



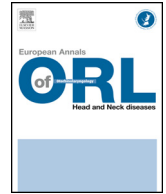
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## Letter to the editor

### Daily life of head and neck cancer patients during the COVID-19 pandemic



Dear editor in chief,

I wish to share with you my reflections of the quality of life of head-and-neck cancer patients during the COVID pandemic, and more especially their state of mind.

We conducted a prospective survey during the 3rd wave of the epidemic, from February to May 2021, assessing the psychological status of head-and-neck cancer patients, using 2 validated self-reporting questionnaires: the Rosenberg Self-Esteem Scale, and the 12-item General Health Questionnaire (GHQ12) assessing psychological distress. The survey was approved by the local health review board. Fig. 1 shows the study characteristics. Analysis was based on responses from 47 patients (Table 1). Thirteen (28.2%) reported low or very low self-esteem, independently of vaccinal status ( $P=0.4127$ ). In contrast, COVID+ patients showed better self-esteem than COVID- patients ( $P=0.0420$ ). GHQ-12 dimensions did not significantly differ according to vaccinal or COVID status. Self-esteem and psychological distress did not differ according to gender, age, location, stage or type of treatment (laryngectomy, surgery, radiotherapy, chemotherapy) or time with respect to end of treatment. Only 2 patients had taken anxiolytics.

In the general population during this period, Santi reported overconsumption of anxiolytics and antidepressants in a study of 4 billion prescriptions, testifying to deterioration in mental health during the health crisis. Around 9% of French subjects had had suicidal thoughts: i.e., 4% more than before the epidemic (P. Santi, “Un recours accru aux anxiolytiques et aux hypnotiques” (“Increased resort to anxiolytics and hypnotics”) in *Le Monde* of May 28, 2021, p8). This overmedication clearly did not affect our patients. In *head and neck oncology*, Gallo nevertheless found impaired quality of life under lockdown [1]. The explanation lies in the social restrictions imposed more than in the disease itself. The same had been reported in subjects free of cancer [2]. Interestingly, patients with health problems did not call on psychological support during this period [3]. The global health crisis shook up the daily life of the general population [4]. Yet head-and-neck cancer patients showed less risk of developing psychological disorder than healthy subjects. It may be that these patients, especially when COVID+, are better able to accept their condition and are relieved not to have developed complications of the infection requiring intensive care. They also suffered less under lockdown, as they may have already been used to a limited social life [5]. Moreover, wearing a mask may have made social contact easier, by masking the sequelae of cancer and of treatment.

228 patients seen in consultation by a head-and-neck specialist cervico-faciale

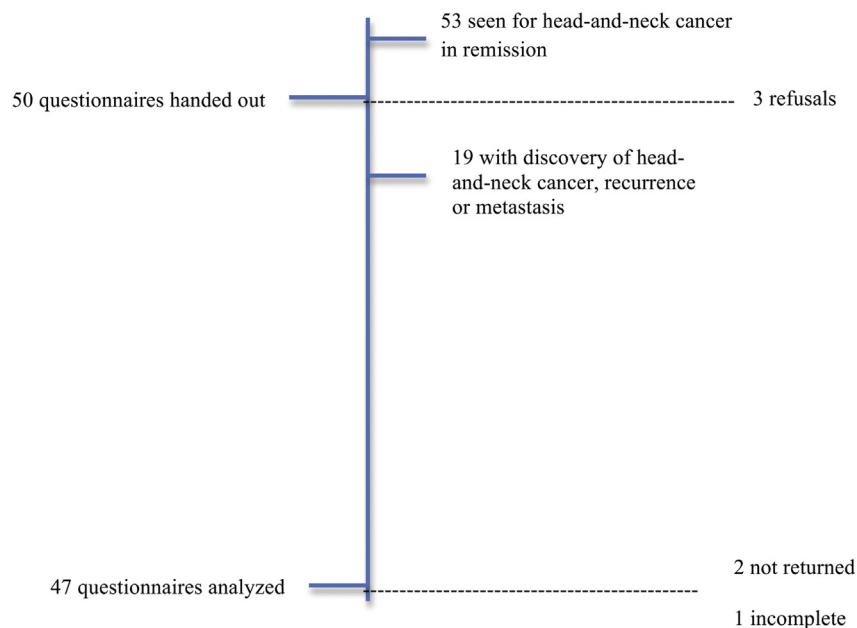


Fig. 1. Study flowchart.

**Table 1**  
Clinical and psychological data.

	Total population (n = 46)	Vaccinated (n = 14)	Non-vaccinated (n = 31)	P-value	Patients COVID + (n = 6)	COVID – (n = 40)	P-value
Age							
< 70	33 (71.7%)	10 (71.4%)	22 (71.0%)	1.0000	3 (50.0%)	30 (75.0%)	0.3299
≥ 70	13 (28.3%)	4 (28.6%)	9 (29.0%)		3 (50.0%)	10 (25.0%)	
Gender							
M	34 (73.9%)	11 (78.6%)	22 (71.0%)	0.7254	5 (83.3%)	29 (72.5%)	1.0000
F	12 (26.1%)	3 (21.4%)	9 (29.0%)		1 (16.7%)	11 (27.5%)	
Laryngectomy							
No	38 (82.6%)	13 (92.9%)	24 (77.4%)	0.4022	4 (66.7%)	34 (85.0%)	0.2766
Yes	8 (17.4%)	1 (7.1%)	7 (22.6%)		2 (33.3%)	6 (15.0%)	
Location							
Larynx	18 (39.1%)	5 (35.7%)	13 (41.9%)	0.6933	4 (66.7%)	14 (35.0%)	0.1913
Other	28 (60.9%)	9 (64.3%)	18 (58.1%)		2 (33.3%)	26 (65.0%)	
Stage							
T1T2	10 (21.7%)	3 (21.4%)	7 (22.6%)	1.0000	1 (16.7%)	9 (22.5%)	1.0000
T3T4	36 (78.3%)	11 (78.6%)	24 (77.4%)		5 (83.3%)	31 (77.5%)	
Surgery							
No	23 (50.0%)	9 (64.3%)	14 (45.2%)	0.2348	2 (33.3%)	21 (52.5%)	0.6652
Yes	23 (50.0%)	5 (35.7%)	17 (54.8%)		4 (66.7%)	19 (47.5%)	
Radiotherapy							
No	8 (17.4%)	1 (7.1%)	7 (22.6%)	0.4022	1 (16.7%)	7 (17.5%)	1.0000
Yes	38 (82.6%)	13 (92.9%)	24 (77.4%)		5 (83.3%)	33 (82.5%)	
Chemotherapy							
No	23 (50.0%)	5 (35.7%)	18 (58.1%)	0.1650	1 (16.7%)	22 (55%)	0.1868
Yes	23 (50.0%)	9 (64.3%)	13 (41.9%)		5 (83.3%)	18 (45%)	
End of treatment							
<1 year	14 (30.4%)	2 (14.3%)	12 (38.7%)	0.1654	1 (16.7%)	13 (32.5%)	0.6506
≥1 year	32 (69.6%)	12 (85.7%)	19 (61.3%)		5 (83.3%)	27 (67.5%)	
Treatment for sleep or "nerves"							
No	43 (95.6%)	13 (92.9%)	30 (96.8%)	0.5303	6 (100%)	37 (94.9%)	1.0000
Yes	2 (4.4%)	1 (7.1%)	1 (3.2%)			2 (5.1%)	
COVID test							
No	13 (28.3%)	3 (21.4%)	9 (29%)	0.7254		13 (32.5%)	0.1633
Yes	33 (71.7%)	11 (78.6%)	22 (71%)		6 (100%)	27 (67.5%)	
Rosenberg scale							
Self-esteem							
Very low	3 (6.5%)	1 (3%)	2 (15.4%)	1 (16.7%)	2 (5%)	0.0420	
Low	10 (21.7%)	7 (21.2%)	3 (23.1%)	0 (0.0%)	10 (25%)		
Moderate	8 (17.4%)	5 (15.2%)	3 (23.1%)	1 (16.7%)	7 (17.5%)		
High	22 (47.8%)	17 (51.5%)	5 (38.5%)	2 (33.3%)	20 (50%)		
Very high	3 (6.5%)	3 (9.1%)	0 (0.0%)	2 (33.3%)	1 (2.5%)		
GHQ-12							
Clinically significant distress							
No	7 (18.9%)	4 (14.8%)	3 (30%)	2 (33.3%)	5 (16.1%)	0.3155	
Yes	30 (81.1%)	23 (85.2%)	7 (70%)	4 (66.7%)	26 (83.9%)		
Total GHQ-12	21.0 (6.0–27.0) <sup>a</sup>	19.0 (13.0–25.0)	21.0 (6.0–27.0)	22.5 (6.0–25.0)	21.0 (8.0–27.0)	0.8848	
Anxiety and depression	8.5 (3.0–13.0)	8.0 (7.0–9.0)	9.0 (3.0–13.0)	8.5 (4.0–11.0)	9.0 (3.0–13.0)	0.8163	
Social dysfunction	7.0 (1.0–11.0)	6.5 (4.0–10.0)	7.0 (1.0–11.0)	8.5 (2.0–10.0)	6.5 (1.0–11.0)	0.5304	
Loss of confidence	6.0 (0.0–6.0)	4.0 (2.0–6.0)	6.0 (0.0–6.0)	4.0 (0.0–6.0)	6.0 (2.0–6.0)	0.4167	

<sup>a</sup> Median.**Disclosure of interest**

The authors declare that they have no competing interest.

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