Chapter 2

Coping: Psychosocial Issues
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Objectives

• At the end of this session, the oncology nurse will be able to:
  – Define four potential types of psychosocial issues experienced by clients with cancer.
  – List two possible factors that may contribute to the development of psychosocial issues.
  – Describe two interventions that might be used with the client experiencing psychosocial issues.
  – Describe two interventions that might be used with family members of the client experiencing psychosocial issues.
Psychosocial Issues

- Emotional distress
- Anxiety
- Depression
- Spiritual distress
- Loss of personal control
- Loss and grief
- Social dysfunction
Risk Factors for Psychosocial Issues

• Potential risk factors
  – Disease-related
  – Treatment-related
  – Developmental
  – Situational
Key Concepts in Psycho-Oncology

- **Emotional Distress**: what we all experience during upsetting news or events, (normal reactions to cancer, bad news)

- **Anxiety**: heightened stress reaction, obsessive worries, can cause panic attacks, (SOB, sweating, chest pain, can’t speak), anxiety to the point of being unable to think logically

- **Depression**: apathy, hopelessness, anhedonia, symptoms persisting 2 weeks or more consistently (DSM V def.), dysfunctional reaction to negative news can include suicidality

- **Psychosis**: loss of reality, confused or delusional thinking, unable to process most information, caused by stressors, genetics, medical conditions like high steroid doses

Henry, 2006
Oncology patients often experience depression and/or anxiety even if they never had this problem before.

The cancer experience often triggers pre-existing psychological problems because it is so traumatic, PTSD symptoms common.

Antidepressant and/or anti-anxiety medication can be helpful, even if the patient has never needed psychotropic medications in the past.

Stiefel, et al, 1990
Distress: is a term used to describe unpleasant feelings or emotions that may interfere with your ability to cope with cancer, its physical symptoms, and its treatment. Distress covers a wide range of feelings, from powerlessness, sadness, & fear to depression, anxiety, & panic. In addition to feelings, stress may also affect such areas of your life as your thoughts & behavior. Distress is a normal response when you or a family member receives a diagnosis of cancer. Cancer causes distress, in part, because of the attitudes & fears attached to cancer.
Approaches for Psychosocial Issues

• General treatment approaches
  – Psychological support
  – Individual and family psychiatry
  – Cognitive and behavioral interventions
  – Pharmacologic management
  – Complementary therapies
Psychosocial Issues: Emotional Distress

• A pattern of expected changes in thinking, feelings and behaviors in response to diagnosis, prognosis, treatment, and course of cancer

• Potential sequelae
  – Chronic psychosocial distress
  – Development of major psychiatric disorder
  – *Somatic symptoms-physical symptoms can get work with emotional distress, depression*
  – Interference with home, school, and work *baseline personality change, not their “normal” self*
  – Decreased compliance-*usually related to anger or denial*
**Instructions:** Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week, including today.
Psychosocial Issues: Anxiety

• A state of feeling uneasy and apprehensive in response to vague nonspecific threat

• Potential sequelae (APA, 2000)
  – Cognitive changes
  – Somatic symptoms
  – Behavioral changes
  – Chronic anxiety disorders
  – Psychosomatic illnesses—chemical dependency issues in patients or family members as coping
  – Interference with performance at home, school, and work
Psychosocial Issues: Depression

- A state of feeling sad, discouraged, hopeless, and worthless (APA, 2000)
- Potential sequelae (APA, 2000; Massie, 1998)
  - Somatic problems *may increase*
  - Severe psychological regression-*acting out behaviors*
  - Suicidal ideation, attempts
  - Noncompliance-*anger, denial of illness or prognosis*
  - Interference with performance at home, school, and work
Psychosocial Issues: Spiritual Distress

- A state of experiencing a disturbance in one’s belief or value system that provides strength, hope, and meaning in life (Carson, 1989)
- Potential sequelae (Carson, 1989)
  - Loneliness
  - Social isolation
  - Development of major psychiatric disorders
  - Decreased compliance
- *Respect all forms of spirituality, be in touch with your own spiritual beliefs and needs*
Psychosocial Issues: Loss of Personal Control

• A perception that one’s own actions will not affect the outcome; lack of control over outlook, goals, lifestyle (Carpenito, 2002)

• Potential sequelae
  – Helplessness
  – Hopelessness
  – Lowered self-esteem
  – Development of depression
Psychosocial Issues: Loss and Grief

- **Loss**: An experience in which an individual relinquishes a connection to a valued person, object, relationship, situation (Brown-Saltzman, 1998)

- **Grief**: emotional response to loss or adaptive process or mourning (Brown-Saltzman, 1998)

- **Potential sequelae**
  - Anticipatory grief - *all cancer diagnoses carry chance of death or recurrence*
  - Dysfunctional grief responses - *suicidal thought with intent/plan, duty to warn and keep patient from danger to self or others*
  - Behavioral changes - *depression, isolation, worry*
  - Development of major psychiatric disorder
Suicide in Oncology Patients

- Cancer is a risk factor for suicide, and the risk increases with disease severity.
- The risk is highest shortly after the diagnosis has been made.
- For some cancer types, the risk was increased for more than 5 years after diagnosis.
- Suicide risk has decreased since the 1960s but was still raised during the 1990s.

Hem, et al, 2004
What Can Oncology Professionals Do to Make it Easier?

- Be mindful of the client’s previous negative experiences with medical professionals
- “Office/Unit Milieu” should include user friendly receptionists and phones
- Transference with Oncologists & Oncology staff—importance of words & body language
- Education and support by nurses—get certification! Teach patients about diagnosis, treatment, possible side effects & symptom management

Hack, et al, 2005
Psychosocial Issues: Social Dysfunction

- A state of being unable to interact effectively with one’s social environment (family, work, school, community) (Carpenito, 2002)
- Potential sequelae (Carpenito, 2002)
  - Caregiver burden
    - Social and emotional isolation
    - Noncompliance
    - Social deviant behavior
    - Disruption of family relationships - *divorce, infidelity, lack of support*
    - Interference with performance at home, school, and work
    - Development of psychiatric disorders
Treatment of Psychiatric Disorders in Oncology

• ONS Sleep/Wake Disturbances Pep Card (Vol I):  

• ONS Depression & Caregiver Strain/Burden Pep Cards (Vol II):  

• ONS Anxiety PEP Card (Vol IV):  
Approaches (Bush, 1998b): Emotional Distress

- Psychological support
- Individual or family psychotherapy
- Cognitive or behavioral therapies
  - Support groups, relaxation, guided imagery
    - Occupational or recreational therapy
    - Pharmacologic management of symptoms
Interventions: Emotional Distress

• Minimize risk and severity of distress (Carpenito, 2002; NCCN, 1999).
  – Discuss concerns, meaning of disease, and treatment.
  – Teach regarding diagnosis, treatment, outcomes.
  – Explore past coping strategies and provide resources: when’s the last time you felt this depressed or anxious?, what helped you get better last time you felt this way?...
Interventions: Emotional Distress (cont’d)

• Maximize comfort during emotional distress (Carpenito, 2002; NCCN, 1999).
  – Allow client to discuss feelings and listen.
  – Provide safe, comfortable environment.
Interventions: Emotional Distress (cont’d)

• Enhance adaptation and rehabilitation (Carpenito, 2002; NCCN, 1999).
  – Promote ongoing discussion with client about thoughts, feelings, and fears.
  – Provide reinforcement for use of positive coping strategies - 
    talking to others, websites for communications, 
    friends/neighbors offering to help, visiting when clients want 
    them in hospital or at chemo appointments, staying away 
    when patients do not feel like visitors, journals, photo 
    organizing, quilt/knit/crochet, other creative work, exercise 
    and positive lifestyle behavior, healing modalities like yoga, 
    reiki, acupuncture, other complementary therapies
Treatment of Psychiatric Disorders in Oncology

- Complementary Integrative Therapies - Reiki, Yoga, Meditation, Craniosacral Therapy, Prayer, Healing Touch, Acupuncture, Herbal Remedies, Massage, Aromatherapy, Traditional Chinese Medicine

CIT SIG Website: http://pni.vc.ons.org/
Other Positive Coping Strategies

• Chat rooms, postings
• Expressive Art activities
• Fundraising activities for Cancer Causes and Research, (5K Walks)
• Groups not directly related to cancer: Yoga, Tai Chi, Relaxation, Imagery, Journaling, AA, Al-Anon

Henry, 2003
Interventions: Emotional Distress (cont’d)

• Increase client and family involvement in care (Carpenito, 2002; NCCN, 1999).
  – Teach client and family role in client care.
  – Provide materials on community resources for client and family.
Interventions: Anxiety

(Bush, 1998a; Carpenito, 2002; NCCN, 1999; Noyes et al., 1998)

• Minimize risk and severity of anxiety.
  – Encourage client to verbalize feelings and understand his or her perspective.
  – Help client identify situations that may precipitate anxiety.
  – Manage anxiety with drugs, diversion, relaxation and other techniques.
Anti-Anxiety Agents

Lorazepam/Ativan 0.5 mg
Alprazolam/Xanax 0.5 mg
Alprazolam/XanaxCR 1 mg
Clonazepam/Klonopin 0.5 mg

Oxazepam/Serax 15 mg
Hydroxazine/Vistaril 25 mg
Diazepam/Valium 5 mg
Diazepam/Valium 10 mg

Chlordiazepoxide/Librium 5 mg
Chlorazepate/Tranxene 15 mg
Buspirone/Buspar 15 mg
Propranolol/Inderal 60 mg

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Interventions: Anxiety (cont’d)

(Bush, 1998a; Carpenito, 2002; NCCN, 1999; Noyes et al., 1998)

• Maximize client safety with anxiety.
  – Provide safe, supportive environment.
  – Stay with client during periods of high anxiety.
  – Refrain from asking client to make decisions during high anxiety.
Interventions: Anxiety (cont’d)

• Monitor for complications related to anxiety.
  – Observe for severe anxiety reactions.
  – Observe for side effects of anxiolytic medications—sedation, slurred speech or impaired gait/balance, build tolerance to dose
  – Observe for symptoms of withdrawal—increased anxiety, seizures, nausea, vomiting, depression
Interventions: Anxiety (cont’d)

• Enhance adaptation and rehabilitation.
  – Promote sleep, comfort, balanced diet, and exercise.
  – Manage side effects of drug therapy.
Sleep Agents

- Flurazepam/Dalmane 15 mg
- Temazepam/Restoril 30 mg
- Triazolam/Halcion 0.25 mg
- Diphenhydramine/Benadryl 25 mg
- Zalepion/Sonata 10 mg
- Zolpidem/Ambien 10 mg
- Zolpidem/Ambien CR 6.25 mg
- Eszopiclone/Lunesta 3 mg
- Ramelteon/Rozeram 8 mg
- Estazolam/Prosom 2 mg
- Chloral Hydrate 500 mg/5 cc

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Interventions: Anxiety (cont’d)

• Incorporate client and family in care.
  – Assist client and family to identify feelings of anxiety and seek support.
  – Provide information on resources for support and managing anxiety.
Depression

- When appropriate feelings of depression in response to the diagnosis and treatment do not eventually dissipate
- Symptoms of clinical depression mimic symptoms of treatment side effects—sleeplessness, weight loss or gain, fluctuations in mood, severe anxiety and sadness that won’t go away, suicidal thinking
- Can occur even in those who’ve never had clinical depression in the past
- When your patient or family member tells you they are depressed, or different from their pre-cancer diagnosis self

Edwards & Clarke, 2004
Interventions: Depression (cont’d)
(Carpenito, 2002; Massie, 1998; Moore & Schmais, 2001)

• Maximize client safety and comfort.
  – Assess client’s mental status to rule out delirium and suicidal ideations.
  – Review drugs for contribution to depression.
  – Provide antidepressants and watch for side effects.
Antidepressants

Sertraline/Zoloft 50 mg
Venlafaxine/EffexorXR 37.5 mg
Escitalopram/Lexapro 20 mg
Citalopram/Celexa 20 mg
Buproprion/Wellbutrin XL 300 mg
Paroxetine/Paxil 20 mg
Paroxetine/Paxil CR 12.5 mg
Desvenlafaxine/Pristiq XL 50 mg Duloxetine/Cymbalta 60 mg
Mirtazepine/Remeron 15 mg
Doxepin/Sinequan 25 mg
Amitriptyline/Elavil 10 mg
Trazodone/Desyrl 50 mg
Norpramin/Desipramine 10 mg
Nortriptylene/Pamelor 150 mg
Fluoxetine/Prozac 10 mg
Seligiline/Ensam Patch 6 mg/24hrs
Nardil/Phenelzine 15 mg
Parnate/Tranylcypromine 10 mg
Imipramine/Tofranil PM 75 mg

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Interventions: Spiritual Distress (cont’d)
(Carpenito, 2002; Carson, 1989)

• Maximize safety and comfort.
  – Provide privacy and time for daily rituals.
  – Encourage use of meditation, prayer, or other traditions.

• Monitor for complications of spiritual distress.

• Assess for lessening or persistent spiritual distress.
  – Evaluate for major psychiatric disorders, depression, anxiety.
Interventions:
Loss and Grief (cont’d)

• Monitor for complications of loss and grief.
  – Monitor for changes in weight, sleep, and rest.
  – Assess for decline in physical and psychosocial functioning.
  – Encourage expression of loss and grief and provide support.
  – Provide bereavement care and referral to support groups or professionals
  – www.fernside.org
  – Hospice loss & grief programs
Nursing Diagnoses: Psychosocial Issues

- Impaired Comfort
- Social Isolation
- Powerlessness
- Risk for Suicide
- Disturbed Sleep Pattern
- Situational Low Self-Esteem

- Anticipatory Grieving
- Ineffective Coping
- Deficient Knowledge related to effects of disease and treatment
- Interrupted Family Processes
Outcome Identification: Psychosocial Issues

- Client and family identify personal strengths and coping strategies.
- Client identifies anxiety- and depression-provoking situations and attempts to reduce.
- Client identifies situations that require professional help.
- Client expresses satisfaction with his or her own belief system and inner resources.
- Client experiences positive meaning in his or her existence.
Outcome Identification: Psychosocial Issues (cont’d)

- Client accepts and verbalizes positive aspects of self and factors that he or she can control.
- Client and family participate in decision making.
- Client and family identify perceived losses and grief responses.
- Client identifies impact of disease and treatment on social functioning.
- Client and family identify community resources and professional help.
Case Study

• 48yo AA male admitted with paraplegia secondary to new diagnosis of Burkitt’s lymphoma with involvement in the spine. Pt. is HIV + but had not been treated for his HIV secondary to low viral load. Involvement of spinal cord included motor and sensory neurons.

• Treated with chemotherapy regimen of R-EPOCH (Rituxin, Etoposide, Doxorubicin, Cyclophosphamide, Prednisone, Vincristine). PICC line was placed in right arm prior to start of chemo. Post chemotherapy course complicated by pancytopenia, mucositis, nausea and vomiting and fever of unknown origin.
Case Study, (continued)

- Patient became severely depressed due to diagnosis as well as realization that he was a permanent paraplegic; he refused to participate in care including refusing to turn from side to side (resulting in Stage IV pressure ulcers) and refusal to eat with significant weight loss and malnutrition. Was followed by mental health nurse and psychiatry with little improvement.

- Pulled out Dobhoff tube for feeding and refused PEG. Was followed by ET nurse and plastic surgery for pressure ulcers with several debridements but continued to turn self to back after being turned to his side. Follow up PET scan revealed little improvement of lymphoma as well as metastasis of the Burkitt’s lymphoma and due to patient’s poor conditioning and unwillingness to receive further treatment, he was transferred to hospice.
Questions or Other Cases?...

• *Photo from my Candy Striping Days, beginning of my nursing career at age 14!*

• *(Miscellaneous psychotropic meds on next two slides)*

Henry, 1973
Antipsychotic Medications

- Risperidone/Risperdal 4 mg
- Risperdal Consta IM 50 mg
- Olanzapin/Zyprexa 20 mg
- Quetiapine/Seroquel 25 mg
- Quetiapine/Seroquel XR 400 mg
- Chlozapine/Chlozaril 100 mg
- Aripiprazole/Abilify 2 mg
- Ziprasidone/Geodon 20 mg
- Paliperidone/Invega 9 mg
- Prochlorperazine/Compazine 5 mg
- Metochlorpramide/Reglan 5 mg
- Chlorpromazine/Thorazine 50 mg
- Thioridazine/Mellaril 50 mg
- Perphenazine/Trilafon 4 mg
- Haloperidol/Haldol 10 mg
- Loxipine/Loxitane 10 mg
- Fluphenazine/Prolinx 5 mg
- Fluphenazine/Prolinx D 25 mg/ml
- Haloperidol/Haldol D 100 mg/ml

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Mood Stabilizers & Other Miscellaneous Psychotropics

- Lithium Carbonate/Lithium 300 mg
- Divalproax/Depakote 500 mg
- Lamotrigine/Lamictal 200 mg
- Gabapentin/Neurontin 300 mg
- Carbamazepine/Tegretol 200 mg
- Oxcarbazepine/Trileptal 150 mg
- Topiramate/Topamax 200 mg
- Quetiapine/Seroquel XR 400 mg
- Olanzapine/Zydis 20 mg
- Ziprasidone/Geodon 80 mg
- Catapress/Clonidine Patch 2 mg
- Benztropine/Cogentin 2 mg
- Trihexyphenidyl/Artane 2 mg
- Chantix/Varenicline 1 mg

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