

Perspicacity into the role of psychological factors in oral mucosal cancer: A synopsis



Oral mucosal cancer is the 10th most common malignant neoplasm with a high mortality rate, delayed clinical retention, and poor prognosis. Oral cancer is a malignant neoplasm that ranks among the top ten in terms of occurrence and remains a major public health concern despite breakthroughs in research and treatment. However, it is still minimally determined in the published literature due to an underestimation of its recurrence risk in oral cancer survivors by oral cancer researchers. Patients with oral or throat cancer reported higher psychosocial problems than patients with other cancer types, such as depression, anxiety, social isolation, and issues with their jobs and relationships. Strong evidence links certain lifestyle choices to oral cancer, including excessive tobacco use, compulsive smoking, chewing betel nuts, drinking alcohol, experiencing stress or anxiety, and eating few fruits and vegetables (unhealthy lifestyles include eating lots of fat and/or sugar, which leads to eating fewer fruits and/or vegetables).^[1]

Tobacco usage (smoking and/or chewing) is responsible for 25% of oral cancers worldwide, alcohol intake is responsible for 7%–19%, micronutrient deficiencies are responsible for 10%–15%, and excessive chewing is responsible for more than 50%. To chew betel nut in locations where multiple exposures increase carcinogenicity, which is dose dependent. Low and single exposures, on the other hand, do not significantly raise the risk of mouth cancer. The role of family members who step up to care for their loved ones is crucial because a person with advanced oral cancer is frail and unable to care for himself. Although frequently so rapid, the change from a close relative to a caretaker leaves them unprepared or unable to accept it. A patient with an incurable condition such as oral and throat cancer degenerates not only physically but also psychologically and socially. Chemotherapy, reconstructive surgery, and other treatments are required for the majority of oral and throat cancer patients, which interferes with daily activities, including eating, keeping up personal cleanliness, taking medications on time, maintaining social interactions, and many more. Strategies for providing basic care training

to primary caregivers of cancer patients, including oral cancer, must be implemented. Training should also entail delivering cancer knowledge and identifying the negative effects of cancer treatment. This editorial post highlights how advanced cancer patients suffer many challenges, such as financial insecurity, despair, family grief, suicidal thoughts, wrath, and stress. When dealing with communities as opposed to disease, health experts urge for the use of a holistic approach.^[2]

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