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Universidade Estadual Paulista “Júlio de Mesquita Filho”  
Faculdade de Odontologia de Araçatuba (FOA – UNESP)  
Programa de Pós-Graduação em Odontologia  
Área de Concentração: Estomatologia

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**Eventos traumáticos na infância estão associados com a ocorrência de distúrbios emocionais e variáveis clinicopatológicas em pacientes com câncer de cabeça e pescoço**

Araçatuba – São Paulo

2017

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Eventos traumáticos na infância estão associados com a ocorrência de desordens emocionais e variáveis clinicopatológicas em pacientes com câncer de cabeça e pescoço

Dissertação apresentada à Faculdade de Odontologia do Campus de Araçatuba – Universidade Estadual Paulista “Júlio de Mesquita Filho” – UNESP, para obtenção do Título de MESTRE EM ODONTOLOGIA (Área de concentração em Estomatologia).

**Orientador:** Prof. Ass. Dr. Daniel Galera Bernabé

**Araçatuba – São Paulo**

**2017**

Catálogo na Publicação (CIP)

Diretoria Técnica de Biblioteca e Documentação – FOA / UNESP

Silva, Bruna Amélia Moreira Sarafim da.

S586e        Eventos traumáticos na infância estão associados com a ocorrência de desordens emocionais e variáveis clinicopatológicas em pacientes com câncer de cabeça e pescoço / Bruna Amélia Moreira Sarafim da Silva. – Araçatuba, 2017  
58 f.; tab.

Dissertação (Mestrado) – Universidade Estadual Paulista, Faculdade de Odontologia de Araçatuba

Orientador: Prof. Daniel Galera Bernabé

1. Trauma psicológico 2. Adultos sobreviventes de eventos adversos na infância 3. Neoplasias de cabeça e pescoço I. T.

Black D6

CDD 617.63

# Dedicatória

*Dedicatória*

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À minha família, pelo apoio e paciência durante todo o percurso do mestrado.

Ao meu orientador e professor Daniel Galera Bernabé, pelo apoio, paciência e incentivo à sempre persistir mesmo com as dificuldades.

Ao coordenador do Centro de Oncologia Bucal (COB) por permitir que realizasse minha pesquisa nesta Instituição.

Aos funcionários do Centro de Oncologia Bucal (COB) que sempre estiveram à disposição para me auxiliar na pesquisa e coleta de dados.

Aos amigos da pós-graduação, por sempre estarem ao meu lado nos momentos difíceis, compartilhando suas experiências e dando o suporte necessário para que eu concluísse minha pesquisa.

Aos pacientes do Centro de Oncologia Bucal (COB) pela disposição e por compartilharem comigo suas dores e angústias. Serei eternamente grata por esta oportunidade.

# AGRADECIMENTOS

*Agradecimentos*

---

Ao meu orientador **Daniel Galera Bernabé**, pela atenção e incentivo para ir além das minhas dificuldades, por ter contribuído para o meu crescimento científico, por respeitar minhas limitações nos momentos difíceis. Sou grata pela amizade, confiança, pela oportunidade de fazer parte de sua equipe e por ser o maior incentivador na superação de meus limites. Sua perseverança e constante foco nos seus ideais sempre foram uma inspiração para que eu fizesse o mesmo. Obrigada pela força que sempre me deu e principalmente pelos estímulos a nunca me contentar com o Menos e sim buscar sempre o Mais e finalizando, por me estimular a ter a visão crítica e questionadora sobre a vida.

Ao professor **Glauco Issamu Miyahara**, por me aceitar como psicóloga voluntária no Centro de Oncologia Bucal (COB), por ser um grande incentivador para que eu concluísse o mestrado e por ter aceito avaliar o meu trabalho. Desde o início do mestrado sempre me auxiliou no que precisei, me dando orientações nas dificuldades que tive e me estimulando a continuar persistindo. É uma honra tê-lo na banca examinadora.

À professora **Flávia de Lima Osório**, pela parceria e disponibilidade em avaliar este trabalho, tenho certeza de que suas observações e avaliações irão contribuir muito para o meu trabalho. É uma honra tê-la na banca examinadora.

À professora **Maria Lúcia Marçal Mazza Sundefeld**, por todo o apoio e auxílio nas análises estatísticas deste trabalho. Sou imensamente grata por tudo.

Ao professor **Éder Ricardo Biasoli**, pela colaboração e contribuição para o meu crescimento acadêmico, por me auxiliar a entender a linguagem médica dos prontuários e pelas observações sobre a psicologia que são sempre muito interessantes.

À psicóloga **Gabrielle Dias Duarte**, pela infinita disponibilidade em me auxiliar nos atendimentos com os pacientes e no desenvolvimento de meus trabalhos. Agradeço pela amizade, confiança e parceria. Espero que este seja apenas o início de nossa parceria. Conte sempre comigo.

À enfermeira **Anne Cristina de Faria Cocato**, pelo auxílio no recrutamento dos pacientes, pela paciência e apoio que sempre me deu. Sua dedicação com os pacientes sempre foi um grande estímulo para mim.

Às dentistas **Janaína Zavitoski da Silva** e **Suzy Elaine Nobre de Freitas**, pela incansável disposição em me auxiliar nos termos técnicos da odontologia e das lesões dos pacientes e por ambas serem um estímulo a sempre ser respeitosa e amorosa na conduta com os pacientes.

À fonoaudióloga **Daniene Tesoni Cassavara Ribeiro**, pela parceria tanto no trabalho como fora, pela amizade e companheira de ideal. Obrigada pelo grande auxílio quanto à pesquisa e pela compreensão nos momentos mais difíceis do mestrado.

À fisioterapeuta **Regiane Mazzarioli Pereira Nogueira**, pela grande parceria em outros trabalhos que desenvolvi, pela amizade, apoio em todos os momentos e por me inspirar a ser amorosa e dedicada com os pacientes.

À **Jane Fátima M. Fernandes da Silva**, por sempre e em todos os momentos estar disposta a me auxiliar com os prontuários ou nos atendimentos com os pacientes. Sua dedicação ao trabalho e impecável organização me inspira muito. Agradeço pelas nossas conversas e apoio que sempre me deu.

Ao **Vitor Boneti Valente**, um grande amigo e parceiro do mestrado, sempre esteve disposto a me ajudar no que precisei e por sempre ser alegre e positivo frente às dificuldades que enfrentamos.

À **Ingrid da Silva Santos**, pela incansável disposição e parceria em todos os trabalhos que desenvolvi. Sua amizade e apoio sempre foram indispensáveis

para que eu concluísse este trabalho. Sou imensamente grata por tê-la conhecido e por poder sempre contar com sua experiência e impecável conduta com os pacientes.

À **Flávia Verza**, por desde o início estarmos juntas no desenvolvimento de nossos objetivos. Sua amizade e alegria sempre me fortaleceu. Obrigada por tudo.

À **Daniela Brito Bastos**, pela parceria e por compartilhar suas dores e alegrias comigo. Sua confiança e amizade são muito importantes para mim. Conte sempre comigo.

Ao **Saygo Tomo**, pelo apoio e companheirismo em todas as fases deste trabalho. Sua amizade e parceria são muito importantes para mim.

À **Jéssica Araújo Figueira**, pela parceria e por ser a grande artista e colaboradora na elaboração dos slides dos meus trabalhos. Muito obrigada por tudo.

À **Lígia Lavezo Ferreira**, pelo acolhimento e carinho de sempre. Obrigada pela força e apoio.

À **Giseli Mitsuy Kayahara**, pelo grande companheirismo nas aulas de inglês e no mestrado. Obrigada pela amizade e carinho.

Aos meus pais **Felício e Cristina**, por sempre estarem ao meu lado, me apoiando e sendo sempre meu porto seguro. Amo vocês.

Às minhas irmãs **Natália e Carolina** e ao meu cunhado **Hamilton**, por sempre e sempre estarem ao meu lado, em todos os momentos de minha vida. Amo vocês.

Aos **pacientes do COB**, que aceitaram participar deste estudo, pois nada disso seria possível sem a colaboração de cada um deles. Serei eternamente grata pela oportunidade que tive no mestrado.



À **Faculdade de Odontologia de Araçatuba (FOA)**, por abranger seus métodos de ensino para outras áreas.

Ao diretor **Wilson Roberto Poi**, por todos os estímulos, desde às aulas no primeiro ano do mestrado até a avaliação do meu EGQ. Sempre sendo otimista, extremamente respeitoso quanto às dificuldades de seus alunos e muito atencioso. Sou grata por tê-lo como referência na continuidade de meus ideais de pesquisa.

Aos meus **grandes amigos**, que são muitos para nomear cada um, porém todos são extremamente importantes em minha vida. Agradeço pela amizade, companheirismo, força e apoio de sempre.

# Epígrafe

Epígrafe

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*“O sucesso nasce do querer, da determinação e persistência em se chegar a um objetivo. Mesmo não atingindo o alvo, quem busca e vence obstáculos, no mínimo fará coisas admiráveis”.*

*José de Alencar*

Sarafim-Silva BAM. Eventos traumáticos na infância estão associados com a ocorrência de distúrbios emocionais e variáveis clinicopatológicas em pacientes com câncer de cabeça e pescoço [dissertação]. Araçatuba: Faculdade de Odontologia da Universidade Estadual Paulista; 2017.

## RESUMO

**Introdução:** Eventos traumáticos na infância têm sido associados à ocorrência de ansiedade e depressão na fase adulta. Esta relação tem sido investigada em pacientes com câncer de mama, mas pouco explorada em pacientes com outros tipos de câncer. **Objetivo:** Avaliar a ocorrência de eventos traumáticos na infância e sua associação com as características clinicopatológicas e distúrbios emocionais em pacientes com câncer de cabeça e pescoço (CCP). **Método:** Foram incluídos no estudo 110 pacientes com diagnóstico de carcinoma espinocelular (CEC) de cabeça e pescoço antes de iniciar o tratamento oncológico. Dados clinicopatológicos e biocomportamentais foram coletados dos prontuários clínicos dos pacientes. Os níveis de ansiedade e depressão foram avaliados por meio do Inventário de Ansiedade de Beck (IAB) e o Inventário de Depressão de Beck (IDB), respectivamente. Questionário sobre Trauma na Infância (CTQ) foi utilizado para avaliar a ocorrência de eventos traumáticos na infância. **Resultados:** A maioria dos pacientes eram homens (88,2%) com tumores localizados na boca (65.6%), laringe (19%) e orofaringe (15.4%). Cento e cinco pacientes (95.5%) relataram pelo menos um tipo de experiência traumática na infância. A negligência emocional foi o subtipo de trauma mais reportado (43.8%) e análise multivariada revelou que ela foi uma variável independente para estadiamento clínico avançado ( $\beta=2.15$ ,  $p=0.048$ ) e maior consumo de álcool ( $\beta=2.32$ ,  $p=0.031$ ). Pacientes com CCP que tiveram maior ocorrência de trauma na infância apresentaram quase 12 vezes mais chance de

apresentar níveis elevados de depressão durante o período pré-tratamento ( $\beta=11.89$ ;  $p=0.0002$ ). A ocorrência de negligência física na infância foi preditiva para aumento dos níveis de ansiedade ( $\beta=4.17$ ;  $p=0.029$ ). **Conclusão:** Eventos traumáticos na infância são preditivos para o estadiamento clínico avançado, consumo de álcool e sintomas psicológicos em pacientes com câncer de cabeça e pescoço e devem ser consideradas nas estratégias de intervenção clínica e psicológica durante o tratamento oncológico.

**Palavras-chave:** Câncer, Trauma Psicológico; Adultos Sobreviventes de Eventos Adversos na Infância; Neoplasias de Cabeça e Pescoço; Depressão, Ansiedade.

Sarafim-Silva BAM. Childhood traumatic events are associated with occurrence of emotional disorders and clinicopathological variables in head and neck cancer patients.[dissertation]. Araçatuba: UNESP - São Paulo State University; 2017.

## ABSTRACT

**Introduction:** Childhood Traumatic events have been associated with anxiety and depression occurrence in adulthood. This relationship has been investigated in breast cancer patients, however it is little explored in patients with other types of cancer. **Objective:** To evaluate the childhood trauma occurrence in head and neck cancer (HNC) patients, as well as its association with clinicopathological variables, and anxiety and depression levels. **Method:** The study included 110 head and neck squamous cell carcinoma (HNSCC) patients before starting cancer treatment. Clinicopathological and biobehavioral data were collected from patient's medical records. Anxiety and depression levels were assessed by Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI), respectively. Childhood Trauma Questionnaire (CTQ) was used to evaluate the childhood traumatic events occurrence. **Results:** The most of the HNSCC patients was men (88.2%), with tumors located in oral cavity (65.6%), larynx (19%) and oropharynx (15.4%). One hundred and five patients (95.5%) had experienced at least one type of childhood trauma. Emotional neglect was the most reported childhood trauma (43.8%) and multiple regression revealed that it was an independent variable for advanced clinical staging ( $\beta=2.15$ ,  $p=0.048$ ), and higher alcohol consumption ( $\beta=2.32$ ,  $p=0.031$ ). HNSCC patients who had a higher occurrence of traumatic events in childhood had almost 12 times more chances of having increased depression levels during the pre-treatment period ( $\beta=11.89$ ;  $p=0.0002$ ). Childhood physical neglect occurrence was a predictive factor for

increased anxiety levels ( $\beta = 4.17, p = 0.029$ ). **Conclusion:** Childhood traumatic events are predictive for advanced clinical staging, alcohol consumption, and emotional disorders in HNSCC patients, and should be considered in clinical and psychological intervention strategies during cancer treatment.

**KEYWORDS:** Psychological Trauma; Adult Survivors of Child Adverse Events; Head and Neck Neoplasms

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## Lista de Abreviaturas

HNC – Head and Neck Cancer

HNSCC – Head and Neck Squamous Cell Carcinoma

SCC – Scamous Cell Carcinoma

CCI – Charlson Comorbidity Index

AVS – Visual Analog Scale

UICC – International Union for Cancer Control

CTQ – Childhood Trauma Questionnaire

BAI – Beck Anxiety Inventory

BDI – Beck Depression Inventory

CTS – Childhood Trauma Subtypes



# Sumário

*Sumário*

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## Sumário

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**Childhood traumatic events are associated with occurrence of emotional disorders and clinicopathological variables in head and neck cancer patients.**

**Sarafim-Silva BAM<sup>a</sup>, Duarte GD<sup>a</sup>, Sundefeld MLMM<sup>a</sup>, Biasoli ER<sup>a</sup>, Miyahara GI<sup>a</sup>, Bernabé DG<sup>a\*</sup>**

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Running title: Childhood trauma occurrence in head and neck cancer patients

**Conflicts of interest:** None.

**Funding sources:** None.

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Normalization according to the periodic Head & Neck (Anexo B)

## 1. Introduction\*

Cancer patients may experience high levels of stress, anxiety and depression during and after disease diagnosis and treatment.<sup>1-3</sup> Emotional disorders have particular relevance in head and neck cancer (HNC) patients.<sup>4-8</sup> Occurrence and treatment of HNC such as malignant tumors located in the oral cavity, oropharynx and larynx, may induce facial disfigurement, chewing and swallowing dysfunctions, phonation deficit, pain (more intense than other types of cancer) and fear of death.<sup>8-11</sup> As human social interaction and emotional expression depend largely of structural and functional integrity of the head and neck region, the HNC diagnosis and treatment have a significant psychological impact.<sup>7-13</sup>

Studies have shown that emotional disorders affect the quality of life, the immunological function and the survival time of cancer patients.<sup>11,13,14</sup> HNC patients display high levels of anxiety, depression and mood swings.<sup>8,15-17</sup> Aarstad et al.<sup>18</sup> observed that head and neck squamous cell carcinoma (HNSCC) patients with regional lymph node metastasis had higher anxiety levels than patients who had the disease at an initial stage.<sup>18</sup> Another study, carried out with oral cancer patients, showed that increased anxiety levels was associated with difficulty in deal with the disease diagnosis and higher prevalence of distress.<sup>19</sup> Other investigations have also revealed that HNSCC patients with higher levels of anxiety and depression exhibit worse quality of life,<sup>20,21</sup> lower adherence to treatment and worse prognosis.<sup>22</sup> These findings indicate the need for diagnosis and management of emotional disorders in HNC patients, as well as the identification of their risk factors.

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\*Normas da revista Head & Neck

Stressor events experienced in childhood, mainly emotional neglect, are risk factors for development of emotional disorders in adulthood.<sup>23-25</sup> Childhood trauma not only increases the vulnerability for anxiety and depression occurrence, it is also associated with a more chronic levels of these disorders.<sup>23</sup> Psychological trauma is an event experienced or witnessed by the individual, in which there was a threat to life or physical integrity of himself or of persons affectively linked to him.<sup>26-28</sup> Traumatic events may produce irreparable emotional damage and prolonged suffering.<sup>27-30</sup> Few investigations have explored the occurrence of childhood trauma events in cancer patients.<sup>31-39</sup> Almost all of them were conducted in breast cancer patients.<sup>31-39</sup> The first study exploring childhood trauma occurrence in cancer patients was carried out in 2006 by Salmon et al.<sup>31</sup> The authors observed a significant association between childhood trauma with cancer-related psychological symptoms, such as self-blame, bodily shame and stress in women diagnosed with breast cancer.<sup>31</sup> Goldsmith et al.<sup>32</sup> analyzed the association between stress symptoms and adverse experiences during childhood in breast cancer patients.<sup>32</sup> The women who reported suffering emotional and sexual abuse during childhood displayed higher symptoms of negative thoughts related to cancer and difficulties in deal with stressors events, such as cancer diagnosis.<sup>32</sup> In other studies, history of child abuse and neglect in the childhood were correlated with worse quality of life and higher intensity of cancer-related fatigue in breast cancer survivors.<sup>33-35</sup> In turn, Crosswell et al.<sup>36</sup>, showed that psychological trauma in childhood can be associated with a deregulated systemic levels of cancer progression-related cytokines.<sup>36</sup> In more recent studies, childhood trauma was associated with increased symptoms of fatigue, depression, and stress during the breast cancer treatment<sup>37</sup> and worse emotional

response to cancer.<sup>38</sup> So far, only one study has investigated the occurrence of childhood trauma in HNC patients.<sup>39</sup> Archer et al.<sup>39</sup> found that HNSCC patients reported higher adversity in childhood and higher levels of depression than colorectal cancer patients. However, authors were cautious about these results, to being a preliminary study, and with low casuistry.<sup>39</sup>

Emotional responses in cancer patients may also affect the adherence to treatment, immunological response to primary tumor and metastasis, as well as the maintenance of biobehavioral risk factors, such as smoking and alcoholism.<sup>19,20,40,41</sup> However, little is known about the factors which could influence psychological and biobehavioral variables in cancer patients, especially in HNC. In this context, there are increasing evidences showing that psychological characteristics of individuals with or without cancer are influenced by traumatic events experienced during childhood.<sup>31-39</sup> However, there are no evidences of association between childhood trauma occurrence and clinicopathological profile in HNSCC patients. In the present study, we have analyzed the occurrence of childhood trauma in HNSCC patients, as well as its association with emotional disorders and clinicopathological variables.

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