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Research Article:

Depression Among Breast Cancer Survivors in Duhok, Iraq: A Quantitative Analysis Using HADS

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Abstract

Background: Breast cancer (BC) represents a significant warning to women's health in Iraq, accounting for 40% of all new cancer cases in 2022. The depression challenge faced by breast cancer survivors (BCSs) results from the severe emotional influence of diagnosis and various management modalities. This study aims to examine the prevalence of depression among Iraqi BCS and the factors affecting it. **Material and Methods:** A cross-sectional study was conducted with a population of 161 BCSs aged 60 years and younger attending Azadi Hematology-Oncology Center in Duhok City, Iraq. The data were collected between December 2024 and February 2025, including demographics, clinical features, and the Hospital Anxiety and Depression Scale (HADS) to assess depression. The final score for HADS ranges from (0–21 points), in which a higher score indicates a higher level of depression. **Results:** Out of 161 breast cancer survivors participating in the study, the mean age was 41.97 ± 5.06 years, with the majority 118 (73.3%) aged between 40 and 60 years. Among the participants, 130 (80.7%) were married, and 127 (78.9%) were unemployed and housewives. Of the total population, 43 (26.7%) had depression, with a mean depression score of 7.67 ± 4.54 which was predominantly observed among unemployed, housewives and long-term survivors (>70 months). **Conclusion:** The findings highlight that depression is a significant challenge for breast cancer survivors in Iraq. Being unemployed and housewives with low family monthly incomes could be independent contributors to that issue. Survivors for a longer time were found to have higher scores on the HADS, and that group of subjects may need further attention from the healthcare providers. As breast cancer survival rates rise, psychosocial support programs, psychological screening, and consultations are required among healthcare systems to minimize the risk for developing depression.

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1. Introduction

Breast cancer (BC) is the most commonly diagnosed malignancy among women globally and represents a significant warning to women's health in Iraq (1, 2). It is the most common cancer type in Iraq, accounting for 40% of all newly diagnosed cancer cases in 2022 (3). In developed countries, women with a history of breast cancer constitute the biggest group of cancer survivors, as a result of early

diagnosis and effective therapeutic interventions (4). In contrast, the incidence and mortality of BC continue to rise in Iraq and many low and middle-income countries, primarily due to limited public health awareness programs focused on early diagnosis, which presents significant physical and psychological challenges during the survival phase (4, 5).

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As survival rates for breast cancer rise, understanding the psychological consequences associated with its diagnosis and management has become a rising clinical concern (6). However, research on breast cancer survivors remains limited in comparison to the phases of diagnosis and primary treatment (7). Depression is a significant challenge among BCSs because of the severe emotional influence of diagnosis and various management modalities, it is 2-3 times more prevalent in survivors than in the normal population (8). Approximately 16.9% of long-term BCSs develop new-onset depression even five to ten years post-diagnosis, a rate that has increased since 2008 (9). It's essential to highlight the most related factors correlated with survivors' depressive symptoms to establish an effective intervention for their mental health (8). The aim of this study was to explore the prevalence of depression among Iraqi breast cancer survivors and examine the factors affecting it.

2. Material and Methods

At Azadi Hematology-Oncology Center, Duhok City, Kurdistan region, Iraq, research was carried out using a cross-sectional study design between December 2024 and February 2025.

Before conducting the study, it was approved by the Research Ethics Committee at Duhok Directorate General of Health. Participation in this study was completely voluntary, verbal consents were obtained from all BCS and they were assured that their data would be secure and only be used for scientific research.

Out of 193 breast cancer survivors visiting Azadi Hematology-Oncology Center during the study period, only 161 agreed to participate in the study, others met either one or more of the exclusion criteria, had no time to participate or only their husbands or relatives visit the center to take their medications.

Inclusion criteria

- Adult breast cancer survivors aged 60 years and younger.
- Have completed primary BC treatment (surgery, chemotherapy, and/or radiotherapy).
- On hormonal therapy or adjuvant targeted therapy, based on their hormone receptor (HR) and human epidermal growth factor receptor-2 (HER2) status.
- Active surveillance.

Exclusion criteria

- Active breast cancer patients over the age of 60 years.
- On chemotherapy, radiotherapy, or immediate post-operative.
- Comorbid psychiatric diseases.
- Recurrent or metastatic breast cancer.

2.1. Demographics and clinical characteristics

Sociodemographic were obtained from the participants via a questionnaire, including (age, marital status, religion, residence, education status, employment status, type of job, family monthly income and number of children the family has).

Clinical data were obtained from the cancer database at Azadi Hematology-Oncology Center, including (tumor grade, laterality, time since diagnosis, type of BC management received, surgery type, currently on hormonal or adjuvant targeted therapy according to HR and HER2 receptor status, family history of BC, comorbidities and menopausal status.

2.2. Depression assessment by HADS scale

A Kurdish-language version of the Hospital Anxiety and Depression Scale (HADS) was utilized to assess depression among breast cancer survivors in Duhok city, Kurdistan region, Iraq. The translation process followed a standardized forward and backward translation process to ensure linguistic accuracy, and the final version was reviewed and validated by medical experts to establish face-content validity (10, 11). The original HADS consists of an anxiety scale and a depression scale, with seven items for each. Only depression scale (7 items) was used in this study, and the answer format for each item has four degrees scored with values 0 to 3 (12). The final score ranges from 0–21 points. A higher score indicates a higher level of depression. The HADS authors define three ranges for depression subscale: 0-7 (non-cases), 8-10 (doubtful cases), and 11-21 (cases). These cut-offs (8+ and 11+) were defined based on psychiatric ratings of depression disorders (12, 13). defined based on psychiatric ratings of depression disorders (12, 13).

3. Results

3.1. Demographic and socio-economical characteristics of the study participants

A total of 161 breast cancer survivor participated in the study, their mean age was 41.97 ± 5.06 . As shown in [Table 1](#), most of them 118 (73.3%) were aged between 40–59 years. Married cases were 130 (80.7%), most BCS reside in urban areas 93 (57.8%), with 65 (40.4%) having no formal education. The proportion of survivors who are unemployed and housewives was 127 (78.9%), and 81 cases (50.3%) had medium family monthly income.

3.2. Clinical characteristics of the study participants

The clinical characteristics shown in [Table 2](#), revealed that 82 (50.9%) of cases had left-sided breast cancer, with 3 (1.9%) bilateral cases. Most tumors were classified as Grade 2 for 66 (41.0%) cases and Grade 3 for 61 (37.9%) cases. The mean time since diagnosis was 33.19 ± 24.38 months, with only 16 (9.9%) cases diagnosed >70 months ago. The predominant treatment approach used was a multimodal regimen combining chemotherapy, radiation, and surgery reported in 117 (72.7%) cases. For those undergoing surgeries, breast-conserving surgery was most common with 91 (56.5%) cases. Hormonal therapy was received by 77.6% of participants, with 92 (57.1%) on mixed hormonal regimens and 19 (11.8%) on tamoxifen alone. The majority were HR-positive (95.7%), while 37.9% were HER2-positive.

Table1. Demographic and socio-economical characteristics of the study participants

Demographic and socioeconomical characteristics	N	%
Age		
< 40 years	43	26.7
40-60 years	118	73.3
Marital status		
Single	26	16.1
Married	130	80.7
Divorced	3	1.9
Widow	2	1.2
Religion		
Muslim	147	91.3
Christian	3	1.9
Yazidi	11	6.8
Residence		
Urban	93	57.8
Rural	68	42.2
Education status		
No formal education	65	40.4
Primary	28	17.4
Secondary	29	18.0
University	39	24.2
Employment status		
Employee	34	21.1
Unemployed	127	78.9
Type of job		
Housewives	127	78.9
Office work	11	6.8
Non office work	23	14.3
Family monthly income		
Low (<500,000 ID)	49	30.4
Medium (500,000-1million ID)	81	50.3
High (>1million ID)	31	19.3
No. of children the family has		
None	33	20.5
1-4	89	55.3
5-8	39	24.2
Family history of BC		
Yes	56	34.8
No	90	55.9
Unknown	15	9.3

Table2. Clinical characteristics of the study participants

Clinical characteristics	N	%
Laterality		
Right	76	47.2
Left	82	50.9
Bilateral	3	1.9
Grade		
Unknown	19	11.8
Grade 1	15	9.3
Grade 2	66	41.0
Grade 3	61	37.9
Time since diagnosis (months)		
10-40 m.	119	73.9
41-70 m.	26	16.1
>70 m.	16	9.9

Type of BC management received		
Chemo/ surgery	18	11.2
Surgery/ radiation	16	9.9
Chemo/ radiation/ surgery	117	72.7
Chemo alone	5	3.1
Surgery alone	5	3.1
Current BC therapy		
Hormonal therapy with tamoxifen	19	11.8
Hormonal therapy with goserelin and others	14	8.7
Mixed hormonal therapy	92	57.1
Targeted therapy	11	6.8
Targeted therapy + Hormonal therapy	25	15.5
Surgery type		
No	5	3.1
Mastectomy	65	40.4
Breast conserving surgery	91	56.5
HR		
Positive	154	95.7
Negative	7	4.3
HER2		
Positive	61	37.9
Negative	100	62.1
Menopausal status		
Pre-menopause	8	5.0
Secondary menopause	153	95.0
Comorbidities		
None	107	66.5
One comorbidity	40	24.8
Two and more comorbidity	14	8.7

3.3. Depression among breast cancer survivors

Table 3, showed that the mean depression score assessed by HADS was 7.67 ± 4.54 , employment status significantly impacts depression scores with a p-value of 0.03, as unemployed experience higher levels of depression. Job type showed a nearly significant impact with a p-value of 0.05, as housewives experience higher levels of depression. Conversely, other factors including age, marital status, religion, residence, education, and number of children the family has, did not show any significant relationships ($p > 0.05$).

Table 3. Distribution of HADS score among study participants

Demographic and socio-economical characteristics	Mean $\pm$ SD (median)	P-value
Age*		
< 40 years	7.65 ± 4.31 (7.00)	0.97
40-60 years	7.68 ± 4.64 (7.00)	
Marital status**		
Single	6.26 ± 4.22 (6.00)	0.36
Married	7.97 ± 4.58 (7.50)	
Divorced	7.33 ± 2.51 (7.00)	
Widow	7.00 ± 8.48 (7.00)	
Religion **		
Muslim	7.76 ± 4.61 (7.00)	0.63
Christian		

Yazidi	8.00 ± 4.35 (10.00) 6.36 ± 3.66 (7.00)	
Residence *		
Urban	7.69 ± 4.67 (7.00)	0.81
Rural	7.64 ± 4.40 (6.50)	
Education status **		
No formal education	7.95 ± 4.18 (7.00)	0.23
Primary	8.07 ± 4.76 (8.00)	
Secondary	8.20 ± 4.66 (8.00)	
University	6.53 ± 4.84 (6.00)	
Employment status *		
Employee	6.41 ± 4.84 (6.00)	0.03
Unemployed	8.01 ± 4.41 (8.00)	
Type of job **		
Housewives	8.01 ± 4.41 (8.00)	0.05
Office work	4.81 ± 3.48 (5.00)	
Non office work	7.17 ± 5.27 (6.00)	
Family monthly income **		
Low (<500,000 ID)	8.53 ± 4.02 (9.00)	0.06
Medium (500,000-1million ID)	7.50 ± 4.39 (7.00)	
High (>1million ID)	6.77 ± 5.54 (4.00)	
Number of children the family has**		
None	6.48 ± 3.95 (6.00)	0.52
1-4	7.86 ± 4.60 (8.00)	
5-8	8.25 ± 4.79 (7.00)	

* Mann-Whitney U test, ** Kruskal-Wallis test, p-value<0,05

The results in **Table 4**, indicate that time since diagnosis significantly impacts depression scores with a p-value of 0.01 specifically, long-term survivors (>70 months) showed higher depression scores compared to other groups. Survivors having two or more comorbidities exhibit high depression scores, with a borderline p-value of 0.06. Although the type of management received didn't show a significant association with depression, those undergoing surgery alone experienced the lowest depression scores. Furthermore, neither mastectomy nor breast-conserving surgery shows a significant association with depression.

Table 4. Depression score association with participants' clinical characteristics

Clinical characteristics	Mean ± SD (median)	P-value
Laterality**		
Right	8.09 ± 4.76 (8.00)	0.56
Left	7.28 ± 4.35 (6.00)	
Bilateral	8.00 ± 4.35 (10.00)	
Grade**		
Unknown	6.00 ± 4.21 (6.00)	0.16
Grade 1	7.00 ± 4.94 (7.00)	
Grade 2	8.40 ± 4.72 (8.00)	
Grade 3	7.57 ± 4.27 (7.00)	
Time since diagnosis (months) **		
10-40 m.	7.78 ± 4.35 (7.00)	0.01
41-70 m.	5.65 ± 3.92 (4.00)	
>70 m.	10.12 ± 5.65 (10.00)	
Type of BC management received **		
	7.00 ± 4.75 (6.50)	0.43
	7.87 ± 3.72 (9.00)	

Chemo/ surgery	7.72 ± 4.66 (7.00)	
Surgery/ radiation	10.4 ± 3.36 (10.0)	
Chemo/ radiation/ surgery	5.60 ± 4.27 (6.00)	
Chemo alone		
Surgery alone		
Current BC therapy**		
Hormonal therapy with tamoxifen		0.46
Hormonal therapy with goserelin and others	6.73 ± 5.41 (6.00)	
Mixed hormonal therapy	7.50 ± 2.84 (7.00)	
Targeted therapy	7.71 ± 4.73 (7.00)	
Targeted therapy + Hormonal therapy	6.45 ± 3.32 (5.00)	
Surgery type**		
No		0.21
Mastectomy	10.40 ± 3.36 (10.00)	
Breast conserving surgery	7.16 ± 4.27 (7.00)	
HR*		
Positive	7.72 ± 4.58 (7.00)	0.58
Negative	6.71 ± 3.81 (6.00)	
HER2 *		
Positive	8.18 ± 4.23 (7.00)	0.23
Negative	7.37 ± 4.71 (7.00)	
Comorbidities **		
None		0.06
One comorbidity	7.15 ± 4.43 (7.00)	
Two and more comorbidities	8.32 ± 4.79 (7.00)	
	9.78 ± 4.06 (9.50)	
Menopausal status *		
Pre-menopause	6.00 ± 4.92 (4.50)	0.24
Secondary menopause	7.76 ± 4.52 (7.00)	

* Mann-Whitney U test, ** Kruskal-Wallis test, significant p-value<0.05

4. Discussion

This study aimed to investigate the prevalence of depression among Iraqi breast cancer survivors and identify the factors associated with it. Since there were limited studies on breast cancer survivors' psychological health in Iraq.

Our findings report that 26.6% of the studied participants had high depression scores (HADS ≥ 11), consistent with a study (14) conducted among a larger population in Germany showing that 22% of the studied participants had moderate to high depression. Whereas other studies (15, 16) showed that 53%-38% of participants reported elevated depressive symptoms. Still, these findings indicate that depression is a significant issue among BCSs in Iraq after the active treatment phase.

In contrast, a study conducted in Korea, showed that factors like age, marital status, and education greatly influence depression in breast cancer survivors (17), while this study found no strong link between these factors and depression, likely because of cultural differences.

The results showed that time since diagnosis was associated with depression scores, since long term survivors ≥ 5 years post-diagnosis had significantly higher depression scores compared to those 1-3 years post-diagnosis, consistent with a previous study (7). This could be explained that women ≥

5 years post-diagnosis need to deal with the financial, social, emotional, long-term physical effects of breast cancer and lack of follow-up care, while those 1–3 years post-diagnosis are still motivated to overcome the disease and have positive feelings about life. In contrast to our results, a study (18) conducted in Texas found that the prevalence of depression decreased with increasing time since diagnosis. This distinction could be attributed to the type of participants included since they only surveyed breast cancer survivors who participated previously in a clinical trial of paclitaxel between 1994 and 2001, unlike our participants, who were all BC survivors visiting the center for checkup visits during the study period.

A number of children the family has didn't have a significant association with depression in our study, unlike a study (19) showed that women with a small number of children had higher levels of depression.

Being unemployed and housewife in our study was associated with higher depression scores compared to employees, this result is consistent with a study (19) conducted in Germany with a larger population, showing that unemployment was statistically significantly associated with higher depression scores.

According to this study and other related researches conducted at Jordon and Bahrain (20, 21) respectively, family monthly income is one of the variables that are associated with depression scores. As a result, low-income survivors should receive special consideration since they are more likely to experience depression as a result of breast cancer.

4.1 Limitations

This study has several limitations that could be acknowledged. Firstly, the study was cross-sectional, and thus causality of depressive symptoms cannot be determined. Secondly, the study was hospital-based, in which survivors visiting private clinics and those who are in the active surveillance phase were missing. Thirdly, the participants were from Duhok City, Kurdistan region, Iraq. So, the study results could not be fully generalized to other BCSs living in other Iraqi cities. Despite these limitations, our findings may provide the groundwork for depression and mental health studies among Iraqi breast cancer survivors.

5. Conclusion

The findings highlight that depression is a significant challenge for breast cancer survivors in Iraq. Being housewives and non-employees with low family incomes could be an independent contributor to that issue. Survivors for a longer time were found to have higher scores of HADS, and those groups of subjects may need further attention from the healthcare providers. As breast cancer survival rates rise, psychosocial support programs and psychological screening are needed among healthcare systems to minimize the risk of developing depression.

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Conflict of Interest: The authors declare that there are no conflicts of interest regarding the publication of this manuscript.

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الاكتئاب بين ناجيات سرطان الثدي في دهوك، العراق: تحليل كمي باستخدام مقياس القلق والاكتئاب في المستشفى (HADS)

الخلفية والهدف: يُمثل سرطان الثدي تحديًا هامًا لصحة المرأة في العراق، حيث يُمثل 40% من جميع حالات السرطان الجديدة في عام 2022. وينشأ تحدي الاكتئاب الذي تواجهه ناجيات سرطان الثدي (BCSS) من التأثير العاطفي الشديد للتشخيص وطرق العلاج المختلفة. تهدف هذه الدراسة إلى دراسة انتشار الاكتئاب بين ناجيات سرطان الثدي العراقيات والعوامل المؤثرة عليه. **المواد والطرق:** أجريت دراسة مقطعية على عينة سكانية قوامها 161 ناجية من سرطان الثدي تتراوح أعمارهن بين 60 عامًا وأقل، ويرتدن مركز آزادي لأمراض الدم والأورام في مدينة دهوك، العراق. جُمعت البيانات بين ديسمبر 2024 وفبراير 2025، بما في ذلك البيانات الديموغرافية والسمات السريرية ومقياس القلق والاكتئاب في المستشفى (HADS) لتقييم الاكتئاب. تتراوح النتيجة النهائية لـ HADS من (0 إلى 21 نقطة)، حيث تشير الدرجة الأعلى إلى مستوى أعلى من الاكتئاب. النتائج: من بين 161 ناجية من سرطان الثدي شاركن في الدراسة، كان متوسط العمر 5.06 ± 41.97 عامًا، وكانت الأغلبية 118 (73.3%) تتراوح أعمارهم بين 40 و60 عامًا. ومن بين المشاركين، كان 130 (80.7%) متزوجين، و127 (78.9%) عاطلات عن العمل وربات بيوت. ومن إجمالي السكان، كان 43 (26.7%) يعانون من الاكتئاب، بمتوسط درجة اكتئاب 4.54 ± 7.67 والتي لوحظت بشكل أساسي بين العاطلين عن العمل وربات البيوت والناجين على المدى الطويل (>70 شهرًا). **الخلاصة:** تسلط النتائج الضوء على أن الاكتئاب يمثل تحديًا كبيرًا للناجيات من سرطان الثدي في العراق. يمكن أن يكون البطالة وربات البيوت ذوات الدخل الشهري المنخفض للأسرة مساهمين مستقلين في هذه المشكلة. وُجد أن الناجيات من سرطان الثدي لفترة أطول حققن درجات أعلى في مقياس HADS، وقد تحتاج هذه الفئة من المرضى إلى مزيد من الاهتمام من مقدمي الرعاية الصحية. مع ارتفاع معدلات النجاة من سرطان الثدي، أصبحت برامج الدعم النفسي والاجتماعي، والفحص النفسي، والاستشارات الطبية ضرورية ضمن أنظمة الرعاية الصحية للحد من خطر الإصابة بالاكتئاب.

الكلمات المفتاحية: الاكتئاب، ناجيات سرطان الثدي، العراق