

Study reveals the impact of behavioral health disorders on cancer surgery outcomes

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Researchers have discovered new insights into the relationship between cancer surgery outcomes and behavioral health disorders (BHDs), publishing their findings in the *Journal of the American College of*



Surgeons.

The data analyzed by researchers revealed a significant trend: patients with BHDs were less likely to undergo surgical removal of cancerous tissues. Furthermore, those who did have surgery faced a higher probability of complications, extended hospital stays, and readmission within 90 days following surgery. This trend was coupled with a 7.76% increase in health care costs, which is particularly concerning since many patients with BHDs are from socially vulnerable communities and often rely on publicly financed health care, according to the authors.

The researchers looked at Medicare data from 694,836 cancer patients, identifying that 46,719 (6.7%) of these individuals also faced BHDs, including substance abuse, eating disorders, and <u>sleep disorders</u>. This finding, derived from the Medicare Standard Analytic Files, clarifies the need for BHD screening and treatment in oncology patient care.

"Patients who had behavioral health disorders had a significantly lower likelihood to achieve an optimal outcome after surgery," said Tim Pawlik, MD, FACS, Ph.D., MPH, MTS, MBA, surgeon-in-chief of the Ohio State University Wexner Medical Center and co-author of the study. "This was associated with higher expenditures for their care and a worse prognosis, even after controlling for other clinical factors."

The <u>cancer patients</u> studied had a higher prevalence of BHDs compared to the general U.S. population, which may be because BHDs can increase the risk of cancer, according to the researchers. For example, substance abuse can activate inflammatory pathways and can increase exposure to environmental risk factors that may lead to increased <u>cancer risk</u>. Eating disorders may increase the risk of gastrointestinal cancers through poor nutrition and less physical activity. For sleep disorders, sleep quality and duration are linked to many different forms of cancer.



As the authors describe, "the diagnosis of cancer is a physically, mentally, emotionally, socially, and economically stressful event." This stress can lead to the emergence of a new BHD, relapse of a previous BHD, or the intensification of a current BHD for patients.

"Knowing the important role that behavioral health disorders can play in the continuum of care of patients with cancer, <u>health care providers</u> can screen for these medical issues. They can ask patients not only whether they have diabetes or hypertension, but more specifically screen for <u>substance abuse</u>, sleep disorders, and eating disorders," explained Dr. Pawlik.

Other suggested interventions include implementing psychiatry compensation programs to encourage practice in vulnerable areas. These proposed programs would offer incentives such as loan repayment to incentivize psychiatrists to work in certain lower income/rural areas. Also, a collaborative care model and continuing use of telehealth systems could help to counter workforce shortages and expand access.

With the use of Medicare data, this study may not fully capture the experiences of younger patients or the complete range of BHDs, potentially affected by factors like underreporting and high copays for mental health treatments.

More information: Effect of Behavioral Health Disorders on Surgical Outcomes in Cancer Patients, *Journal of the American College of Surgeons* (2024). DOI: 10.1097/XCS.0000000000000954

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