Emotional Adaptation after Cancer

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Outline

- Fear of Recurrence
- Post-traumatic Growth
- Distress
- Depression
- Anxiety
- Sleep
Impact of Cancer

- Quality of Life
- Personal Integrity
- Family
- Finances
- Role Functioning
- Mortality
- Spirituality
- Friends
Fear of Recurrence

- Common across disease sites: up to 90% of survivors
- Single largest concern of breast, ovarian, and other gynecologic cancer survivors
  - Compounded by risk of other family members
- Fluctuates, but may persist
  - Doctor visits
  - Surveillance tests
  - Unexplained symptoms
  - Media reports
  - Death of fellow survivors
  - Learned reminders of cancer treatment (e.g., smells, sights, anniversaries)
Fear of Recurrence

- Fear levels may be as high as during diagnosis & treatment, but usually decreases over time.
- May result in disruptive behaviors:
  - Heightened body monitoring
  - Anxiety around doctor visits
  - Worry about future
  - Disabling reactions:
    - Excessive focus and worry about body and symptoms
    - Avoidance & denial
    - Inability to plan for future
    - Despair, hopelessness, catastrophic thinking
Fear of Recurrence

Distress
- Depression
- Anxiety / PTSD
- Body Image
- Symptom focus
- Intimacy / sexuality
- Family / work function

Positive Effects
- Post-traumatic Growth / Benefit Finding
Where’s the benefit?

- Improved close relationships
- Greater appreciation of life
- A change in personal life priorities
- Improved empathy for others

Petrie, 1999
Post-traumatic Growth

- Renewed vigor & appreciation of life
- Improved view of self, life changes, outlook
- Reprioritization of values
- Growth in self-confidence
- Strengthened spirituality
- More positive social experiences
- Stronger interpersonal relationships
- Improved health behaviors (e.g., diet, smoking, exercise, reduced alcohol)
Endorsed by the majority of cancer survivors

The more stressful the experience, the greater the benefit found

Increases over time

Cimprich, 2010
Distress
DISTRESS in Cancer

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

National Comprehensive Cancer Network
Psychiatric Problems & Cancer

53%  32%  15%

- No disorder
- Adjustment disorder
- Major diagnosis

e.g., Suicidal, Major Depression, Panic Disorder, PTSD, Delirium, Dementia

Derogatis et al, JAMA 1983
Distress, Depression, Anxiety
Transitions associated with increased vulnerability to distress

- Diagnosis of Cancer
- Completion of Treatment
- Recurrence, Progression of Disease
- Advancing Disease Hospice

High Risk (e.g., genetic) Initial Treatment Course
Surveillance, Survivorship Palliative Treatment

Adapted from McCormick & Conley 1995
Health & Distress

Distress

↑ Adrenaline

↑ Organ damage

↓ Self-care

Illness
Cancer-related Distress Happens in a System

- Individual
- Providers
- Supports
Types of Counseling

- Stress management / Crisis counseling
- Cognitive–behavioral therapy
- Mindfulness, relaxation & imagery, hypnosis
- Brief dynamic therapy
- Group therapy and support groups (e.g., internet)
- Art therapy
- Psychoeducation
- Grief counseling
- Telephone counseling
Relaxation Techniques

- Meditation
- Exercise / Stretching
- Yoga
- Journaling - reflective writing
- Laughter / Humor
- Deep / Diaphragmatic Breathing
- Progressive Muscle Relaxation
- Imagery
Mindful Awareness Research Center

UCLA Mindful Awareness Research Center

About MARC
Classes and Events
Research and Resources
Training in Mindfulness Facilitation (TMF)
Free Guided Meditations

UCLA Health | myUCLAhealth | School of Medicine | Select Language

marc.ucla
mindful awareness research center

Mindful Awareness:
A Simple Solution to Complex Problems

About MARC
Upcoming Events
New to Mindful Meditation?
A lot of the pain that we are dealing with are really only THOUGHTS.

DON'T BELIEVE EVERYTHING YOU THINK

YOU ARE NOT YOUR THOUGHTS

You are not your thoughts. You are the presence that notices the thoughts.
Better vs. Worse Coping

**Better Coping**
- Acknowledge crises
- See problems on a continuum
- Seek information
- Bear & share negative emotion, fears
- Seek social support
- Identify specific problems
- Develop active responses to problems
- Seek & consider treatment alternatives

**Worse Coping**
- Deny or avoid crises
- All or none thinking
- Avoid information
- Repress negative emotion, fears
- Remain isolated
- Keep problems general
- Remain passive
- Avoid consideration of treatment options

Spiegel, 1999
Managing Distress

- There is no single way to cope with distress
- Continue to do things you enjoy
- Engage in healthy behaviors
- Stay active physically, intellectually & socially
- Maintain structure
- Focus on things you have control over
Managing Distress

- Maintain your principles, values, goals
- Spend time in the present (smell the roses)
- Partner with your Treatment Team
  - Ask lots of questions, write them down
- Use Resources available to you:
  ASK FOR HELP WITH YOUR DISTRESS
  - Don’t isolate
  - Just because you have good reasons to be distressed doesn’t mean it can’t be helped
Distress: Role of Social Support

- Reduces risk taking behavior
- Encourages active coping
- Decreases loneliness
- Provides motivation
- Increases feelings of self-worth
- Helps put problems into perspective.
Depression
Depression after Cancer

- Occurs in up to 25% of patients
  - More common in advanced, pancreatic, head & neck, breast cancers
- Increased rates with uncontrolled pain, sleep apnea, chemotherapy, certain medications, menopause, thyroid imbalance, other medical conditions
What Depression *Is Not*

- Just feeling sad or blue
- A ‘normal’ part of the cancer journey
- Something that will just go away by itself
- A sign of weakness
- A sign you’re giving up
## Symptoms of Depression

(“SPACE DIGS”) – at least 2 weeks

<table>
<thead>
<tr>
<th>No.</th>
<th>Symptom</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Insomnia/hypersomnia (Sleep)</td>
<td>X</td>
</tr>
<tr>
<td>2.</td>
<td>Psychomotor changes</td>
<td>X</td>
</tr>
<tr>
<td>3.</td>
<td>Weight loss / gain (Appetite)</td>
<td>X</td>
</tr>
<tr>
<td>4.</td>
<td>Poor Concentration</td>
<td>X</td>
</tr>
<tr>
<td>5.</td>
<td>Fatigue (Energy)</td>
<td>X</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Depressed mood</strong></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td><strong>Anhedonia / Loos of Interest</strong></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Worthlessness / Guilt</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Thoughts of death / Suicide</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Symptoms 1, 2, 3, and 8 are commonly associated with cancer.*
Important “Psychological” Symptoms of Depression

- Hopelessness
- Helplessness
- Overwhelmed
- Excessive guilt
- Worthlessness
- Feelings of being punished
- Suicidal thoughts or thoughts you’d be better off dead
Impact of Depression

Associated with:

- More *cognitive* and *physical complaints* (e.g., pain, fatigue, nausea, sexual dysfunction)
- *Poor adherence, health behaviors, and satisfaction with medical care*
- Decreased *role functioning and quality of life*
- More *health care service use / costs*
- Increased risk of *suicide*
- Possibly *impaired immune function*
Causes of depression

Neurobiological Factors

Cognitive Distortions

Isolation, Absence of Pleasant Activities

Psychosocial Adversity

Sedentary Lifestyle
Treatments for depression

- Antidepressants
- Cognitive Behavior Therapy
- Mindfulness Therapy
- Behavioral Activation
- Exercise
- Social Support / Problem Solving
Depression: Protective Factors

- Perceived social support, esp. from spouse / partner
- Positive, active coping style
- Optimism (not denial)
- Expressive of emotions vs. withholding
- Maintained self-esteem & life roles
- Religiosity or spiritual coping
- Finding positive meaning from cancer experience
Your role in depression treatment

- Be an **active partner** in care
- **Self-monitor** your symptoms
- Deal with **stigma and beliefs**:
  - “Being strong” doesn’t mean denying treatment
  - While some mild, brief depression can be “normal,” major depression is a medical illness
- **Consider medications**:
  - *Use a high enough dose for a long enough time*
  - *Don’t stop medications abruptly*
Anxiety
Signs of Anxiety

- Panic, irritable mood
- Excessive worry, fear, apprehension
- Restlessness
- Impulsive or aggressive behavior
- Quickened speech
- Decreased sleep, appetite
- Shakiness, sweatiness, palpitations, chest pain, abdominal pain, dizziness, etc.
Components of Anxiety

- Physical
- Behavioral
- Emotional
- Cognitive
Factors Affecting the Volume Knob of the Anxiety Response

Predictability

Controllability

Unpredictability

Uncontrollability
The Functional Value of Worry

- Allows for the anticipation of challenges/threats
- Plan and prepare for future
  - Attempt to establish improved prediction and control
- Motivational impact on behavior
- Can evoke proactive problem solving
- The system is usually adaptive, but at times, becomes “mis-wired”, overwhelmed
Thought Suppression

- For the next 10 seconds, try NOT to think of a pink elephant.
Cancer Worry During the Survivorship Period

- Vulnerability
  - Risk of recurrence
- Controllability
  - Future risk and preventive measures
- Threat/Interference
  - Anticipated dangerousness of outcome
- Coping
  - Ability to cope with recurrence
Content-Oriented Approaches

- **Treat thoughts as hypotheses and weigh evidence (the 'scientific' approach)**
- Reassurance and information seeking
- Directly challenge negative thoughts
  - Write them down, discuss with others
- Learn to generate alternate thoughts (develop cognitive flexibility)
  - What are other possible outcomes?
  - If this happened, how might you cope with that?
Process-Oriented Approaches

- **Treat thinking as a behavior** (like scratching an itch)
  - Are you thinking too little, just right, or too much?
  - Self-talk, Journaling

- Learn skills to remain more present or grounded in the moment

- Avoid thought suppression

- Use functional distraction

- Increase engagement with more pleasurable/meaningful events
General Sleep Principles

- **Explore if bedroom habits disrupt sleep**
  - Maintain habitual bed and rise times
  - Stay in bed only as long as you are asleep
  - Use bed only for sleep & sex
  - Remember that daytime naps may decrease nighttime sleep need

- **Develop relaxing bedtime rituals**

- **Schedule a regular “worry time” in the morning**

- **Exercise** regularly and moderately

- **Spend time outdoors** in natural sunlight

- **Eliminate direct view of bedroom clocks**

- **Avoid** rich foods, caffeine, alcohol, tobacco at night

- **Over-the-counter drugs** can negatively affect sleep

Vitiello 2009
Thank you!  

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