



## REVIEW OF RESEARCH

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### HAIR LOSS PROBLEM DUE TO CHEMOTHERAPY AMONG CANCER PATIENT

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#### ABSTRACT

*Chemotherapy-related hair loss often affects the scalp, but it also affects the eyes, eyebrows, armpit hair, germ hair, and other parts of the body. Hair loss usually begins 1 to 4 weeks after initiating chemotherapy. Hair loss can range from hair loss to baldness. Often, people find their hair confused when combing or washing. For some, when it comes to hair loss, it can lead to scalp pain, itching or tenderness. In addition to these physical discomfort, hair loss related to chemotherapy can be emotionally distressing.*

**KEYWORDS:** Chemotherapy, Hair Loss, Cancer

#### INTRODUCTION:

Cancer is a leading cause of death and morbidity worldwide, and the number of these malignancies is currently on the rise. Chemotherapy is an important component of the multimodal approach in the management of various disorders. Hair loss due to chemotherapeutic agents is one of the most common skin adverse effects and is rated as one of the most annoying side effects of cancer therapy. The estimated rate of hair loss due to chemotherapy is 65%. The most common type of hair loss associated with cancer therapy is anagen effluvium, and is noticed within 1-2 weeks of starting therapy and becomes more pronounced in the next of - weeks of therapy. Chemotherapy - Hair loss is a common and painful side effect of cancer treatment, even on patient's .You have very little insight and experience on the psycho-psychotic effect. However, it has been documented in the literature that hair loss due to chemotherapy reduces anxiety, depression, a negative body image, lowers self-esteem and decreases wellness. The study was conducted to analyze the chemotherapeutic drug's hair loss, its impact on social life, and adjustments made by patients.

#### MATERIAL AND METHOD:

It was an observational study done over a period of 1 year in a tertiary care hospital in northern India. All cancer patients who developed hair loss while on chemotherapy and either self-reported or were referred to us by the treating oncologist were included in the Institutional Ethics Committee permission and patients were briefed about the nature of the study. All the patients who were willing to participate in the study were included after receiving written informed consent from them. Demographic details, types of malignancy, drug protocol, interval between hair loss, and initiation of chemotherapy were assessed. All

patients were given a revalidated closed end questionnaire as a data collection tool. The data were analyzed and interpreted, for the study researcher has selected 170 patient analytical studies.

**Table 1.1 Gender wise Distribution of the Patient**

Sr. No.	Gender	No of Patient	Percentage
1.	Male	90	52.94
2.	Female	80	47.06
<b>Total</b>		<b>170</b>	<b>100.00</b>

Source: Field work

The above table 1.1 describes about the demographic study of the cancer patient and it was observed that out of 170 patient 90 (52.94%) are male patient and remaining 80 (47.06%) are female patients.

**Table 1.2 Age wise Distribution of the Patient**

Sr. No.	Age	No of Patient	Percentage
1.	18 – 30 Years	42	24.70
2.	31 – 45 Years	53	31.20
3.	46 – 55 Years	35	20.58
4.	56 – 70 Years	26	15.30
5.	71 above	14	08.22
<b>Total</b>		<b>170</b>	<b>100.00</b>

Source: Fieldwork

The above table 1.2 describes about the age wise distribution of the patients and it was observed that 42 (24.70%) patients are between 18-30 years of age, 53 (31.20%) patients are between 46-55 years of age, 26 (15.30%) patients are between 56-70 years of age and remaining 14 (8.22) patients are above 71 years of age.

**Table 1.3 Do you get counseling about hair loss in Chemotherapy**

Sr. No.	Malignancies	No of Patient	Percentage
1.	Yes	103	60.60
2.	No	35	20.58
3.	Can't Say	32	18.82
<b>Total</b>		<b>170</b>	<b>100.00</b>

Source: Fieldwork

The above table 1.3 describes about does patient get counseling about hair loss after the treatment of chemotherapy, and it was observed that out of 170 patient 103 (60.60%) patient said they got the counseling about the hair loss, 35 (20.58%) patient said they didn't get the counseling about the hair loss, and remaining 32 (18.82%) of the patient are not given any answer about the counseling of hair loss after treatment of chemotherapy.

**Table 1.4 Opinion on Hair Loss**

Sr. No.	Opinion	No of Patient	Percentage
1.	I am ok with this because it is part of treatment	16	9.41
2.	Therapy would have been completely unnecessary and would have stopped saving lives	25	14.70
3.	I observed it is worse than the diseases itself	22	12.94
4.	It is very worst side effect in chemotherapy	105	61.76
5.	This is a temporary side effect, and once the chemotherapy is stopped, it will subside	56	32.94
6.	Due to hair loss I want to discontinue therapy but due to family pressure I want to continue	43	25.29
7.	I feel guilty for starting treatment first	24	14.11

Source: Fieldwork

The above table 1.4 describes about the patients opinion on hair loss and it was observed that 16 (9.41%) patients said they are ok with the treatment because they fill it is part of treatment, 25 (14.70%) patients said therapy would have been completely unnecessary and would have stopped saving lives, 22 (12.94%) patient said they observed it is worse than the diseases itself, 105 (61.76%) patients said this is temporary side effects and once chemotherapy is stopped it will subside, 43 (25.29%) patient said due to hair loss they want to discontinue this therapy but due to their family pressure they are continuing their treatment, and 24 (14.11%) patient said they feel guilty for starting this treatment first.

**Table 1.5 Distribution of Issue Faced due to Hair Loss**

Sr. No.	Opinion	No of Patient	Percentage
1.	It is affecting my social life	119	70.00
2.	Low self-esteem	96	56.47
3.	I think my spouse / friends / children are avoiding me because of hair loss	10	05.88
4.	Hair loss makes me feel more like a cancer patient	36	21.17
5.	I feel ugly and I don't want to look in the mirror anymore	43	25.29
6.	I have adjusted well with hair loss and I have no issues with that	19	11.17

Source: Fieldwork

The above table 1.5 describes about the distribution of issue faced due to hair loss and it was observed that 119 (70.00%) patients are said hair loss issue affecting on their social life, 96 (56.47%) patient said due to hair loss they fell low self-esteem, 10 (5.88%) patients said due to hair loss they think their spouse, friends, children's are avoiding them, 36 (21.17%) patient said hair loss makes them feel more like a cancer patient, 43 (25.29%) patient said they feel ugly and they don't want to look in the mirror anymore and 19 (11.17%) patients said they are adjusted well with the hair loss and they have no issues with hair loss.

Discussion:

Chemotherapy - Hair loss is a common adverse effect of cancer treatment, but its psychological side effects are still less discussed. Hair loss due to chemotherapy is difficult for patients and their families, and their ability to change the course of treatment, despite their widely accepted views on patients' self-image, their perceptions of society, and strategies. Changing the perception of society can be one way to deal with it, but provides pre-treatment information about hair loss and care to cope with and adjust to hair loss due to chemotherapy with emotional support and counseling. Treatment for cancer patients will have a long lasting impact and improve treatment completion. It has been noted that almost all patients try to take

proactive steps in mind. Patients are especially recommended for harassment by wearing a wig or wig in public places. It is also recommended to shave the scalp hair in addition to getting rid of the scalp and reducing the need to clean the shower instead of gaining self-control. The role of social support groups in dealing with hair loss has not been studied but has provided a theoretically superior method for dealing with the psychological problems that arise in these patients.

#### CONCLUSION:

Chemotherapy - Despite the fact that the negative effects of induced alopecia are good in the literature, the patient experience information is currently severely lacking due to chemotherapy and lifestyle secondary to hair loss. Extensive interaction between oncologists and patients, dermatologists and patients will help them cope with these side effects and improve their compliance with their treatment. The main role of healthcare professionals is to help individuals cope with their illness.

#### REFERENCES:

1. Elise J. Devlin, Linley A. Denson, and Hayley S. (2017), 'Cancer Treatment Side Effects: A Meta-analysis of the Relationship Between Response Expectancies and Experience', *Journal of Pain and Symptom Management*, Vol-54, Issue-2, pp.245-258
2. Duval S, Tweedie R. Trim and fill: a simple funnel-plot based method of testing and adjusting for publication bias in meta-analysis. *Biometrics* 2000;56:455e 463.
3. Ummavathy Periasamy, Sherina Mohd Sidik, Lekhraj Rampal, Siti Irma Fadhilah, Mehrnoosh Akhtari-Zavare and Rozi Mahmud (2017), 'Effect of chemotherapy counseling by pharmacists on quality of life and psychological outcomes of oncology patients in Malaysia: a randomized control trial', Periasamy et al. *Health and Quality of Life Outcomes*, Health and Quality of Life Outcomes, Bio Med Centre, pp. 2-10
4. Pavey RA, Kambil SM, Bhat RM (2015), 'Dermatological adverse reactions to cancer chemotherapy', *Indian J Dermatol Venereol Leprol*, 81:434.
5. Katikaneni R, Ponnappakkam T, Suda H, Miyata S, Sakon J, Matsushita O, et al. (2011), 'Treatment for chemotherapy- induced alopecia in mice using parathyroid hormone agonists and antagonists linked to a collagen binding domain', *International Journal of Cancer*, Vol-21, pp. 131-139.