

Psychological issues in persons needing  
palliation, terminally ill;  
Care for care givers / treating physician  
(physician burnout)

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# What is distress in cancer ?

- Distress is a multifactorial, unpleasant, emotional experience of a
  - psychological (cognitive, behavioral, emotional),
  - social, and/or
  - spiritual nature
- that may interfere with the ability to cope effectively with cancer, its physical symptoms and its treatment,
- which extends from a continuum from normal feelings of sadness, fear and vulnerability to disabling problems such as depression, anxiety, panic, social isolation and spiritual crisis.

# When can distress occur ?



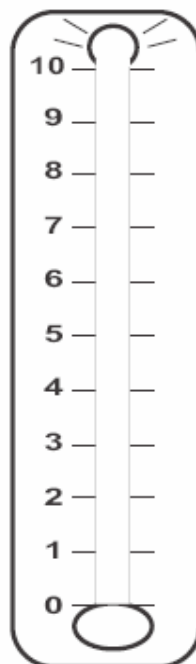
# Concerns in cancer relate to

- Physical symptoms – pain, fatigue
- Psychological symptoms – fear, sadness
- Social concerns – for family and their future
- Spiritual concerns – seeking religious, philosophical and spiritual beliefs
- Existential concerns – seeking meaning and purpose of life and disease

## SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First 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

Second, 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

- ☐ ☐ Child care  
☐ ☐ Housing  
☐ ☐ Insurance/financial  
☐ ☐ Transportation  
☐ ☐ Work/school

Family Problems

- ☐ ☐ Dealing with children  
☐ ☐ Dealing with partner

Emotional Problems

- ☐ ☐ Depression  
☐ ☐ Fears  
☐ ☐ Nervousness  
☐ ☐ Sadness  
☐ ☐ Worry  
☐ ☐ Loss of interest in usual activities

- ☐ ☐ Spiritual/religious concerns

YES NO Physical Problems

- ☐ ☐ Appearance  
☐ ☐ Bathing/dressing  
☐ ☐ Breathing  
☐ ☐ Changes in urination  
☐ ☐ Constipation  
☐ ☐ Diarrhea  
☐ ☐ Eating  
☐ ☐ Fatigue  
☐ ☐ Feeling Swollen  
☐ ☐ Fevers  
☐ ☐ Getting around  
☐ ☐ Indigestion  
☐ ☐ Memory/concentration  
☐ ☐ Mouth sores  
☐ ☐ Nausea  
☐ ☐ Nose dry/congested  
☐ ☐ Pain  
☐ ☐ Sexual  
☐ ☐ Skin dry/itchy  
☐ ☐ Sleep  
☐ ☐ Tingling in hands/feet

Other Problems: \_\_\_\_\_

# PATIENTS AT INCREASED RISK FOR DISTRESS

- History of psychiatric disorder/drug abuse
- History of depression/suicide attempt
- Cognitive impairment
- Communication barriers
- Severe comorbid illnesses
- Social problems
- Family/caregiver conflicts

# PATIENTS AT INCREASED RISK FOR DISTRESS

- Inadequate social support
- Living alone
- Financial problems
- Limited access to medical care
- Young or dependent children
- Younger age; woman
- Other stressors

# PERIODS OF INCREASED VULNERABILITY

- Finding a suspicious symptom
- During workup
- Finding out the diagnosis
- Awaiting treatment
- Change in treatment modality
- End of treatment
- Discharge from hospital after treatment



# PERIODS OF INCREASED VULNERABILITY

- Stresses of survivorship
- Medical follow-up and surveillance
- Treatment failure
- Recurrence/progression
- Advanced cancer
- End of life

# Distress in practice

- Surveys have found that 20-40% of patients show a significant level of distress.
- However, less than 10% of patients are actually identified and referred for psychosocial help

# Impact of Distress

- Failure to recognize and treat distress leads to several problems.
- Patients in distress may make extra visits to doctors and the hospital emergency department.
- Distressed patients have trouble making decisions about treatment and adhering to treatment;
- Distressed patients become dissatisfied with their physicians and medical care.

# Distress in practice

- Management of the extremely distressed patient adds to the time demands as well as the stress on the busy oncologist.
- Systematic screening may prove to be essential for the early evaluation & effective management of psychological distress in cancer patients.
- Psychosocial interventions have been shown to be effective in
  - reducing distress and
  - improving overall quality of life among cancer patients.

# Management of distress

- Distress should be detected, recognized, monitored, documented and treated promptly at all stages of the disease
- All patients should be screened for distress at the initial visit
- Screening should identify the level and nature of distress
- Distress should be assessed and managed by evidence based and consensus - based guidelines

# Depression in cancer

# Psychological & emotional reactions due to

- Knowledge of life-threatening diagnosis
- Prognostic uncertainty
- Fears about death & dying
- Due to physical symptoms – Pain, nausea, lymphoedema, and other distressing symptoms
- Unwanted effects of medical, surgical & radiation treatments
- Stigma due to cancer and its consequences

# COMMON COPING MECHANISMS

Different coping methods described in Western literature; in Indian settings –

- Denial
  - Resort into Religion
  - Fate / Karma
  - Helplessness
- 
- Resolution was noted in less than 40% of the frequent concerns.
  - Poor resolution leads to distress & depression

[Chaturvedi et al. Supportive care in cancer 1996]



# Prevalence of Psychiatric Disorders in Cancer Patients

- Adjustment disorders 44 %
- Depressive, Anxiety disorders 6 %
- Psychiatric Disorder 48%

*[NIMHANS, HOSPICE, MANIPAL HOSPITAL STUDY, 2002, N=903]*

- **Psychiatric Disorder Present 53%**
- **No Psychiatric disorder 47%**

- Depressive disorders 22%
- Sleep disorders 15%
- Adjustment disorders 9%
- Mixed anxiety depression 6%
- Anxiety disorders 1%

*[NIMHANS-KMIO STUDY, N=300]*

# Risk factors for depression

- Organic mental disorders
- Poorly controlled physical symptoms
- Poor relationships & communication between staff & patient
- Past history of mood disorder
- Misuse of alcohol or drugs
- Concurrent life events or social difficulties
- Lack of support from family & friends
- Personality traits hindering adjustment - such as rigidity, pessimism, extreme need for independence & control

# Principles of Psychological Management

- Sensitive breaking of bad news
- Providing information in accord with person's wishes
- Permitting expression of emotion
- Clarification of concerns and problems
- Encouraging confiding tie
- Involve patient in decisions about treatment
- Setting realistic goals
- Appropriate package of medical, psychological, spiritual & social care

# STAFF STRESS & BURNOUT AMONG PHYSICIANS

- Problems of communication & relationships
- Difficulty in taking conflicting decisions, decision making
- Breaking bad news
- Work overload & involvement
- Repeated confrontation with difficult & delicate situations
- Poor administrative support for social support,
- Admission of dying patients
- Personal stress, personality, and family / relationship issues
- Alcohol and substance use

# Summary

- Psychological distress in cancer is the **sixth vital sign**
- Depression is common in cancer patients, and goes undetected and untreated.
- Current level of psychosocial support is inadequate but gradually improving, by volunteers, NGOs, & Survivors
- Need to train trainers / teachers
- Keep supportive services home based
- Locally relevant researches and measures
- Need for services suitable for local needs, maintaining cultural and traditional factors, and economic realities.

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