Cancer-Related Distress: The Role of Psychological Consultation

Martin A. Perez, PhD
Clinical Psychology & Psycho-Oncology Consultation
Hoag Hospital, Cancer Center

1100 Quail Street, #206
Newport Beach, CA 92660
949-278-3252
www.drmartinperez.com
Objectives

- Outline common psychological reactions to cancer across the cancer trajectory
- Discuss diagnosis and assessment of psychological distress in the cancer survivor
- Highlight risk factors and vulnerabilities for psychological distress
- Discuss the role of psychological consultation for cancer-related distress
- Identify principles of Cognitive-Behavioral Therapy (CBT)
Leading Causes of Death in US 1950 vs. 2013

Rate Per 100,000

- Heart Diseases: 586.8
- Cerebrovascular Diseases: 180.7
- Pneumonia/Influenza: 48.1
- Cancer: 193.9

Sources: 1950 Mortality Data - CDC/NCHS
Leading Causes of Death in US 1950 vs. 2013

Rate Per 100,000

<table>
<thead>
<tr>
<th>Cause</th>
<th>1950</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Diseases</td>
<td>586.8</td>
<td>217.0</td>
</tr>
<tr>
<td>Cerebrovascular Diseases</td>
<td>180.7</td>
<td>50.0</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>48.1</td>
<td>19.8</td>
</tr>
<tr>
<td>Cancer</td>
<td>193.9</td>
<td>185.8</td>
</tr>
</tbody>
</table>

Sources: 1950 Mortality Data - CDC/NCHS, NVSS, Mortality Revised. 2013 Mortality Data: US Mortality Public Use Data Tape, NCHS, Centers for Disease Control and Prevention
Is There a Cancer "Epidemic"?

**MYTH**

Cancer Rates Reach Epidemic Proportions

**FACT**

Colon Cancer Deaths (per 100,000 men, age adjusted)

Year


Data from the National Cancer Institute on estimated number of cancer survivors and age-adjusted cancer deaths per 100,000 people

Estimated 18 million Survivors By 2020
Survivors by Cancer Site

Cancer Survivor

Definition:

– Begins with diagnosis through the balance of an individual’s life; and includes family, friends, and caregivers

Defining Health Related Quality of Life (HRQOL)

"Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."

— World Health Organization
HRQOL

Psychological Functioning

Social Adjustment

Physical Functioning

Spiritual Adjustment
Who Delivers Survivorship Care

- Specialty/Primary Care
- Mental Health
- Physical Therapy/Occupational Therapy
- Neurology/Neuropsychology
- Endocrinology
- Cardiology
- Pulmonary
- Gynecology/Urology
  - Sexual Health/Fertility
- Pain Management

IOM, 2006
Cancer Trajectory: Possible time points for psychological consultation

- Diagnosis
- Treatment
- Palliation
- Advanced or Terminal Illness
- Post-Treatment
- Recurrence
- Advanced or Terminal Illness
- Long-term Survivorship
Psychosocial Sequelae

- Psychological distress & emotional upset
  - Depressed mood, anxiety, fear, anger

- Physical discomfort
  - Pain, fatigue, lethargy

- Impaired functional abilities: sleep, eating patterns

- Cognitive changes

- Existential or spiritual concerns

- Body image dissatisfaction

- Disruption in sexual functioning

- Financial or vocational concerns

- Social: communication, support, role changes
Continuum of Distress
Cancer-Related Distress

Definition:

- “An unpleasant emotional experience of a psychological (cognitive, emotional, behavioral), social and/or spiritual nature that may interfere with the ability to cope effectively with cancer. Distress extends on a continuum from normal feelings of vulnerability, sadness and fears to disabling problems such as depression, anxiety panic, social isolation and spiritual crisis.”

Adapted from the NCCN Distress Management Guidelines
Continuum of Distress

- Fear
- Worry
- Sadness
- Depression
- Anxiety
- Crisis
Normal Response to Diagnosis and Illness-Related Issues

- **Shock, disbelief**

- **Symptoms of anxiety or depression:**
  - Fear, worry, anxiety
  - Sleep disturbance
  - Appetite changes
  - Concentration problems
  - Sadness

- **Resolves over time**

- **Brief psychological consultation may be indicated**
# Psychological Distress: Psycho-oncology Consultation Service

<table>
<thead>
<tr>
<th>Scale</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean (% elevated)</td>
<td>Mean (% elevated)</td>
</tr>
<tr>
<td>Somatic</td>
<td>5.04 (35%)</td>
<td>6.22 (54%)</td>
</tr>
<tr>
<td>Depression</td>
<td>5.97 (43%)</td>
<td>8.22 (45%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6.25 (34%)</td>
<td>8.63 (45%)</td>
</tr>
<tr>
<td>Total Score</td>
<td>16.79 (44%)</td>
<td>24.11 (60%)</td>
</tr>
</tbody>
</table>

(p=.<.005)

Perez, 2014
## Psychological Diagnoses by Sex

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>All</th>
<th>Men</th>
<th>Women</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Disorder</td>
<td>32%</td>
<td>21%</td>
<td>40%</td>
<td>&lt;.005</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>49%</td>
<td>54%</td>
<td>45%</td>
<td></td>
</tr>
</tbody>
</table>

(Perez & Thornton, 2004)
Distress: Conclusions

- Distress is common across the cancer trajectory
- Depression and severe anxiety disorders are less common
- Women may be more at risk or self-select psychological services more often than men
- Men may be experience less distress than women or are going undetected
- Mixed findings in the literature; Non-gender variables may explain more
Depression & Cancer
Depression in Cancer Patients

- Major Depression (Walker et al., 2012; Wateson et al., 2013): 3 – 58%
  - Point prevalence of major depression = 25%

- Community point prevalence (APA, 2013):
  - Men: 2 – 3%
  - Women: 5 – 9%
Depression in Cancer Patients

**Correlates**

- Poorer physical functioning
- Somatic problems: sleep, fatigue, pain
- Poor social functioning
- Unhealthy behaviors
- Poor adherence to treatment
- Increased health care use
Depression in Cancer Patients: Assessment

DSM-V: Depressed mood or loss of interest or pleasure (anhedonia) in nearly all activities that is persistent (2 weeks) and prominent

And at least 4 of:

- Somatic symptoms: Weight or appetite change, Sleep disturbance, Psychomotor retardation/agitation, Fatigue/loss of energy
- Psychological Symptoms: Feelings of worthlessness or inappropriate guilt, Diminished ability to concentrate or make decisions, Recurrent thoughts of death, suicidal ideation
Depression in Cancer Patients: Assessment Approaches

Clinical Implications

- Somatic symptoms may not be indicative or reliable
- Weigh non-somatic symptoms heavier
  - Excessive guilt
  - Punishment
  - Worthlessness
  - Hopelessness
  - Helplessness
  - Lack of pleasure in typically enjoyed activities
  - Amotivation
  - Suicidal ideation
Depression in Cancer Patients: Risk Factors

Psychiatric History
- Prior depression
- Substance abuse

Social History
- Lack of support
- Life stress e.g. bereavement, finance stress
- Younger age

Cancer-related Factors
- Advanced disease
- Pain & physical symptoms
- Cancer types: pancreatic CA (50%)
- Systemic treatments: steroids, chemotherapy, tamoxifen

Medical Factors
- Metabolic abnormalities
- Endocrine abnormalities
Depression in Cancer Patients: Treatment Approaches

- Psychotherapy: Cognitive behavioral interventions, stress management, interpersonal approaches, group therapies, and educational interventions
- Medication: MD, Psychiatric Consultation
- Combination approach
Suicide and the Cancer Patient

- 2 – 3 X higher than general population
- Suicidal ideation: 1 – 16%
  - Lowest: ambulatory, early stage disease
  - Highest: hospitalized, advanced-stage disease, cancer-related pain
- Suicidal ideation (thinking) vs. Plan or Intent
- Desire to end suffering vs. Ending life
Suicide and the Cancer Patient: Risk Factors

General risk factors
- History of psychiatric disorders, especially those associated with impulsive behaviors (e.g., borderline personality disorder)
- Depression
- Suicide history (self or family member)
- Substance abuse
- Bereavement
- Social isolation
- Demographics: Older, Caucasian, Male

Cancer-specific risk factors
- Oral, pharyngeal, and lung cancers
- Advanced stage of disease and poor prognosis
- Disinhibition- confusion/delirium
- Inadequately controlled pain and suffering
- Physical deficits (e.g., loss of mobility, incontinence, amputation, sensory loss, paraplegia, inability to eat or swallow, exhaustion, fatigue)
Anxiety & Cancer
Anxiety: What is it?

Feeling of worry, nervousness or agitation, often about something that is going to happen

Intense apprehension or fear of real or imagined danger that is maladaptive (generalized anxiety disorder, panic disorder, specific phobia, PTSD)

3 components

- Physiological: Tachycardia, shortness of breath, nausea, loss of appetite, hyper-arousal
- Cognitive: worry, recurrent unpleasant thoughts of cancer and cancer-related problems, catastrophic thinking
- Emotional: Irritability, foreboding, dread, apprehension, fear
Anxiety in Cancer Patients

- Nearly 33% of cancer patients report significant anxiety vs. 15% of controls

- Often co-morbid depressive symptoms

- But anxiety may be more common than depression in long-term cancer survivors (Mitchell et al., 2013)
Anxiety and Cancer

- Highest initially following diagnosis and pre-treatment or at recurrence
  - Uncertainty
  - Uncontrolled pain
  - Dying & Post-death
  - Loved ones
- Usually declines following treatment
- But ongoing vulnerability
  - Medical visits
  - Anniversary events
  - Transitions (return to work, etc.)
  - Physical symptoms- somatic pre-occupation
Yerkes, R.M., & Dodson, J.D. (1908) The relation of strength of stimulus to rapidity of habit-formation. *Journal of Comparative Neurology and Psychology, 18*, 59-482
Impact of Anxiety

Low-moderate anxiety
- May motivate treatment adherence, follow-up
- Risk-reducing behaviors
- Information seeking
- Support seeking

High Anxiety
- Impeded adherence to treatment, screening
- Risk promoting behaviors
- Heighten pain & physical symptoms
- Nausea, vomiting
- Sleep disruption
Anxiety Risk Factors

- Less impact of demographic variables (e.g. gender)
- Trait anxiety, prior anxiety disorder
- Less effective or inflexible coping or low sense of control
- Stage of cancer
- Organic issues
  - Pain, hypoxia, delirium
  - Substances (steroids, anti-emetics, stimulants, bronchodilators)
  - Withdrawal from anti-anxiety meds, analgesics
Fear of Recurrence & Death Anxiety

- Experienced by majority of people with cancer
  - Highest rated area of concern in breast cancer survivors
  - 27 – 40% of long-term cancer survivors (Deimling et al., 2006)

- Can be both adaptive and maladaptive
  - Avoid medical care or surveillance
  - May motivate risk-reducing behavior

- For some, uncertainty about the future & concern regarding end-of-life is associated with spiritual distress
Cancer Survivorship: Myths and Realities

“I should be Celebrating”
- Reality: Feelings may be complex
  - New fears, questions; process may begin

“I should feel well”
- Reality: Resumption of physical functioning is gradual
  - Lingering problems; unmet expectations

“I should be the ‘pre-cancer’ me”
- Reality: Cancer can lead to an altered sense of self
  - Vulnerabilities & strengths

“I should not need support”
- Reality: Support needs may increase
  - Fewer interactions with medical team—down turn of emotional support
  - Safety net—may miss this
  - Isolated
Psychological Consultation
Permission

Limited Information

Specific Suggestions

Intensive Therapy

Psychological Intervention

Psychological Consultation

Screening

P-LI-SS-IT Model of Assessment
P-LI-SS-IT Model of Intervention

Permission
- Encourage patient to communicate about their feelings
- Normalize experience

Limited Information
- Offer relevant psycho-educational materials
- Provide factual information

Specific Suggestions
- Provide recommendations and ideas for how to improve emotional wellbeing and reduce distress
- Practical hints and tips to deal with specific issues

Intensive Therapy
- Provide individual, couples, or sex therapy for distress related to illness and treatment issues
- Provide referrals for psychopharmacology interventions
Examples of presenting problems that may benefit from psychological consultation:

- Distress (depression or anxiety) associated with the cancer experience in patient or family member
- Concern regarding impact of treatment side-effects on family functioning, quality of life, or sexual intimacy
- Inability to cope adaptively with pain or fatigue
- Pre-existing relationship or psychological distress that is amplified following diagnosis or treatment
- Fear of recurrence
- Uncertainty about the future or end-of-life concerns and how it will impact family
- Well adjusted patients who want to take a preventive approach to coping
- Members of the medical team encountering difficulty interacting with patient or being unable to meet the patients unique communication or information needs
Components of a Psychological Consultation

- Brief assessment and psycho-educational format
- Usually between 1 to 6 sessions
- Evaluation of pre- and post-cancer psychological functioning
- Targets physical and emotional predictors of distress
- Identifies key positive ingredients as well as coping challenges
- Solution-focused & outcome oriented
- Can include suggestions for family members & the medical team
- May involve more intensive psychotherapy when indicated
Cognitive-Behavioral Treatment of Cancer-Related Distress
Appraisal Process: Thoughts & Emotions are Related

- You experience thoughts or images (e.g. my illness will come back; I cannot manage my ostomy long-term)
- You “feel” the emotion— the affect (e.g. anxiety)
- You experience changes in your body (e.g. your heart races)
Cognitive Therapy

Event/Situation → Thoughts/perceptions → Feelings/Emotion

- Accurate
- Fact-based
- Present-focused
Cognitive Therapy Basics

- The main thing you have control over is your thoughts. You get to choose the story you tell yourself.

- It's about ACCURATE thinking NOT necessarily positive thinking.

- Learning to be more “scientific with your thoughts”

- Feelings are NOT fact. Feelings are real but factual only if based on precise data-driven, fact-based thoughts.
Rational Thought Replacement

Step 1: Awareness: Identify self-talk
Step 2: Beliefs: Rate the accuracy (0-100%)
Step 3: Challenge: Question the self-talk statement identified in step 1
Step 4: Delete: Replace the inaccurate or negative self-talk statement with a more rational response
Step 5: Evaluate: Assess how you feel after the change
Enhancing Coping Strategies

- Controllable vs. Uncontrollable aspects of a stressor
- Problems Focused (direct focus on controllable aspects) vs. Emotion-Focused (regulating the emotional response) Approaches
- Active vs. Passive Approaches
- Acceptance/Softening Response
Matching Your Coping Responses to Your Situation

1. Identify the situation and its related cognitive, emotional, & physical reactions

2. Break the situation into problem-focused (controllable) and emotion-focused (uncontrollable) aspects (you may have several of each)

3. Generate potential coping strategies for each aspect. Be sure they are active strategies

4. Set goals and priorities for each aspect of the situation
Summary

- Become *aware* of negative/inaccurate thinking patterns
- Learn to *recognize* anxiety-producing appraisals. (you can use physical signs as cues)
- Begin to *notice* that these anxiety-producing thoughts are *automatic*
- Take note that these thoughts are often *negative* or *distorted*
- Begin to *change* so that you are using more *balanced appraisals*
- Be strategic on how you *match your coping* to the stressor at hand
Conclusions

- Illness-related distress is common across the illness trajectory.
- Illness-related distress occupies a continuum.
- Most patients do not experience severe levels of distress; yet distress screening and tailoring of psychological interventions is often indicated.
- Psychological consultation can include brief educative interventions or more specialized intensive therapies in order to individualize a plan of care to meet unique patient and family needs.
- Cognitive Behavioral Therapy is a direct and concrete way to increase your coping repertoire and address mental health issues of cancer survivorship.
“There is no profit in curing the body if in the process we destroy the soul.”

-Sam Goelter former director, CoH

Thank You!