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DIFFERENCE IN ANXIETY BETWEEN ORAL OR INTRAVENOUS TREATMENT IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA

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INTRODUCTION

Chronic lymphocytic leukemia (CLL) is the most common type of leukemia (25%) in adults, with an annual incidence of 4/100,000. In patients with indications for treatment of CLL, intravenous (iv) chemoimmunotherapy and oral agents can be used as monotherapy or in combination with immunotherapy.

AIM

A patient diagnosed with cancer is affected both physically and emotionally. Anxiety is a common psychological disorder that causes a person to react excessively and uncontrollably to emotions such as worry, anxiety and fear. We aimed to evaluate the anxiety effect of treatment with oral or iv agents on the patient.

METHOD

We recruited 21 patients who developed a new treatment indication. Rituximab was administered same way in both arms in same outpatient unite. Oral treatment was Rituximab plus Ibrutinib or Venetoclax. IV treatment was Rituximab+Bendamustin. Detailed information was given about the duration of treatment. While Beck anxiety scoring and Hospital anxiety and depression scoring (HADS) are filled in at the time of diagnosis, Hamilton anxiety rating scale is filled by the physician based on history and physical examination. 3 tests were evaluated together in the analysis.

RESULTS

- A total of 21patients, 13 male and 8 female, were inclueded. Median age at diagnosis 64.2 years.
- When the anxiety score was compared, 10 patients (10/21) had a high score, 11 patients had a moderate score, while no patients with a low-mild score were followed.
- While lower anxiety scores were obtained with those with low education level, anxiety increased as the education level increased (p=0.048)
- There was no difference in marital status, ECOG performance score, presence of symptom B, RAİ score and hemoglobin levels.
- Anxiety was significantly higher in the group with significantly higher leukocyte levels (p<0.001).
- Anxiety scores of the first line (n=10) treated patients were higher than those of the group receiving treatment for relapsed disease (n=11), but no statistically significant difference could be found. 3 patients (3/11) in the oral treatment group and 7 patients (7/10) in the IV treatment group were receiving treatment for the first time. Moderate anxiety scores were obtained in the group receiving oral treatment (8 of 11). High anxiety scores were obtained in the group receiving IV treatment (7 of 10). Anxiety was found to be higher in the group receiving intravenous treatment compared to those receiving oral treatment (p<0.05).
- There was no difference in anxiety score between oral treatment agents (p=0.127).

	Moderate Score n=11	High Score n=10	p
Agents, n(%)			
R-Ibrutinib	3 (27,3)	2 (20)	
R-Venetoclax	5 (45,5)	1 (10)	0.127[a]
R-benda	3 (27,3)	7 (70)	
Treatment, n(%)			
Oral	8 (72,7)	3 (30)	**0.047[a]**
IV	3 (27,3)	7 (70)	
Sex, n(%)			
Men	7 (63,6)	6 (60)	1.000[a]
Women	4 (36,4)	4 (40)	
Marital Status, n(%)			
Single	2 (18,2)	1 (10)	1.000[a]
Married	9 (81,8)	9 (90)	
Education, n(%)			
Primary Education	4 (36,4)	2 (20)	0.048[a]
High school	2 (18,2)	7 (70)	
University	5 (45,5)	1 (10)	
Leukocyte, Median (IQR)	24600 (22000)	119500 (68125)	**<0.001[b]**
Hemoglobin, Median (IQR)	10,9 (2,4)	10,1(2,1)	0.387[b]
Thrombocyte, Median (IQR)	203000,0 (166000,0)	174000,0 (169250,0)	0.426[b]
B-symptoms, n(%)			
No	7 (63,6)	4 (40)	0.395[a]
Yes	4 (36,4)	6 (60)	
RAI score, n(%)			
2	3 (27,3)	3 (30)	
3	3 (27,3)	5 (50)	0.479[a]
4	5 (45,5)	2 (20)	

a:Fisher's Exact test, b:Mann Whitney U test, p<0.05 statistically significant

CONCLUSIONS

Patients receiving IV treatment showed higher anxiety scores compared with those receiving oral treatment. The presence of moderate and high-grade anxiety in both groups highlights the importance of a multidisciplinary approach, including psychiatry, in the comprehensive treatment of cancer. The study suggests that addressing anxiety is crucial for both patients and their relatives throughout the long and challenging cancer treatment process.

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