor concentration, anorexia, insomnia and inability to maintain a daily routine and in the last phase patient tries for long-term adaptation.

ICPO is involved in various behavioural research activities including counselling and awareness programme in RTIs/STDs/HIV patients. These studies have been integrated within the ongoing institutional research projects on cervical and breast cancer including their primary prevention and RTI studies. Such research activities are expected to provide clues to establish strategies that can help in prevention as well as reduction of these diseases including AIDS. It is well-established that such diseases which arise due to variety of infections are associated with individual's behaviour, life style, custom, diet, habits etc. The clinical study on socio-behavioural spectrum of Reproductive Tract Infections provides an opportunity to develop strategies needed for care and counselling and follow-up of these patients.



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# Socio-Behavioural Aspects of RTI's and HIV Seropositivity including Cervical Dysplasia

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**T**HE Study of HIV and HIV-related behavior has become a priority in the current drug research agenda. Such high risk behaviours pertain not only to needle sharing among the infecting drug users (IDUs) but also to sexual practices of both drug and alcohol users. The association between high risk behaviour patterns and various sexually transmitted diseases including HIV has been reported in many studies and also on high risk prevalence of psychiatric symptoms in patients with STDs and RTI's. Reproductive tract infections account for a large proportion of the reproductive illness. In the resource-poor settings, RTI's are extremely common along with their sequel and have a great impact on status of women within the family and have a great impact on status of women and community as well as on their physical discomfort, personal embarrassment and marital discord. Women are generally affected because of synergistic effects of infection, malnutrition and reproduction. The situation need to be examined in India, where a very large number of women are in need of reproductive health care: approximately 133 million women are in the reproductive age-groups, and they have 26 million births and 3–4 million induced abortions annually. RTIs include sexually transmitted diseases (STDs) such as chlamydial infection, gonorrhoea, syphilis, cancrroids, HIV, HPV infection including other endogenous infections.

This study is, therefore, designed to have three phases. In the first phase which is diagnostic in nature where the socio-behavioral profile, the cinico-epidemiological profile of women with reproductive tract infections (RTIs) including HIV and uterine cervical dysplasia is being studied and association of uterine cervical cancer and precancer with different RTIs, if any, will be established. In the Phase 2 formulation of intervention strategies will be developed which will include formulation of appropriate information, education and communication (IEC) including counseling strategies for these patients. Phase 3 will involve the implementation of IEC intervention and evaluate its impact on OPD patients population community in terms of their knowledge, attitude and practices (KAP).

The study is being carried out at Day Care Centre of ICPO located in Sucheta Kriplani, AIIMS, LNJP and Safdarjung Hospitals. It is envisaged to have about 800 such women patients so as to keep different infection cohorts with sufficient numbers for statistical purposes and conclusive results. The recruitment procedure include all RTI/HIV positive and cervical dysplasia patients willing to volunteer the required information. Present study reveals that some behavioural problems such as mood disturbance with

anxiety and depression, maladjustment, emotional distress & loss of self confidence, fear for loss of job were noted in patients. These problem leads to complete break-down of all familial, social and behavioural norms and bonds. On the basis of the research work carried out in this project, it can be said that there is an urgent need for social, mental and behavioral rehabilitation of the patients through IEC and awareness to affect behavior change through intervention programs among HIV, RTI and STD patients.

## Breast Cancer—A Multidisciplinary Study on Clinico-Epidemiological and Psychobehavioural Aspects

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**B**REAST cancer is the most frequent cancer in women worldwide with more than half a million new cases being reported each year. In Indian women, it is the second most common cancer. Not much is known about psychosocial aspects of the disease. Hence, present investigation is undertaken with an aim to evaluate behavioural, psychological, sexual and social impacts of the trauma caused to the women due to carcinoma breast (stage II and III) and its treatment.

Psychological disorder was found to cause unexpectedly long and unexplained delays in the rehabilitation of the patients and adversely affect the outcome of the treatment. The helpful attitude, healing-touch and psychosocial support provided by the doctor, nursing staff, social workers from governmental and non-governmental organizations (NGO's) and the family members of the patient has a very important role in enabling the patient to successfully tide over such transition in their life as well as the problems associated with this kind of treatment. The importance of effective counselling and in severe cases behavioural intervention- therapy before, during, and after the treatment should be of immense value. The patients' subjective experience needs to be considered as a part of the treatment evaluation process. It is suggested that psychological and social support given to the patients empirically influenced the rehabilitation as well as outcome of the breast cancer treatment in Indian women.

## A Socio-Behavioural Study of People Living with HIV/AIDS (PLWHA)

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**T**HERE is a heavy male preponderance among the AIDS patients and HIV infected individuals in most countries. However, a lower male to female ratio for HIV carriers has been noted in India, the Republic of Korea, Sri Lanka, and Thailand. Estimates by the joint programme of UNAIDS and WHO indicate that by the beginning of 1998 over 30 million people were infected with HIV, the virus that causes AIDS and that 11.7 million people around the world had already lost their lives to the disease. In view of the absence of effective treatment and cure for the disease, patients that have been diagnosed of having HIV infection undergo multiple psycho-behavioral changes. These changes are also anticipated to affect the host immune system and the virological profile. Present studies has been designed to study social and behavioral aspects of people living with HIV/AIDS (PLWHA) in Delhi and will analyze its association, if any, with their clinico-microbiological and virological profiles.

The study will be conducted in major hospitals of Delhi like AIIMS, Lok Nayak, RML and Safdarjung hospitals, Delhi T.B. Centre and Government approved Blood Banks. The proposed study is initially a diagnostic in nature. However, based on the feedback of this study interventions will be worked out. The study will be based on HIV positive cases as identified at the testing centres of the above hospitals the cases identified as AIDS patients. These patients will be administered with a pre-tested detailed questionnaire which will include major independent/background factors, e.g. age, sex, socio-economic status, educational level as well as social and psychological aspects like conjugal relationship, pre-marital and extra marital relationships, communication between spouses and other risky behaviour including non use /irregular use of condom. Also psychological aspects like disorder, sexual stress, anxiety, denial, guilt feeling etc. will also be included in the questionnaire.

For socio-economic study, stress and anxiety, standard tests will be used. Preferably these tests would be the following.

- Socio-economic status scale by Kulshresthra.
- Personal stress inventory by Bhargava, Agra.
- A comprehensive anxiety test (CA Test) by Sharma, Bhardwaj and Bhargava.

These tests will be administered on both male and female subjects. These tests are available in India with their norms, reliability, validity etc. applicable to Indian population.

Behavioral studies involving questionnaire filling, counseling including psycho behavioral treatment of patients will be carried out by the trained investigators. It is proposed to carry out a repeat questionnaire after 12 months in the same group of patients so as to find a change in awareness and behaviour, if any.