Evaluating and Responding to Psychosocial Distress

James Gerhart, Ph.D.
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Objectives

• Review common psychiatric disorders in cancer and palliative care
• Discuss screening strategies
• Review non-pharmacological treatments
Why Assess Distress?

• Guidelines from Institute of Medicine and Commission on Cancer
• Distress leads to suffering and reduces quality of life.
• Distress impacts medical care
Mood Disorders\textsuperscript{1-2}

- Affects 10% of population yearly
- Unipolar Depression
  - Major Depressive Disorder (7%)
  - Dysthymia – long lasting/low grade (1.5%)
  - Adjustment Disorder with Depressed Mood
- Bipolar Depression (2.6%)
  - “Manic Depression”
  - Cycling of extreme highs and lows
Anxiety Disorders$^{1-2}$

- Generalized Anxiety Disorder (3.1%)
- Panic Disorder (2.7%)
- Posttraumatic Stress Disorder (PTSD; 3.5%)
- Obsessive Compulsive Disorder (OCD: 1%)
Medical Settings

• Major Depression
  – >35-33% of cancer patients\(^3\)
  – ~20% post-stroke\(^4\)
  – ~20-33% dementia caregivers\(^5\)

• PTSD in Cancer
  – 3-35%
  – Symptoms in up to 80%\(^6\)

• Chicago Violence
  – 71% of Women at CORE; Women’s Health Clinic\(^7-8\)
Etiology of Distress

- Multi-factorial
  - Diathesis – Stress Models
    - Individual sensitivity + environmental adversity
- Neurotransmitters
  - Serotonin, norepinephrine, dopamine
  - Serotonin transporter (5HTTP) allele
- Loss of rewards in life
  - Relationships
  - Work
  - Leisure
- Increase in stress
  - Pain
  - Fear of death
  - Side effects
  - Unpredictable hospital routine
Etiology of Mood Disorders

• Efforts to conserve energy and resources maintain symptoms\textsuperscript{11}

• Avoidance\textsuperscript{12}
  – Limited Contact
  – Downtime/Hypersomnolence

• Rumination/Catastrophic Thinking\textsuperscript{12-13}
  – “I can’t handle this feeling”
  – “I’m weak, weird, not-normal”
Discuss Distress

• Take your time
• Sit down
• Don’t be afraid to ask
  – Patients will be relieved you did ask, and will often be frank about their symptoms
• *Tell me about a good day; Tell me about a bad day*
• *I can see this has been exhausting, painful*
• Get permission to ask more
Assessing Depression

- Patient Health Questionnaire – 9 item
- Core symptoms: Anhedonia (Question 1) Depressed Mood (Question 2)
- Score of 10 – probable depression
  - Strongly encourage psychosocial treatment
- Score of 20 – severe depression
  - Same day evaluation ideal
Assessing Symptoms

- Edmonton Symptom Assessment System (ESAS)\textsuperscript{15}
- 0 to 10 Likert-type scale
  - Pain
  - Tiredness
  - Nausea
  - Depression
  - Anxiety
  - Drowsiness
  - Appetite
  - Well Being
  - Shortness of Breath
Assessing Symptoms

• Depression and Anxiety Items
  – 0-3 minimal – give education
  – 4-6 moderate – weekly follow up
  – 7-10 severe – frequent follow up
Discuss Distress

• Normalize and validate
  – *So many of our patients have these types of reactions. This is common, but we can treat it.*

• Assess coping
  – *What makes this better? What makes it worse? What help do you need?*

• Motivational Interviewing
  – *How important is this? How confident are you?*

• Offer hope
  – Goal setting, small steps
Treat Distress

- Multi-factorial \( \Rightarrow \) Multiple treatments will be needed
  - Diathesis – Stress Models
    - Individual sensitivity + environmental adversity
- Neurotransmitters \( \Leftarrow \) Pharmacological Intervention (Dr. Swantek)
  - Serotonin, norepinephrine, dopamine
  - Serotonin transporter (5HTTP) allele
- Loss of rewards in life \( \Leftarrow \) Increase rewards, promote pleasant activity
  - Relationships
  - Work
  - Leisure
- Increase in stress \( \Leftarrow \) Enhance mindfulness and relaxation; reduce conflict
  - Pain
  - Fear of death
  - Side effects
  - Unpredictable hospital routine
• Behavioral interventions are first line
• Few to no side effects
• Variety of approaches
• Gives patients options
• Empowers patient to overcome learned helplessness
• Assessment is the first intervention
  – Normalizes and reduces stigma
Behavioral Activation

• Parsimonious approach to distress
• Get patients engaged in behavioral anti-depressants
• Reduce avoidance
• Activity Scheduling
  – Walks
  – Talks with family
  – Hobbies
  – Prayer
• Track mood to reinforce adaptive coping
Mindfulness Based-Intervention

- Nonjudgmental awareness of the present moment
- Sense of compassion for self
- Variety of exercises
  - Mindful breathing
  - Body Scans
  - Visualizations
  - Affirmations/slogans
- Reduces rumination and worry
Cognitive Behavioral Therapy

• Changing unhelpful thought processes
• Separate facts from assumptions
• Reducing all or nothing/black & white/catastrophic thinking
• Reframing
• Problem-solving
• Exposure: systematically confronting fears
Dealing with worries

- Unrealistic worry
  - Challenge Unrealistic Thoughts and look for evidence.
    - Jumping to conclusions
    - Black or white thinking
    - Emotional reasoning
    - All or nothing thinking
    - Mountains out of molehills

- Realistic worry
  - Can something be done to change the problem or situation?
    - Yes
    - No

- Unclear or uncertain
  - Collect more information
    - Ask for feedback
    - Contact staff
    - Seek professional consultation

Try to Solve the Problem
- Journal
- Set aside time
- ID problem
- Set goals
- Brainstorm
- Try solutions

Acceptance and Tolerance
- Worry time
- Mindfulness
- Meditate
- Enjoyable Activity
- Distraction
- Self-Soothing
- Focus on senses
Behavioral Sleep Interventions

- Sleep hygiene
- Stimulus control
- Sleep restriction
- Relaxation
- Changing unhelpful thoughts about sleep
Reminiscence Therapy

- Developed for patients with dementia
- Discussion of past events
  - Life review
- Prompts with photos, music, books
- Evidence is limited, but may improve mood and some aspects of cognition
Meaning-Centered Therapy

- Enhancing meaning and spiritual well-being in advanced disease, end-of-life care
- Discussing Legacy
- Creativity
- Experience of meaning through art, nature
What can I do for my patients?

- Ask about stress – talking relieves stress
- Normalize and validate symptoms
- Offer realistic hope, educate
  - Effective symptom management
- Reinforce patients strengths and values
  - A unique accomplishment or memory
  - An important hobby
  - A special relationship
- Encourage short-term goal setting
  - Daily routine
- Reinforce progress, pay special attention to adaptive change
- Practice Self-Care
References