PSYCHOLOGICAL DOMAINS

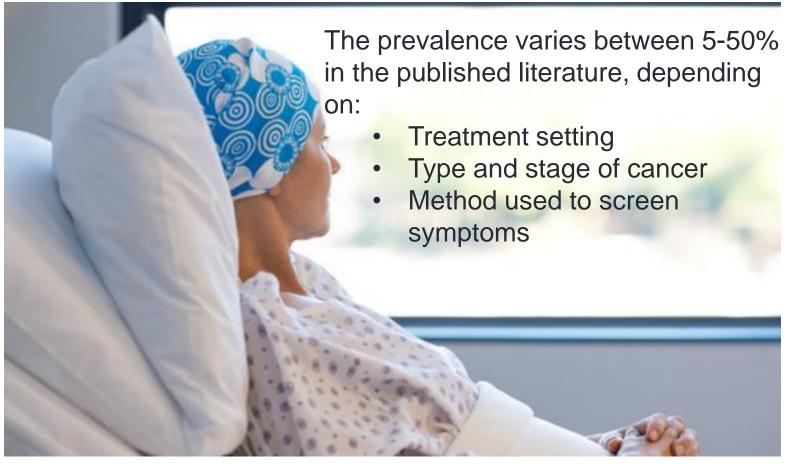
Women surviving cancer
A telematic and interactive seminar
(14th-15th May 2020)

Alejandra Herrera Muñoz FEA Ginecología y Obstetricia Hospiten Estepona. Málaga. Spain





PSYCOPATHOLOGY IN CANCER SURVIVORS



Brandenbarg D, Maass S, Geerse O, Stegmann M, Handberg C et al. A systematic review in the prevalence of symptoms of depression, anxiety and distress in long term cancer survivors:

Implications for primary care. Eur J Cancer care 2019; 28: e13086

RISK FACTORS

- Younger age
- Women
- Lower educational level
- Comorbidity
- Lower income
- Not be partenered or married
- Prior mental pathology



PSYCHOLOGICAL SYMPTOMS

First 1-3 years after treatment



CRITICAL PERIOD

- 1.- Abandonment and isolation
- 2.- Fear of recurrence or dying
- 4.- Anger
- 5.- Existential crisis
- 6.- Grief and loss
- 7.- Depression
- 8.- Anxiety
- 9.- Poor body image
- 10.- Sexual disfunction
- 11.- Distress

ABANDONMENT AND ISOLATION

- End of treatment→ Not previous support
- Not be understood by family/friends
- Fear of recurrence
- Fear of dying



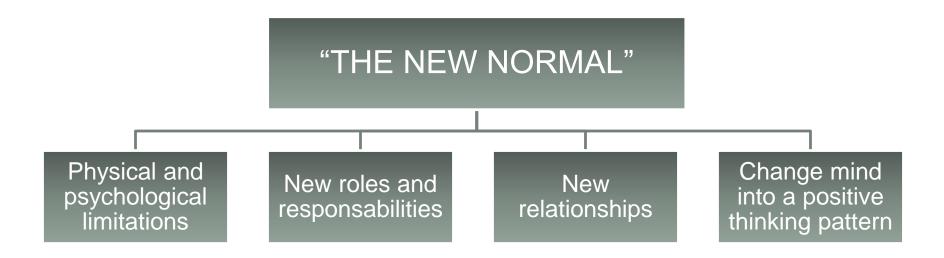
ANGER

- Family or friends haven't supported them
- Their body have failed them
- Late diagnosis
- Blame themselves



EXISTENTIAL CRISIS

- Change the purpose of life
- Focus on their spirituality



GRIEF AND LOSS

- Impact on women's bodies
- Loss (surgery or chemotherapy):
 - Organs: breast, ovary, uterus
 - Functions: fertility, feminity or libido

PREMATURE MENOPAUSE



DISTRESS

- 1/3 cancer patients
- Known since 2010 as the "6th vital sign"
- Should be measured by the DT (Distress thermometer)

Adjustment disorder

Major depressive episode



Shapiro CL. Cancer survivorship. N Engl J Med 2018; 379: 2438-50 Holland JC, Bultz BD. The NCCN guideline for distress management: a case for making distress the sixth vital sign. J Natl Compr Can Netw 2007; 5:3-7

DISTRESS THERMOMETER



NCCN Distress Thermometer and Problem List for Patients

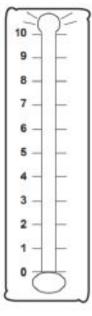
NCCN DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress

No distress



PROBLEM LIST

Please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES	NO	Practical Problems	YES	NO	Physical Problems
		Child care			Appearance
		Food			Bathing/dressing
		Housing			Breathing
		Insurance/financial			Changes in urination
		Transportation			Constipation
		Work/school	0	0	Diarrhea
		Treatment decisions	o.	0	Eating
		Family Problems	a	0	Fatigue
		Dealing with children	0	0	Feeling swollen
		Dealing with partner		o.	Fevers
		Ability to have children			Getting around
		Family health issues			Indigestion
22		F			Memory/concentration
	-	Emotional Problems			Mouth scres
	-	Depression			Nausea
		Fears		0	Nose dry/congested
0	0	Nervousness Sadness	0	0	Pain
0	ŏ	No. of London		0	Sexual
ä	ŏ	Worry Loss of interest in	0	0	Skin dry/itchy
-	_	usual activities	0	ū	Sleep
	-			0	Substance use
	ш	Spiritual/religious concerns	a	0	Tingling in hands/feet

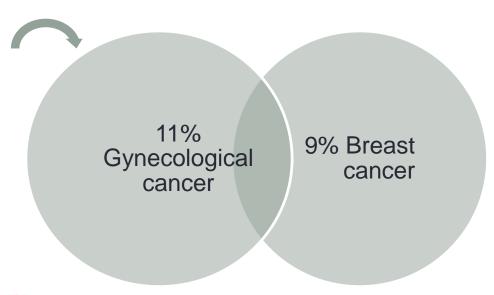
DEPRESSION AND ANXIETY

20% survivors → Depression

10% survivors → anxiety

LA ATENCIÓN PSICOLÓGICA AL PACIENTE DE CÁNCER EN ESPAÑA

EVIDENCIA CIENTÍFICA, DOCUMENTACION SANITARIA Y VISION DE LOS FACULTATIVOS SOBRE LA ASISTENCIA PSICOLOGICA A LOS PACIENTES DE CANCER



Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies

Alex J Mitchell, Melissa Chan, Henna Bhotti, Marie Halton, Luigi Grossi, Christoffer Johansen, Nicholas Meader

Summary

811-12-160-24 Background Substantial uncertainty exists about prevalence of mood disorders in patients with cancer, including those hadded below in oncological, haematological, and palliative-care settings. We aimed to quantitatively summarise the prevalence of

ASCO GUIDELINES

Screening, Assessment, and Care of Anxiety and Depressive Symptoms in Adults With Cancer: An American Society of Clinical Oncology Guideline Adaptation

Barbara L. Andersen, Robert J. DeRubeis, Barry S. Berman, Jessie Gruman, Victoria L. Champion, Mary Jane Massie, Jimmie C. Holland, Ann H. Partridge, Kate Bak, Mark R. Somerfield, and Julia H. Rowland

Item

PHQ-9

Over the past two weeks, how often have you been bothered by any of the following problems?

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Trouble falling or staying asleep, or sleeping too much
- 4. Feeling tired or having little energy
- 5. Poor appetite or overeating
- Feeling bad about yourself—or that you are a failure or have let yourself or your family down
- Trouble concentrating on things, such as reading the newspaper or watching television.
- Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual
- Thoughts that you would be better off dead or hurting yourself in some way

Column totals

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

GAD-7

Over the past two weeks, how often have you been bothered by the following problems?

- 1. Feeling nervous, anxious, or on edge
- 2. Not being able to stop or control worrying
- 3. Worrying too much about different things
- 4. Trouble relaxing
- 5. Being so restless that it is hard to sit still
- 6. Becoming easily annoyed or irritable
- Feeling afraid as if something awful might happen

Column totals

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Andersen B, DeRubeis RJ, Berman BS, Gruman J, Champion VL et al. Screening, assessment and care of anxiety and depressive symptoms in adults with cancer: an american society of clinical oncology guideline adaptation. J Clin Oncol 2014;32(15): 1605- 1620

ASSESSMENT APPROACH

- 1ST STEP Health care professionals should screen their patients
- 2ND STEP Focused assesment and relevant interventions
 - Coping skills and social support
 - Mindfulness practice, psychoeducational interventions, physical activity, cognitive behavioral therapy
 - Drugs: SSRI, antidepressants
- 3RD STEP Need to referral to psychosocial resources

KEY MESSAGES

- Psychological symptoms are up to two times more frequent in cancer survivors than in the general population.
- First 1-3 years after treatment are critical for mental pathology
- Psychological symptoms can make the transition to "the new normal" difficult
- At the present time many cancer survivors are not adequately screened for psychological symptoms since there are not established guidelines to assess mental health in this population
- Health professionals should develop tools of mental health practitioners to screen their cancer patients for mental health status

"When we can no longer change a situation, we are challenged to change ourselves"

Viktor Frankl

THANK YOU VERY MUCH FOR YOUR ATTENTION

