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ANXIETY, DEPRESSION, OR OTHER PSYCHOLOGICAL DISORDERS IN OSTOMIZED PATIENTS: AN INTEGRATIVE REVIEW OF THE LITERATURE

ANSIEDADE, DEPRESSÃO OU OUTROS TRANSTORNOS PSICOLÓGICOS EM PACIENTES OSTOMIZADOS: UMA ANÁLISE INTEGRATIVA

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Abstract: Objective: To identify the occurrence of anxiety, depression, or other psychological disorders in ostomized patients as reported in the literature. **Methods:** This is a systematic literature review conducted between November and December 2024. The SciELO, BVS, and PubMed databases were searched using relevant descriptors. The selection included 13 studies published between 2014 and 2024 that analyzed psychological disorders in ostomized patients. Screening was performed using the Rayyan platform. **Results:** After analysis, 13 articles met the inclusion criteria. The findings highlighted psychological distress as one of the most prevalent issues among ostomized patients, often associated with body image disturbances. Other reported symptoms included depressed mood and self-harm thoughts, which, in more severe cases, could progress to suicidal ideation. Additionally, high rates of anxiety and depression were identified. Anxiety was reported as one of the most prevalent disorders, affecting up to 100% of patients in some samples, while depression showed prevalence rates ranging from 38.86% to 88.4%. **Analysis and Discussion:** The results indicate a significant association between psychological disorders and the presence of stomas, influencing

quality of life and body image perception. Studies reinforce the need for continuous psychological support, especially during the early postoperative months. **Conclusion:** The high prevalence of anxiety and depression in ostomized patients necessitates multidisciplinary interventions and public policies that prioritize comprehensive care for these patients, addressing both physical and emotional aspects.

Keywords: Ostomy; Anxiety; Depression; Psychological Distress; Mental Health.

INTRODUCTION

Ostomy, or ostomy, is a surgical procedure that creates an opening in the abdomen with the Objective of externalizing part of the digestive or urinary system, enabling the elimination of excreta through an external bag when the Natural physiological function is no longer viable[1,2]. Depending on the part of the digestive system involved, it can be classified as Colostomy or ileostomy, being also temporary or definitive, according to the patient's therapeutic need[3].

The surgery, It is often preceded by a serious condition, such as colorectal cancer or inflammatory bowel diseases, which, by itself, is already quite Impactful, in addition, because they are excreting flatus, odor and feces through the stoma located in the abdomen, ostomy also generates significant impacts on health Mental, especially in relation to self-esteem, anxiety and depression[2,4–6].

Thus, newly ostomized patients face not only physical changes resulting from surgery, but also Changes in your psychological and social well-being. The creation of an abdominal stoma often results in difficulties related to body image, Sexual dysfunctions and socialization problems, in addition to the development of emotional disorders such as denial, anxiety and depression[1,7,8].

In a similar study, Farahani et al. (2022)(4) Found that the global prevalence of anxiety among ostomy patients is 47.6%, and depression is 38.86%, which highlights the urgent need for a Adequate psychological support and multidimensional care strategies that consider the emotional, physical and social aspects of these individuals[7].

Although the importance of support is recognized Psychological for ostomy patients, there are still significant gaps in the literature, especially in relation to the influence of body changes on Mental health of these patients. Studies indicate that many patients and their caregivers report insufficiency in preoperative psychological preparation and in the Practical guidance on stoma care[7].

However, a study points out that, despite advances in the field, there is not enough evidence to evaluate the effectiveness of Models of psychological preparation in the postoperative period[9]. In addition, factors such as emotional intelligence may be associated with self-esteem

And the emotional well-being of these patients, but these aspects still need further investigation[5].

The high prevalence of disorders Emotional, such as anxiety and depression, among ostomy patients, reinforces the urgency of developing effective interventions, in addition, the report of Difficulties related to body image, sexual function and postoperative complications highlights the importance of continuous psychological support for These patients[7]. Thus, this integrative review asks: What is the occurrence of anxiety, Depression or other psychological disorders in ostomy patients reported in the literature?

By providing a comprehensive view of these Aspects, this review may contribute to clinical practice, the planning of more effective therapeutic interventions and the formulation of public policies That guarantee comprehensive care to ostomy patients. In this context, this study aims to identify the occurrence of anxiety, Depression or other psychological disorders in ostomy patients.

METHODS

It is an integrative literature review, a structured research method that requires the formulation of a Clearly defined question, contemplating elements such as population, intervention, comparison and result (PEAK). This process includes the analysis Preview of the existing literature to identify previous reviews and determine the need for updating or a new review. The research Follows specific protocols to organize and synthesize the available knowledge, seeking to understand what works or not in a given context. In addition, the delimitation of inclusion and exclusion criteria guides aidification, selection and analysis of relevant studies, promoting a Systematic and rigorous approach that contributes to the production of robust scientific evidence(10). This study follows the PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses), ensuring transparency and methodological rigor.

The survey was conducted between the months of November To December 2024, using descriptors selected from the Descriptors in Health Sciences/Medical Subject Headings (DeCS/MesH). The data Were collected in the databases ScientificElectronic Library Online (SciELO), Virtual Health Library (BVS) and PubMed using the following search logic: (Ostomy) AND (AnxietyOR Depression OR Psychological Distress OR Mental Health). The question of The research adopted was: "What is the occurrence of anxiety, depression or other psychological disorders in ostomy patients reported in the literature?", structured According to the PICO model, being:

P - (Population): Ostomy patient

I - (Intervention/Exposure): Does not apply directly; focus on the presence of psychological complications;

C - (Comparison): It does not apply, because the focus is descriptive (occurrence);

O - (Result): Occurrence of anxiety, depression or other psychological disorders.

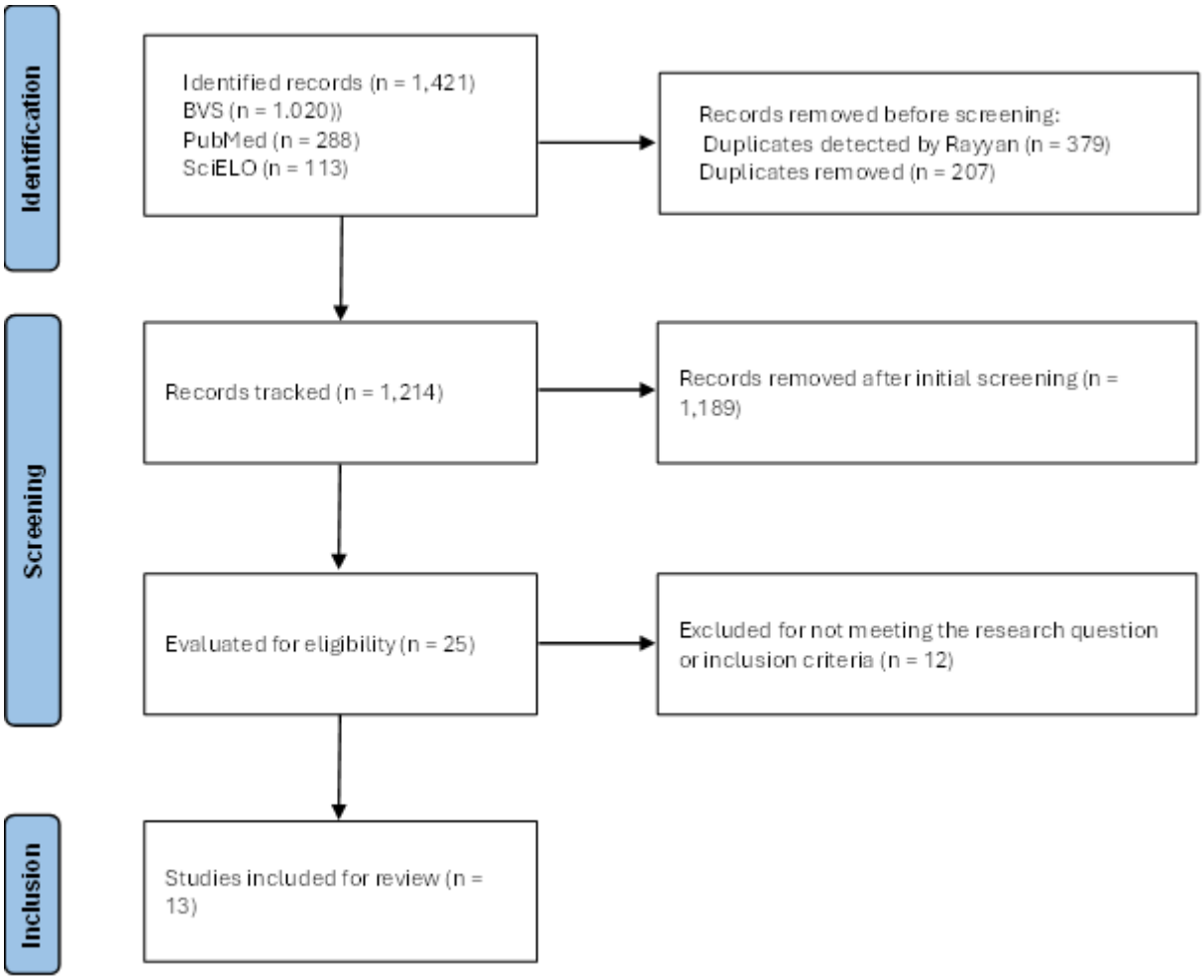
The search results were imported to the Rayyan online platform, following the following steps: removal of duplicates; initial sage of studies; reading of titles and summaries; and complete reading To evaluate eligibility. The selection was tabulated using a table containing the database, the title of the work, the link of the occurrences, the type Of study, the year, the language of publication, the objective and the main results.

The initial screening of the articles was carried out excluding the studies that showed no relevance to the theme of Research, such as those related to conditions not associated with ostomies or inadequate populations. After this step, 25 articles were selected for a More judicious evaluation.

In the next phase, the 25 selected articles were evaluated by the reviewers blindly and independently, based on the Previously established inclusion and exclusion criteria. Disagreements were resolved by consensus among the reviewers. The inclusion criteria Considered articles published between 2014 and 2024, with at least the abstract available, and that answered the guiding question directly or indirectly. The exclusion criteria Involved studies with pediatric or non-ostomy-related populations, studies related to tracheostomies, qualitative studies, reviews and Case reports.

The results of the selection identification process were organized in a PRISMA flowchart, detailing each step of the Process and the number of studies included and excluded in each phase.

Flowchart1 - PRISMA Process of Identification, Screening and Selection of Studies



Source: Elaborated by the authors, 2025.

RESULTS

1,421 results were identified in the databases consulted, being: 1,020 From VHL, 288 from PubMed and 113 from SciElo. After the import, 379 duplicates were detected, of which 207 were eliminated and 172 were maintained Unique articles. Thus, a total of 1,214 articles were submitted to the initial screening. During this stage, the reading of the titles led to the exclusion of articles that did not Were relevant to the theme, resulting in 25 articles selected for abstract analysis.

After the initial screening, the 25 articles were Evaluated by reviewers blindly and independently, taking into account the previously established inclusion and exclusion criteria. As a result, 13 articles were included in the final analysis, eight from the VHL and five from PubMed.

The main findings showed the presence Of psychological suffering as one of the most prevalent aspects in ostomy patients, often associated with body image disorders. Others Reported symptoms include depressed mood and thoughts of self-mutilation, which in more severe cases can progress to suicidal ideation. In addition, they were High rates of anxiety and depression have been identified.

Table 1 - Profile of the Included Studies.

ID	Title, Quote	Type	Objeticve	Key findings
01	*Course and predictors of psychological distress among colorectal cancer survivors with ostomies: A longitudinal study.* Curso e preditores de sofrimento psicológico entre sobreviventes de câncer colorretal com ostomias: um estudo longitudinal. (11)	Longitudinal study.	To examine the course and predictors of psychological distress in colorectal cancer survivors with ostomies.	The prevalence of mild to severe psychological distress in colorectal cancer survivors undergoing colostomy measured in the first month, third month and sixth month postoperatively was 96.94%, 88.55% and 29.77% respectively.
02	*Sense of Coherence, Psychological Distress, and Disability Acceptance in Colostomy Cancer Survivors.* Senso de coerência, sofrimento psicológico e aceitação da incapacidade em sobreviventes de câncer de colostomia. (12)	Cross-sectional study.	to investigate the state of sense of coherence (SC), acceptance of disability (AI) and psychological distress (PS) of patients with permanent colostomy and to evaluate the role of AI in mediating the relationship between SC and PS.	The results indicated that the ESC and AI of patients with permanent colostomy were at a low level, and SP was common in patients. Furthermore, a partial mediating effect of AI between ESC and SP was found. Improving the ESC and AI of patients with permanent colostomy may be essential to alleviate their SP.
03	*Predictors of Psychological Distress among Patients with Colorectal Cancer-Related Enterostomy: A Cross-sectional Study.* Preditores de Sofrimento Psicológico entre pacientes com enterostomia relacionada ao câncer colorretal: um estudo transversal. (13)	Cross-sectional study.	Identify variables that can predict psychological distress in patients with enterostomy.	Approximately 85.7% consistently suffered from psychological distress. Being single and having peristomal complications were associated with higher psychological distress, while having a monthly income of ¥5,000 (yuan) or more was associated with lower levels of distress.
04	*Quality of life of adult individuals with intestinal stomas in Uganda: a cross-sectional study.* Qualidade de vida de indivíduos adultos com estomas intestinais em Uganda: um estudo transversal.	Cross-sectional study.	To assess the quality of life of patients with intestinal stoma treated at the Mulago National Reference Hospital (MNRH), with emphasis on psychological	Most patients presented negative psychological effects (anxiety - 100%, concerns about changes in body image - 96.1% and depression - 88.4%).

	(14)		effects and family-social interactions.	
05	*Quality of Life, Anxiety and Depression among Clients with Ostomy Attending Selected Stoma Clinics.* Qualidade de vida, Ansiedade e Depressão entre clientes com estomia atendidos em clínicas de estoma selecionadas. (15)	Descriptive exploratory study.	Identify quality of life, anxiety and depression in clients with a stoma.	Almost two-thirds of respondents were at borderline and abnormal levels of anxiety and depression. Anxiety level was significantly associated with suicide consideration/attempt (p=0.04).
06	*Psychological Adaptation to Alteration of Body Image among Stoma Patients: A Descriptive Study.* Adaptação psicológica à alteração da imagem corporal em pacientes com estoma: um estudo descritivo. (16)	Analytical cross-sectional study.	identify the factors that influence adaptation to altered body image.	Body image disturbance was significantly associated with younger age. The prevalence of body image disturbance was significantly higher among overweight patients. Men had a higher BIDQ score than women. Those who had a temporary stoma had significantly higher BIDQ scores ($P < 0.05$). Those who felt depressed or had thoughts of self-harm soon after surgery had a significantly higher body image disturbance score ($P < 0.05$).
07	*Prevalence of Anxiety and Depression in Persons With Ostomies: A Cross-sectional Study.* Prevalência de Ansiedade e Depressão em Pessoas com Ostomias: Um Estudo Transversal. (17)	Descriptive cross-sectional study.	To measure the prevalence of anxiety and depression in adults with ostomies and identify associated factors.	The prevalence of depression in the sample was 26.7% (n = 32; 95% CI, 18.6-34.6). Slightly more than half of the respondents (53.1%, n = 17) had mild depression, 34.3% (n = 11) had moderate depression, and 12.6% (n = 4) had severe depression. The prevalence of anxiety in our sample was 52.5% (n = 63; 95% CI, 43.4-61.5). Slightly less than half, 47.6% (n = 30), had mild anxiety; 36.5% (n = 23) reported moderate anxiety, and 15.9% (n = 10) reported severe anxiety.
08	*Hopelessness and suicide ideation in ostomy patients: a mixed method study.* Desesperança e suicídio Ideação em pacientes com estomia: um estudo de método misto. (18)	Cross-sectional analysis.	To determine the prevalence of suicidal ideation and hopelessness in patients with ostomy.	Three months after surgery, 3% had low suicidal ideation and 97% had high-risk suicidal ideation. This rate 6 months after surgery was 16% with low suicidal ideation and 84% with high-risk suicidal ideation.
09	*Depression and resilience in ulcerative*	Cross-sectional	To identify the degree of	The mean total depression and resilience scores in UC patients

	colitis and Crohn's disease patients with ostomy. Depressão e resiliência em pacientes com colite ulcerativa e doença de Crohn com estomia. (19)	study.	depression and resilience in patients with ulcerative colitis (UC) and Crohn's disease (CD) with ostomy and to describe the correlation between depression and resilience in patients with ulcerative colitis and CD with ostomy.	were 13.42 and 123.75, respectively, and in CD patients with stoma were 14.24 and 119.18, respectively.
10	*Quality of life, pain and anxiety in patients with nephrostomy tubes.* Qualidade de vida, dor e ansiedade em pacientes com tubos de nefrostomia. (20)	Descriptive longitudinal study.	To assess the impact on quality of life, anxiety and pain in patients with nephrostomy tubes.	Patients had mild to moderate anxiety before the procedure, which was reduced after the first tube change, although this difference was not significant. During the time they live with these tubes, patients experience mild to moderate pain and anxiety.
11	*Psychological impact of ostomy on the quality of life of colorectal cancer patients: Role of body image, self-esteem and anxiety.* Impacto psicológico da ostomia na Qualidade de vida de pacientes com câncer colorretal: Papel da imagem corporal, autoestima e ansiedade. (21)	Cross-sectional observational study.	To explore the psychological impact of colostomy on the quality of life of patients with colorectal cancer and to analyze the correlational links between body image, self-esteem and anxiety during the stoma.	All three, body image, self-esteem and anxiety negatively affect quality of life, regardless of the type of stoma. This study highlights the prevalence of physical self-esteem for temporary ostomy; the role of good body image and substantial emotional self-esteem for permanent ostomy.
12	*Risks for depression among ostomates in South Korea.* Riscos para depressão entre ostomizados na Coreia do Sul. (22)	Observational, cross-sectional and analytical study.	To explore the factors associated with depressive state among elderly ostomized patients in South Korea.	The prevalence of depressive mood in elderly individuals with ostomies was 50.7%, but 40.8% in the population of the same age without ostomy. Factors associated with depressed mood among elderly individuals with ostomies in South Korea were social isolation, perception of poor health status, perception of low quality of life, dissatisfaction with leisure activities, and poor financial situation.
13	*Exploration of Health Status, Illness Perceptions, Coping Strategies, Psychological Morbidity,*	Descriptive, cross-sectional and analytical study.	Perform a secondary analysis with the addition of a stoma quality of	Self-efficacy, anxiety, and depression had a significant direct influence on stoma-specific quality of life (ß = 0.47, P < 0.001, ß = -0.25, P < 0.001,

	and Quality of Life in Individuals With Fecal Ostomies. Exploração do estado de saúde, percepções de doença, estratégias de enfrentamento, morbidade psicológica e Qualidade de vida em indivíduos com ostomias fecais. (23)		life measure.	and ß = -0.35, P < 0.001, respectively).

Source: Elaborated by the authors, 2025.

DISCUSSION

The studies show a broad convergence when they report a high prevalence of psychological suffering (SP) in ostomy patients. A study, for example, reported the prevalence of mild to severe PS, measured in the first month, third month and sixth postoperative month, was 96.94%, 88.55% and 29.77% respectively, indicating a frequent association between the presence of stomas and PS [(11)]. This trend was confirmed in another study highlighting that most patients with stomas consistently suffered from PS (85.7%) [(13)], as well as the study by Liu et al. (2021) [(12)] which identified a common tendency of PS among patients.

In turn, the study by Ssewanyana et al. (2021) [(14)], found that most patients had negative psychological effects, such as anxiety (100%), body image concerns (96.1%) and depression (88.4%). Regarding body image, Jayarajah and Samarekera (2017) [(16)] highlighted that, although there is no significant association between body image disorder (IHD) and diagnosis, type of surgery or postoperative time, the prevalence of IHD is significantly higher among those who had temporary stoma. Similarly, another study shows that the quality of life (QoL) of patients with temporary ostomy is more affected than that of permanent ones, with ICD being one of the influencing factors in QoL[(21)].

The study also highlights that those who felt depressed or had thoughts of self-mutilation soon after surgery had a significantly high ICD score (P < 0.05) [(21)]. In turn, Shrestha et al. (2022) (15) found a significant association of anxiety level and suicide consideration/attempt (P = 0.04) among ostomy patients, with almost two-thirds of the research participants at a borderline and abnormal level of anxiety and depression. Another study conducted in educational hospitals in Tehran reveals that after three months of surgery, 97% of those who were ostomized had high-risk suicidal ideation, remaining at 84% after 6 months of surgery [(18)].

Regarding anxiety, six of the 13 studies directly addressed the theme [(14,15,17,20,21,23)],

demonstrating that anxiety is one of the most prevalent psychological disorders among ostomy patients. The study on QoL of adult individuals with intestinal stoma in Uganda found that 100% of patients had some degree of anxiety associated with limited social interactions [14]. These data indicate the need for psychological support, especially in the first months after the procedure.

Shrestha et al. (2022) [15] reinforced these findings, by reporting that almost two-thirds of the patients evaluated were at the borderline and abnormal level of anxiety and depression. Moraes et al (2020) [17] in turn, when examining the prevalence of anxiety and depression in a sample of ostomy residents in a health region in the state of Minas Gerais, in southeastern Brazil, found that anxiety was more prevalent than depression, pointing out that, in their sample, the prevalence of anxiety was 52.5% (n = 63; 95% CI, 43.4-61.5), of these, just under half, 47.6% (n = 30), presented mild anxiety; 36.5% (n = 23) reported moderate anxiety and 15.9% (n = 10) reported severe anxiety.

Fernández-Cacho et al. (2019) [20], conducted an analysis that evaluated, among other aspects, the anxiety factor in patients with nephrostomy tubes, noting that during the time they live with these tubes, patients have mild to moderate anxiety. In addition, another study found that anxiety can impair the quality of life of ostomy patients, agreeing with Knowles et al. (2017)(23) which shows anxiety as a significant direct influence on the quality of life of ostomy patients ($\beta = 0.25$, $P < 0.001$) [21].

Depression was also widely cited among the studies [14,15,17,19,22,23]. Park et al. (2018) [22] exclusively studied the factors associated with the depressive state among ostomy elderly in South Korea. Although age, sex and level educational of the participants were not associated with depression, they reached a prevalence of depressive state of 50.7%.

Hwang and Yu (2019) [19], in turn, observed ostomized patients with ulcerative colitis (UCR) and Crohn's disease (CD), reaching the conclusion that patients with UCR tend to have slightly lower levels of depression and slightly higher levels of resilience compared to patients with CD with ostomy, in addition, a significant negative correlation was found between depression and resilience in patients with UCR ($r = -0.668$, $P < 0.001$) and CD with ostomy ($r = -0.604$, $P < 0.001$). Thus, among patients with RCU and CD with stoma, the most resilient individuals tend to have lower levels of depression.

The studies also highlighted differences in the prevalence of psychological disorders in men compared to women. Jayarajah and Samarekera (2017) [16], for example, used the body image disorders questionnaire (BIDQ) to evaluate the perception of body image and found that men, on average, faced more difficulties related to the perception of their physical appearance than women in the context of the study. On the other hand, when observing the factors related to quality of life, anxiety and pain in patients with nephrostomy tubes, a study showed that women had the worst values in the three variables studied [20].

In general, most studies agree that ostomy has a negative impact on patients' mental health. Anxiety and depression were often reported, being attributed to body changes, social stigma and changes in quality of life. These observations converge with the understanding that the psychological coping of ostomy is strongly related to individual adaptation and social support received [24]. However, the degree of severity of these disorders and the associated risk factors varied significantly between the articles, reflecting the different populations studied and the data collection methods.

Among the discordant points, the divergence regarding the prevalence of psychological disorders stands out. While some studies have shown high rates of anxiety and depression, others have reported lower percentages, suggesting that access to psychological support interventions, previous experience with the condition and the social support network can influence the results. Another relevant issue is the difference in outcomes related to quality of life: some articles reported an improvement over time, indicating progressive adaptation, while others emphasized the persistence of difficulties, even after years of living with ostomy.

Regarding methodological failures, some aspects limit the comparability and validity of the results. First, the heterogeneity in evaluation methods, with the use of different scales and instruments to measure anxiety and depression, hinders uniformity in the interpretation of the findings. In addition, most studies present small and non-representative samples, restricting the generalization of the results. Another limitation is the predominance of cross-sectional studies, which make it impossible to establish causal relationships between ostomy and psychological disorders. Finally, the absence of more in-depth analysis on the impact of variables such as age, sex, ostomy time and social support on outcomes represents an important gap to be filled in future research.

In general, the reviewed studies offer relevant contributions to the understanding of the mental health of ostomy patients, but have limitations that should be considered in the interpretation of the results. The standardization of evaluation instruments and the development of longitudinal studies are essential to deepen the understanding of the subject and provide subsidies for more effective interventions in the care of these patients.

CONCLUSION

This integrative review states that ostomy patients are susceptible to a high impact Negative in mental health, with a high prevalence of psychological disorders such as anxiety and depression, often associated with changes in the quality of Life, social stigma and body changes. The

convergence of the analyzed studies points out that psychological suffering is a predominant reality, especially in the first months after ostomy, highlighting the need for early and continuous psychological lack of support for this population.

However, Divergences in results, such as variations in rates indicate that contextual factors, such as access to social support, type of stoma (temporary or Permanent) and individual coping strategies, play a significant role in the reported outcomes. In addition, they were observed Discrepancies in the perceptions of body image and quality of life between different genders and geographical locations, suggesting the importance of Individualized approaches to care.

From a methodological point of view, heterogeneity between studies is a limiting factor for the Comparison and generalization of the findings. The use of different instruments for assessing anxiety and depression, restricted samples and, in many cases, the absence of longitudinal analyses compromises the robustness of the conclusions. It was also evident the lack of studies that deepen the relationships between Variables such as age, sex, social support and time of living with the stoma.

Thus, the results of this review reinforce the urgent need for interventions Multidisciplinary focused on the mental health of ostomy patients, strategies that promote both individual coping and the Strengthening social support. In addition, future studies should prioritize rigorous methodologies, such as more representative samples, Standardization of evaluation instruments and longitudinal designs, in order to better understand causal relationships and provide solid subsidies for public policies and clinical practices aimed at this public.

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