
PSYCHOLOGICAL SYMPTOMS IN ADVANCED CANCER

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OBJECTIVES: *To discuss psychological symptoms among patients with advanced cancer, assessment of psychological symptoms, and evidence-based strategies to manage psychological symptoms.*

DATA SOURCES: *Current cancer-care guidelines and journal articles.*

CONCLUSION: *Psychological symptoms are prevalent among patients with advanced cancer and may not be evident without appropriate screening. Distressed patients may not meet criteria for a full clinical psychiatric diagnosis, but may still benefit from interventions to improve quality of life.*

IMPLICATIONS FOR NURSING PRACTICE: *Nurses can improve the lives of patients by assessing for psychological symptoms; providing appropriate referrals, treatment, and/or follow-up; and recommending integrative methods for psychological symptom self-management.*

KEYWORDS: *psychological symptoms, advanced cancer, quality of life, nursing.*

Psychological symptoms are prevalent among patients with advanced cancer and may not be evident without appropriate screening. Observational studies have contributed to our knowledge of the prevalence and

nature of psychological distress in patients who are facing end-of-life concerns. The importance of addressing psychological distress aligns with key goals of palliative care – to reduce patient symptoms, enhance care decision-making, and optimize quality of life. While patients at the end of life are underrepresented in treatment trials of psychological symptoms, the current evidence may be adapted to the care of patients who are being treated with palliative care in outpatient, inpatient, and home care settings. Adaptation involves tailoring assessment and treatment approaches to patients facing a broad range of physical, psychological, functional, and logistical burdens at the time of receiving palliative care. This article addresses common psychological symptoms and evidence-guided recommendations for patients with advanced cancer who are receiving palliative care.

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PSYCHOLOGICAL SYMPTOMS

Patients living with advanced cancer experience psychological symptoms (ie, anxiety, depressive

symptoms, and hopelessness).¹⁻⁹ Psychological symptoms tend to co-occur, having a synergistic effect and influencing functional activities (eg, physical, social, role performance, and daily living).¹⁰ While the severity, duration, and experience of psychological symptoms may vary per individual, it is estimated that one or more psychological symptoms occur in 20% to 65% of patients with advanced cancer.¹⁻⁹

Anxiety Symptoms

Anxiety is an emotional and/or physiologic response that is a common experience among patients coping with any cancer diagnosis. Symptoms of anxiety are reported to occur in 20% to 60% of cancer patients.^{2-5,7,9} Anxiety responses can range from normal reactions to extreme dysfunction that can affect decision making, adherence to treatment, and numerous aspects of quality of life and function. While anxiety can occur at different times throughout different phases of cancer care, generally it tends to peak at the time of diagnosis and again at disease progression.⁴

Depressive Symptoms

Symptoms such as depressed mood, diminished interest or pleasure in activities that were previously enjoyed, loss of energy, feeling of worthlessness or guilt, diminished ability to think or concentrate, and recurrent thoughts of death or suicide are indicative of depression. Depressive symptoms are reported to occur in 20% to 35% of cancer patients.^{2,5-7,9} Some depressive symptoms (eg, changes in sleep, energy, or appetite) can overlap with cancer treatment side effects and may be attributed to treatment. Thus making depression difficult to identify and complicating a differential diagnosis. Depressive symptoms most commonly occur with disease progression and proximity to death.⁶

Hopelessness

Hope is vital to life and is essential for effectively coping with illness.¹¹ Hopelessness is a feeling or state of despair and is associated with anxiety and depressive symptoms.^{8,12-14} Feelings of hopelessness are a common reaction to the diagnosis of advanced cancer and have been reported to occur among 45% to 65% of patients with advanced cancer.^{1,8} Patients with feelings of hopelessness may perceive their medical provider as disengaged and less supportive.¹⁵ Hopelessness can threaten a patient's psychological well-being and has been associated with

poor adjustment to illness,^{16,17} poor quality of life,¹⁸ and a desire for hastened death.^{1,19,20}

IMPLICATIONS OF PSYCHOLOGICAL SYMPTOMS IN THE CARE OF PATIENTS WITH ADVANCED CANCER

Despite their clinical significance, psychological symptoms often go unrecognized and untreated.^{21,22} Left unaddressed, psychological symptoms can lead to distress.²³ The National Comprehensive Cancer Network (NCCN) defines distress as "... a multifactorial unpleasant psychological (cognitive, behavioral, emotional), social, spiritual and/or physical nature that might interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears, to problems that can become disabling, such as depression, anxiety, panic, social isolation, and spiritual crisis."²⁴ Investigators report that 32% to 52% of cancer patients experience a clinically significant level of distress (≥ 4 on the NCCN Distress Thermometer screening tool²⁴), with the highest levels of distress seen among patients who were female, older (>60 years), unemployed, or had advanced cancer.^{15,25,26} Psychological distress may influence patients' treatment adherence, health behaviors, decision-making, relationship with health care provider, and quality of life. Patients experiencing psychological distress are more likely to misunderstand provider recommendations, fear cancer treatment complications, and perceive barriers to treatment, leading to low engagement in medical care and non-acceptance or completion of cancer treatment.²⁷⁻³⁰ In addition, psychological distress may limit critical communication with oncology providers, interfere with acceptance of prognosis, influence decision-making about end-of-life care, and increase the risk for hospitalizations.³¹⁻³³ Among hospitalized patients with advanced cancer, psychological distress is associated with extended hospitalizations and inadvertent hospital readmissions.³⁴ In time, psychological distress may lead to diminished quality of life and worse cancer outcomes among patients with advanced cancer.³⁵⁻⁴¹

ASSESSMENT OF PSYCHOLOGICAL SYMPTOMS

Current cancer care guidelines recommend screening for psychological symptoms as part of

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