An Overview of Psychosocial Issues in Adult Cancer Patients

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Conflicts of Interest

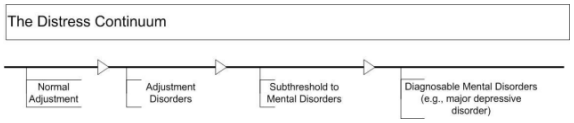
I have no conflicts of interest to disclose.

Learning Objectives

- Identify five common psychosocial issues cancer patients face
- Recognize common risk factors for the development of psychological issues in cancer patients
- Describe the role cancer treatments can play in the development of psychological issues
- Iterate common social issues faced by cancer patients
- Summarize times of high psychosocial distress for cancer patients

A Brief History

- 1970's – beginning of formal history in this field
- Stigma:
  - Cancer diagnosis
  - Mental illness/ psychological problems
- Development of psycho-oncology



40% cancer patients with significant distress

Lung, pancreatic, brain

Poorer functional performance

High # physical ailments

Common Psychosocial Issues

- **Anxiety**
  - Fear of treatment, recurrence, uncertainty, unknown
  - Panic attacks
  - Post traumatic stress
  - Abandonment
  - Survivor's guilt
  - Phobia
- **Sexual Health/Dysfunction**
  - Intimacy: desire, arousal, orgasm, satisfaction
  - Body image
  - Erectile dysfunction
  - Physical changes: erectile dysfunction, dryness, pain
  - Fertility
- **Mood**
  - Demoralization
  - Anger/hostility/irritability
  - Depression
  - Mania
- **Cognitive**
  - Chemo brain
  - Cognitive impairment
  - Delirium
  - Dementia
- **Substance Abuse**
  - Alcohol
  - Tobacco
  - Illicit drugs
  - Prescribed drugs: Pain medication, benzos
- **Physical symptom management**
  - Fatigue
  - Pain
  - Sleep
  - Bowel/bladder changes
  - Eating
- **Social Concerns**
  - Employment
    - Leave; returning to work; absence on CV
  - Caregivers
    - Too many, not enough; overburdening
  - Children
    - Child care; talking to kids about cancer; talking about death, physical changes
  - Finances
  - Transportation
  - Lodging during treatment
  - Insurance

Anxiety

- 18-20% of cancer patients meet DSM criteria, more sub-clinical
- Compromised of high negative affect and physiological hyperarousal – variations in symptom presentation can make it difficulty to recognize anxiety and appropriately differentiating from side effects from cancer treatment
- Symptoms can present as: tension; restlessness; jitteriness; autonomic hyperactivity; hypervigilance; insomnia; distractibility; shortness of breath; emotional numbness; apprehension; worry

Etiology of Cancer Related Anxiety

Psychological	Psychosocial anxiety as a reaction to a threat Genetic testing – sig anxiety regarding own health and families Fear of cancer recurrence Increasing at critical cancer times: • Pre-diagnostic if experiencing unexplained symptoms • Initial diagnosis • Anticipated scans/assessments of cancer state (during tx and surveillance) • Advancing disease • New of changing treatment or poor prognosis • Watchful waiting plan • End of active treatment • Cancer recurrence (or scare of one) • Surveillance intervals are increased
Phobic Reaction	Claustrophobia Needle phobia White coat syndrome
Conditioned Responses	Anticipatory nausea Post-traumatic stress disorder

Etiology of Cancer Related Anxiety

Disease & Treatment Related	Can manifest at any time Organic anxiety can increase with medical illness acuity Anxiety can increase with: • Seizures • Unrelieved pain • Hormone-secreting tumors
Disease Complications	Electrolyte abnormalities Hypercalcemia Hyperthyroidism Hypoglycemic Hyponatremia Hypoxia
Drug Related	Anticholinergic Stimulants Steroids Immunosuppressants Drug withdrawal Older anti-emetics Anti-psychotics

Anxiety Risk Factors

- Lung cancer, melanoma
- Living alone
- Younger age
- Previous history of mental health treatment
- Female
- Advanced disease, shorter time since diagnosis, presence of physical symptoms
- Avoidance – thoughts and feelings related to cancer

Mood Disorders

- 12-53% of cancer patients (culture, race, ethnicity, cancer type)
- Compromised of high negative affect and low positive affect – variations in symptom presentation can make it difficulty to recognize depression and appropriately differentiating from side effects from cancer and cancer treatments
- Time moderates depressive symptoms (1st two years)

Etiology of Cancer Related Mood Disorders

Psychological	Symptoms of depression include (*=hallmark; **= frequent with cancer/treatment) • Dysphoria* • Anhedonia* • Hopelessness** • Feelings of guilt • Changes in sleep** • Changes in appetite** • Changes in concentration** • Fatigue**
Drugs	Corticosteroids • Acute may present as mania • Chronic may cause depressive symptoms CND depressant medications • Opioid analgesics; Benzodiazepines; Barbituates
Antineoplastic drugs	Vinca alkyloids; L-asparaginase, procarbazine Biological response modifiers: Interferon-alpha; interleukin-2 • interferon especially high associated with depression and can cause mania

Etiology of Cancer Related Mood Disorders

Tumor	Several primary malignancies associated with depression • Occult carcinoma of pancreas • CNS lymphomas • Primary brain tumors
Unrelieved Pain	Frequent cause of depression Depression can change perception of severity of pain and meaning of pain Physician-assisted suicide requests frequently are related to pain or fear of unrelieved pain
Metabolic abnormalities	Symptoms that are perceived as and present as depression can stem from abnormalities of: • Folate • B-12 • Calcium • Sodium • Thyroid function • Parathyroid function

Mood Risk Factors

- Earlier time from cancer diagnosis (1st 2 years post tx)
- Prior history of depression
- Prior history of mental health treatment
- History of multiple primary cancer
- Sedentary lifestyle
- Active smoking
- Less education
- Greater perceived financial stress
- Cognitive avoidance as coping
- In women: poor body image, risk higher if diagnosed younger than 45 y/o

Suicide Risk Factors

- Active suicidal ideation with desire/plan to die
- Male
- Alcohol or substance abuse
- Physical and emotional exhaustion
- Advanced disease
- Uncontrolled pain
- Mild delirium
- Depression
- Social isolation
- Past psychiatric history

Cognitive Disorders

- Will increase with population aging and increased cancer survivorship
- Delirium (acute confusion state): increased morbidity and mortality, stress in caregivers, treatment costs
- Delirium can be hyperactive or hypoactive subtype

Etiology of Cancer Related Delirium

Clinical Features	Acute onset Diurnal variation Sleep-wake cycle disruption Confusion, disorientation, impaired reality testing Distractibility Psychomotor agitation or retardation Lucid intervals Autonomic dysfunction Illusion (misperceptions) and hallucinations (typically visual) Delusions, particular paranoid Anxiety and fear
Drugs	Corticosteroids; CND depressant medications; Sympathomimetics; Anticholinergic medications; antiemetics Alcohol or drug intoxication; Benzodiazepine sedative-hypnotics; Opioid analgesics; drug withdrawal (esp alcohol and benzodiazapines)
Seizure-related	Complex partial status epilepticus Post-ictal
Infection	Fever

Etiology of Cancer Related Delirium

Metabolic disturbance	Hypoxia Hypercapnia Hyperglycemia Hypoglycemia Electrolyte disturbance Impaired kidney function Impaired liver function
Cancer Therapies	Chemotherapy agents (e.g., cytosine arabinoside, methotrexate, ifosfamide) Biotherapy agents (e.g., interleukin-2, interferon-alpha) Brain radiation Supportive therapy agents (e.g., benzodiazepines, opioids)
Disease Related	Unrelieved pain CNS metastasis Direct or indirect effects of primary brain tumor Terminal stages of disease Paraneoplastic syndrome (rarely)

Delirium Risk Factors

- Advanced age
- Hearing loss
- Vision loss
- End organ damage
- Acuity of illness
- Medication
- History of cognitive impairment
- History of alcoholism
- Critical care placement
- End stage disease

Substance Abuse

- 6-15% of baseline US population
- Concerns of drug abuse complicate cancer treatment
- Conceptual difficulties with substance use disorders and aberrant drug taking in cancer:
    1. Under treatment of pain and other physical symptoms
    2. Difficulty in extrapolating definition of addition derived from physically health addicts to cancer patients
    3. Inappropriate focus on specific drugs or routs of drug administration as indicators of addition or addiction liability

Aberrant Drug-Related Behaviors **More** Suggestive of Addiction	Aberrant Drug-Related Behaviors **Less** Suggestive of Addiction
• Selling prescription drugs • Prescription forgery • Stealing or borrowing drugs from others • Injecting oral formulations • Obtaining prescription drugs from nonmedical sources • Concurrent abuse of alcohol or illicit drugs • Multiple dose escalations or other noncompliance with therapy despite warning • Repeatedly seeking prescriptions from other clinicians or from emergency rooms without informing prescriber • Evidence of deterioration in the ability to function at work, in the family, or socially that appear to be related to drug use • Repeated resistance to changes in therapy despite clear evidence of adverse physical or psychological effects from the drugs.	• Aggressive complaining about the need for more drugs • Drug hoarding during periods of reduced symptoms • Requesting specific drugs • Openly acquiring similar drugs from other medical sources • Unsanctioned dose escalation or other noncompliance with therapy on one or two occasions • Unapproved use of the drug to treat another symptom • Reporting psychic effects not intended by the clinician • Resistance to a change in therapy associated with tolerable adverse effects with expressions of anxiety related to the return of sever symptoms

Sexual Dysfunction

- 66% cancer survivors report sexual functioning impairment
- Problems can increase over time
- Problems are multifaceted and complex

Psychological Factors Affecting Sexual Function

- Adopting the 'patient' role (asexual)
- Altered body image
- Feelings of anxiety, depression, and anger
- Fear of death, rejection by partner, loss of control
- Reassignment of priorities
- Guilt regarding behavior imagined as the cause of a disease or disability

Social & Interpersonal Factors Affecting Sexual Function

- Communication difficulties regarding feelings or sexuality
- Difficulty initiating sexual activity after a period of abstinence
- Fear of physically damaging an ill or disabled partner
- Lack of a partner
- Lack of privacy

Nutritional Disturbances Affecting Interest in Kissing and Being Touched

- Anorexia
- Constipation
- Diarrhea
- Dry mouth
- Mucositis
- Nausea
- Vomiting
- Taste alterations associated with treatment

Cancer/Treatment Related Physical Change Affecting Sexual Function

- Alopecia
- Anemia
- CNS changes
- Fatigue
- Hormone imbalances
- Immunosuppression
- Insomnia
- Pain
- Menopausal symptoms
- Muscle atrophy
- Shortness of breath
- Sterility
- Thrombocytopenia

Sexual Dysfunction Risk Factors

- Direct treatment to the genital organs (surgery or radiation)
- Treatment with chemotherapy
- Older age
- Lack of a partner
- Poorer body image

Common Times of Increased Distress

- Pre-diagnosis
- Diagnosis
- Before Treatment
- Beginning of Treatment
- End of treatment
- Surveillance
- Survivorship
- Recurrence
- End-of-life
- Anniversaries:
  - –Diagnosis
  - –Treatment (1st, end)
  - –Recurrence
  - –NED

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