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## **PSYCHO-ONCOLOGY an area of mental health practice**

( <https://youtu.be/E2bGslmmotk> ) - Protocol Dr. Anil Puri

*Psychooncology is the study of psychological, behavioral, and psychosocial factors involved in the risk, detection, course, treatment, and outcome ( in terms of survival ) of cancer. The field examines responses to cancer on the part of patients, families, and caregivers at all stages of the disease.*

The need for psychological care in cancer patient is undisputed today. These interventions can effectively reduce the stress and improve the quality of life of the patient and also the carers. It also improves the survival rate of the patient.

## **CANCER**

*Cancer* is a condition where cells in a specific part of the body grow and reproduce uncontrollably and abnormally. The cancerous cells can invade and destroy surrounding healthy tissues, organs and they can also spread to other parts of body, which is known as metastasis.

Cancer develops tumors. Cancerous tumour can be malignant or benign.

Benign tumors – These are not invasive cancerous tumors. They do not invade nearby tissues or spread to other parts of the body. Usually they do not recur once excised.

Malignant tumors – These are cancerous tumors. The cells keep growing and metastasizing to other parts of the body. These type of tumors can result into fatality.

## **RELEVANCE**

Psycho-oncology addresses the two major psychological dimensions of cancer -

### 1. The psychological responses -

These responses are towards the cancer and its progression at various stages of the disease. These responses can be of patient, his /her families, or carers.

### 2. The psychological, behavioural and social factors -

Psychooncology also studies the various factors like biological, psychological, behavioural, and social factors which will be influencing the disease process.

## **PSYCHOLOGICAL RESPONSES TO CANCER**

Various psychological responses are seen at various stages of the disease process.

- At the time of diagnosis patient may feel anxiety, anger, shame, depression, denial, fatalistic beliefs, exhibition of existence concerns. He/she may show any of these symptoms or more than one of these symptoms.
- During treatment patient might feel uncontrolled anxiety, fears about treatment, exaggerated passivity leading to noncompliance with health-protective behaviours, body image concerns, PTSD symptoms.
- After treatment (remission time), there will be fears about cancer recurrence, deliberate avoidance of checkups, body image concerns, work-romantic life adaptation.
- Cancer affects the relationships in life, especially romantic relationship of couples. In most of the cases cancer actually strengthens the bond between the families as they are working together with care for each other towards the same goal. So cancer can have a positive effect on relationships.

## **MEDICAL TREATMENT OPTIONS FOR CANCER**

There are various approaches to treat cancer, many of which involve combination of therapies to provide the most effective treatment.

**SURGERY** – The surgery involves removal of the cancerous tumor. It relieves the patient from the discomfort because of the tumors obstructing organs. Often surgery is used in combination with radiotherapy and/or chemotherapy to make sure the remaining cancer cells are destroyed and thereby reducing the chances of recurrence.

**RADIOTHERAPY** – In radiotherapy, high energy radiations are used to destroy cancer cells, shrink them and stop their growth. Commonly given externally through skin. However in some cases it can be administered internally.

**CHEMOTHERAPY** – Chemotherapy is almost used in every cancer patient. Drugs are used to kill the cancer cells. It is also used to shrink tumors before surgery or radiotherapy. In palliative care it is used to reduce the symptoms and discomfort of the patient.

**HORMONE THERAPY** – It is also known as endocrine therapy. These treatments are commonly used for prostate, breast or uterine cancers. This therapy slows or stops the growth of the cancer that uses hormones to grow. This therapy will affect the emotional state and moods of the patient.

**IMMUNOTHERAPY** – This therapy focuses on boosting the immune system of the patient to fight against cancer.

## **AIMS OF PSYCHOONCOLOGICAL INTERVENTION**

- Decrease distress
- Assist with adjustment to diagnosis
- Increase quality of life
- Address body-image concerns
- Address concerns about cancer recurrence
- Pain management
- Tackle depression/anxiety
- Improve family communication
- Explore grief and bereavement

## **ROLE OF PSYCHO-ONCOLOGIST**

*To assist* oncologists and other health care professionals to deliver “bad” news

*To prepare* a common ground when talking about death

*To prepare* for possible complications during the cancer journey.

*To prepare* for consultation with oncologists

*To act* as a referral point for socio-economical and psychiatric needs.

*To support* adherence and compliance for prescribed treatment in case the patient is rejecting the treatment

*To support* carers in order to better assist health care professionals first, then assist their patient.

*To act* as a reminder for special days such as birthdays to remind them about being a human being than just a patient.

## COMMON REACTIONS FOR CARERS

### *Fear*

- fear about how unwell person is feeling
- confusion/misunderstanding about the treatment, prognosis
- fear because it feels like everything is out of their control
- not knowing what the future holds
- the possibility that the person they are caring for may die
- some carers feel more in control with education, while others feel overwhelmed with the information

### *Anger and Frustration*

- having to be the carer especially when there is no one else to take care
- because of extra responsibilities
- other family and friends not doing enough to help
- having future plans interrupted because of this responsibility
- having little or no time for activities they used to enjoy
- feeling the person they are caring for; does not seem to appreciate the hard work

### *Loneliness*

- it is easy to become isolated as a carer
- they may feel too busy and exhausted to socialise
- people may visit them less often because they think they have too much to do
- maybe they had spent a lot of good time together with person who has cancer and they miss it
- they may also feel as though the main caring responsibility has fallen on them and no one else can understand what they are going through or how they feel

### *Stress*

- the demands, difficulties and limitations of looking after someone with cancer can be stressful
- symptoms of stress including physical signs, such as trouble sleeping, constant headaches, high blood pressure, heart problems, feeling tired, unwell and overly sensitive
- if stress continues for a long time, it could lead to exhaustion and burnout
- many carers say they feel out of control or under extreme pressure all day, every day
- this stress will affect the immune system

### *Loss and Grief*

- following a diagnosis of cancer
- loss of an enjoyable part of their relationship with the unwell person
- sense of longing for missing parts of their life
- uncertainty regarding future and financial changes

### *Guilt*

- guilt is a common emotion carers experience due to the feeling angry and resentful to the patient
- guilt for wanting a break from caring
- for being well while the person they are caring for is sick

- guilt for not doing a perfect job as a carer

### *Satisfaction*

- caring can also be rewarding due to a sense of satisfaction, achievement and personal growth
- satisfaction may not be experienced on a day-to-day basis, some experience these emotions once the caring role ends and they are able to reflect on the positive and gratifying parts of their caring experience

## **STRATEGIES TO HELP CARERS COPE**

### *Keeping a diary*

- assists to give the carer a perspective
- helps to release some of their worries or frustrations
- acknowledge their feelings
- online blogging allows to share experiences with other carers

### *Challenge self-expectations*

- self expectations of perfectionistic caring and allow room for mistakes
- acceptance of conflicting emotions such as resentment, anger, guilt

### *Accept offers of help*

- getting in touch with others to alleviate isolation
- increase recognition of early warning signs of stress
- self permission to seek support and rest
- challenge thoughts of guilt/weakness for taking breaks

### *Maintain/increase social contact*

- use technology to stay in touch with others where physical travel and time is not possible
- ask a family member or a friend to keep others up to date
- make sure to find some time for self

## **PALLIATIVE CARE**

Palliative care is the active, holistic treatment of patients with a progressive, well-advanced disease and a limited life expectancy at the time when the disease is no longer responsive to curative treatment and control of pain and other symptoms of the disease, psychological, social and spiritual problems have the highest priority. The main goal of palliative care treatment is to relieve, rather than cure, symptoms caused because of cancer. Thereby improving the quality of the life. It starts at the diagnosis.

Palliative care can help people live more comfortably.

It is particularly needed in places with a high proportion of patients in advanced stages where there is a little chance of cure.

Relief from physical, psychological and spiritual problems can be achieved in over 90% of advanced cancer patients through palliative care.