

Name

Date of submission



The Experiences of Parents

DISCUSSION OF RESULTS

Witnessing one's child undergoing the transplantation can and has been a traumatic experience for most parents, and it has been considered to be a potential cause of the development of life term psychological depression. The aim of the current study is to assess the prevalence of distress that happen to both the care giver and the patient after HSCT as well as to highlight the psychological susceptibility factor and resilience factors that are there at the time of HSCT, and an objective of post HSCT danger factors that fore shadow the long term distress reaction in both the patient and the care giver.

There is some primary finding, such as, 20 percent of the parents who were able to survive the HSCT was given diagnosis of GAD, PD, MDD, or PTSD. Approximately 50 percent of the parent indicated to have a significant post-traumatic distress reaction, which was evidenced through intrusive worry regarding their children who had underwent or were undergoing HSCT, the reminder of the transplant evoked significant distress reaction. Secondly, there was an evidence of co

morbidity among the disorders more specifically in connection to the PTSD. According to Manne et al. (2004), it is possible to identify few predictors of psychiatric problems. It is only at the maternal age and through emotional depression during the HSCT was attributed to the later problems. Mothers who appeared to have psychiatric disorders were also found to have low quality of life.

Since there are no a longitudinal studies that have been used to examined the occurrence of severe depression and distress psychological problems among parents of pediatric HSCT survivors, there has not an established comparison of results of the current research with other researches. Regarding the PTSD, Manne and a colleague were able to compare their research with previous researches on maternal PTSD evaluated 6 month after undergoing through HSCT, with research on parents of the children who were survivors of other forms of treatment for the childhood cancers organ transplant and with the general populace prevalence numbers. Considering parents of the survivors of HSCT 18 months after treatment in comparison to their previous study where they considered 6 months after the treatment, Manne et al. found that their figures for PTSD were higher. However, the PTSD figure were significantly lower than the quarter a figure that had been reported by Pelcovitz and his colleagues in their research on the parents children organs transplant survivors. The current 14 percent PTSD is significantly higher than the 9.2 percent prevalence percentage that is reported after exposure to the trauma in general study of the entire population. There is the likelihood that the current figures are lower in comparison to other studies of mothers of childhood organ transplant survivors since the evaluation was based on the mothers at a later time after transplant has already been undertaken. Since the current

study evaluated parents at a later point in time, after HSCT, the patients in the current research must have survived the worst risky stage after HSCT where their probabilities of long-term survival were high. It has also been possible to see that PTSD was significantly low in the present study since there was a use of a structured clinical interview, as opposed to questionnaire technique, which primarily results into lower levels of diagnosis. Although the levels of mothers who met the full PTSD standards were insignificantly high, the sub-threshold PTSD was considerably high. The criterion B was predominantly common among the parents. In case of Manne et al. 33 out of the sample of 94 mothers who could not meet a full PTSD criterion, criterion B was found to be common among them. Because sub-threshold PTSD was associated with the occupational and social impairment that is comparable to the full PTSD, which is a significant phenomenon for clinicians to consider during their evaluations.

The rates of the clinical significance of the patients distress were found to be high in the sample where approximately 50% of the sample patients met the cut-off level of eight and above on the perceived stress scale of and approximately 40% on the caregiver burden scale. On the DT, approximately 30% met the cut-off level of five and above. In cancer, approximately 33% percent of the patients were found to have significant distress (Zabora, 2001). The current research seems to agree with the previous researches on HSCT patients who established that the levels of distress to significantly higher than in most of other oncology set ups. According to Weisdorf et al. (2002), they examined levels of distress, depression and anxiety on the HADS and the DT: in the patient sample of 50 patients of HSCT. In their research they found that approximately 50% of the patients had clinical rates of distress while approximately 51% of the

sample patients recorded clinical rates of anxiety. It is less than 20 percent of the patient sample who reported a clinically significant depressive symptomatology. In the current research, we found almost similar rates of anxiety in the patient's sample. The levels of depressions, nevertheless, were approximately 38 percent. Few patients recorded clinical levels of distress, about 20 percents. Larsen et al. (2011) found that the levels of abnormal psychopathology in about 50 percent of the patients prior or after treatment with about HSCT. Approximately 6 to 9 months later, the patients still measured vastly on the psychological distress.

Additionally, Manne and colleagues (2003) found that there was moderate to a high level of depression and anxiety in about 61 percent and 15 percent of their patient sample respectively. About 16 percent of the respective HSCT patients were found to meet the criteria for the significant depressive disorder and 30 percent of the patients those who had received the HSCT of the described symptoms from the pre-treatments indicators of the considerable distress and depressive episode.

The results of the current research were found to be generally consistent with the researched literature. This includes, the HSCT patients who have had a high rate of distress, depression and anxiety indicating that there was a need for the psychosocial support. The levels of distress in the cares of HSCT patients did not receive much attention by the researchers. In the current research, approximately 70 percent of the care givers were found to report the rate of anxiety and distress to act as an indicator of the need for the clinical interference and 40 percent reported the clinical rates of depression. Kronenberger et al. (1998) found that approximately 88 percent of the

HSCT patients recorded above the threshold of stress on the GHQ pre-transplant.

Approximately 60 percent of the patients were found to be stressed at 3 months, approximately 40 percent at 6 months, and about 18 percent at 12 months. According to study that was conducted by Nelson et al. (1997), they found that the care givers of the HSCT patients had the moderate rates of the anxiety on the STAI (State Trait Anxiety Inventory) but normal rates of distress. According to Nelson and colleagues, they found that there were reductions in the caregiver stress and anxiety over time. There was a leap up of the HSCT during the time of high anxiety as compared to the 5 days or 20 days after HSCT. These outcomes confirmed high rates of psychopathology in caregiver. Astoundingly, even the higher levels of distress and depression than the one who were previously described for the patients. This has been considered as an important finding since it implies that the caregivers were clearly and strongly affected by their roles and the patients' illness. Therefore, there is a significant need for the psychosocial support for the caregiver. According to Rodrigue (1997), it was found that the care givers of the HSCT patients were experiencing significant changes in their roles as well as considerable high rates of stress taking care of the HSCT patients, to whom there were often in close home relationships, over a period of long term.

In the current research, most of the care givers who are considered were spouses, who had children to take care for, in addition, some of the care giver were also dependants who were under 18 years of age. Several care givers in the considered sample were still working apart from being involved in care giving or they had been taken by employment owing to the patients' loss of income. Several

care-givers were also mentioned and the stress of being able to speak to other concerning their fears for the uncertainty and the future concerning what would take place to their family. Some of the care givers retrospectively spoke concerning the times as to when the patients were sick and that it could not have been possible for them to fear the spreading of infection. Care giver, levels of stress and depression did appear to lower with time in the current study, which was a positive report. However, the average level of anxiety in the care givers remained high even during the follow-up period. This indicated moderate levels of anxiety. The fact that the education program is not sufficient in reduction of stress and depression in the short term called for further support for the introduction of targeted care giver support intervention.

CORRELATES OF PATIENT DEPRESSION

Correlates of the patients' depression were considered with a purpose of identifying the factors that might help in differentiating the patients who were likely to experience significant psychopathology. The number of the relationships was established to be between the patient's distress and depression perceptions. The reaction of depression and the signs was closely associated with the increased level of depression. No wonder, depression, distress and anxiety were closely associated with the perceiving the greater emotional impacts of depression and illness. The patients who were found to be more anxious were also highly likely to perceive their sickness continuing for longer and to have considerable concern regarding their illness. Those patients who recorded significant satisfaction with the explanation from their sickness were least depressed. Although the finding was correlation, it was found to be consistent with the earlier

research on the impact of the information on depression. There are no significant relationships that were found for the patient psychology and social support. Other researchers are needed to close the knowledge gap and to bring more understanding on the meaning of the results considering they are correlation. The outcomes for the information indicated that the level of education increased the patient's and care givers, knowledge regarding the HSCT. This happened despite the facts that several patients and care givers had considerable level of information before attending. The high percentage of the patients and care givers said that reading the literature material that were provided by the hospital, though some patients reported that there is little information provided from such books. Most patients who were sampled were found to have had received information from specialists, the transplant specialist or they had acquired the information from through their own effort via Internet. The data indicate that patients and the care givers' knowledge were significantly higher before treatment and that they had to become more accurate with the information. For patients, the level of improvement went up to 4 from 3.5. In case of care givers, the levels of knowledge improved significantly as.

This indicates both the care givers and the patients were somehow knowledgeable prior to the education and only became more certain of the knowledge afterwards. The patients who obtained the intervention had greater knowledge after education. The information was more significant through follow-up as compared to the baseline for the care givers and the patients; showing that there was some levels of knowledge retention over time. The main purpose of the education intervention was meant to provide information, making the programs a success in meeting the primary aim; and in the previous group of patients.