Psychological & Psychosocial Deficits Among Pediatric Survivors of Hematological Neoplasms

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**Background**

Pediatric cancer patients are surviving cancer and living long, relatively healthy lives due to advances in pediatric oncology therapy. Even with modern medical research and technology, pediatric cancer is still the leading cause of death for children and adolescents in the United States. Based on statistics from the American Cancer Society (ACS), hematological cancers, such as leukemia and lymphoma, are the leading type of non-solid malignancies in children (ACS, 2016). For decades pediatric cancer survival rates have steadily increased with an overall cure rate of over 75%.

While it is great that the survivor rate has and is steadily increasing year after year, the intense curative therapy that is given to produce the high rates of survival can cause long-term effects on the body including psychological and psychosocial deficits. This integrative literature review (ILR) was aimed at describing the prevalence of late effect psychological and psychosocial deficits and their risk factors in pediatric survivors of hematological cancers.

**Objectives**

Identify the psychological or psychosocial deficits that are present in pediatric survivors of hematological cancer.

Synthesize the risk factors for developing late effect psychological or psychosocial deficits among pediatric survivors of hematological cancers.

**Keywords:** psychological deficits, social deficits, pediatric cancer survivor, hematologic neoplasms, blood cancer, risk factors

A total of 34 published papers with 17,812 pediatric hematologic cancer survivors who exhibited psychological and social deficits were incorporated in this ILR. The median age calculation to avoid duplication. Data were analyzed using SPSS version 21.

**Results**

The prevalence of depression (58.8%), anxiety (44.1%), mood problems (32.3%), poor psycho-social QOL domains (32.2%), social problems (28.4%), attention problems (20.5%), behavioral (14.7%), post-traumatic stress deficit and cancer survivor and hematology. It yielded 179 articles. All abstracts and older were also excluded. The final 34 articles. 5 articles whose ages could not be used (due to being an open age range) and 2 literature reviews papers were also excluded for the median age calculation to avoid duplication. Data were analyzed using SPSS version 21.

**Methods**

DePaul WorldCat Local, PubMed, and CINAHL Complete databases search was performed. The following Medical Subject Headings (MeSH) terms and search details were used and the Boolean operator AND was utilized to get a highly relevant search yield psychosocial adjustment AND hematologic neoplasms. CINAHL Complete search was completed using the following search terms: psychological AND survivor and blood cancer.

The prevalence of depression, anxiety, mood problems, poor psycho-social QOL domains, social problems, attention problems, behavioral, post-traumatic stress, dysfunctional family, and stem cell transplantation. Table 2 outlines all the risk factors that have been investigated as potential correlates of psychological and social deficits in pediatric survivors of hematological cancers.

The Beck Depression Inventory and SF-36 were the most common measures used to identify psychological and social deficits in this patient population. The overall strength of evidence is strong for the reported psychological and social deficits using Melnyk and Fineout-Overholt’s hierarchy of evidence criteria (2001). More than 50% (n=18 studies) of the research papers were conducted using RCT, matched case control, siblings as control or control population study design. The remaining 47% (N=16) have either utilized descriptive, cross-sectional or qualitative study design.

**Conclusion**

In this ILR of 34 published papers with 17,812 patients, more than a quarter of pediatric survivors of hematological neoplasms have significant psychological and psychosocial deficits that include depression, anxiety, social problems, mood and attention problems. Routine assessment and monitoring of psychological and social issues should be incorporated into the survivorship care plan for pediatric cancer survivors. Clinicians should identify and closely monitor higher risk patients such as those with dysfunctional family and female survivors who received high intensity chemotherapy, TBI, cranial radiation, and stem cell transplantation. Appropriate referral to psychosocial service providers must be done on an individual basis.

This study underscores the need for effective interventions that can address the psychological and social deficits that these pediatric cancer survivors are experiencing as latent effects of their cancer diagnosis and treatments.

**References**

