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How Psychological issues, Genetic Testing and Counseling Effects the Hereditary Cancer Patient

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Editorial Note

Critical Using genetic testing, a variety of familial or hereditary malignancies with a high lifetime risk can be discovered. As public knowledge rises, it is expected that more people will choose to undergo this testing. Furthermore, it is predicted that this demographic will have a wide range of emotional reactions to genetic testing and the results. This testing and counseling procedure includes several parts, including initial pre-test counseling to discuss risks and benefits, as well as informed consent.

Cancer is a collection of diseases characterized by the uncontrolled development and spread of abnormal cells that kills one out of every seven people on the planet. It is the third biggest cause of death in low- and middle-income nations, after cardiovascular disorders, viral diseases, and parasitic diseases. Most cancer cases are now recognized to be more susceptible in people who have a family history of the disease.

Inherited genetic mutations are responsible for roughly five per cent to ten per cent of all malignancies. Several hereditary cancer syndromes, such as familial adenomatous polyposis, hereditary breast and ovarian cancer syndrome related to BRCA1/2 mutations, and hereditary non-polyposis colorectal cancer, has been described in the last decade.

It is now widely recognized that a cancer diagnosis has a wideranging impact on a patient's mental health. The frequency of sadness and anxiety among patients is very high, even among people who have never had a mental health problem. Furthermore, study efforts have now revealed that a cancer diagnosis impacts not only the sufferers' metal health, but also that of their family. There is evidence that cares of such patients are more prone to experience emotions of overburden, mood swings, anxiety, and depressive illnesses. Emotional hurdles connected with the chronic nature of cancer, its treatment, and prognosis is known to cause such problems.

Anxiety and depression-related symptoms are widespread psychological difficulties that negatively influence the lives of cancer patients and their families, with a prevalence of over 50% among cancer patients and their relatives. During their loved one's cancer treatment, relatives frequently experience intense emotional distress, major exhaustion, sleep disturbances, and difficulties keeping their attention and energy; many of these symptoms are common in depression.

Data from distributed investigations gives generally solid proof that activity treatment is a very much endured and safe subordinate treatment that can relieve a few regular therapy related results among disease patients across the PEACE system. Furthermore, observational examinations recommend that more elevated levels of activity might be related with improved forecast in patients with strong tumours.

Asymptomatic individuals who may be at risk for acquiring a specific type of cancer can be identified using predictive genetic testing technologies. Following the testing, these individuals are given cancer and risk-related counseling. While it is proposed that being aware of one's risk status may encourage disease prevention efforts, it is also possible that it is linked to negative psychological concerns, such as those mentioned in this effort.

In India, genetic counseling is still a relatively new field, with the first graduate-level training beginning in 2003. There are, however, differences and restrictions among the institutions that provide these services. As a result, GTC services are still scattered. The goal of this pilot study was to establish the first GTC services in India's most prestigious medical institute. Psychological problems among patients with familial cancer and their first-degree relatives were also addressed as part of this endeavor. Overall, our findings showed that counseling was linked to a considerable reduction in patient discomfort.