

# PSYCHOLOGICAL ISSUES

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St Clare Hospice

# DIFFICULT ISSUES

- Diagnosis of 'C'!
- Treatment options
- Withdrawal of treatment
- Leaving loved ones / Goodbyes
- Nutrition and Hydration
- Hospice care
- Bureaucracy

# RESPONSE TO LOSS

- Disruption:
  - Lasts less than a week
  - Characterised by:

Disbelief

Denial

Shock/numbness

Despair

# RESPONSE TO LOSS – 2

- Dysphoria:
  - Lasts several weeks
  - Characterised by:

Anxiety

Insomnia

Anger

Guilt

Sadness

Poor Concentration

Disrupted activities

# RESPONSE TO LOSS – 3

- Adaptation
  - Begins within 2 – 3 weeks
  - Characterised by
    - Diminishing Dysphoria
    - Implications confronted
    - New goals established
    - Hope refocused and restored
    - Activities resumed

# ANXIETY

- Unpleasant but familiar emotion
- Acute/Transient or Chronic/Persistent

# ANXIETY – 2

- Symptoms include:
  - Persistently tense, unable to relax
  - Worry
  - Cannot distract self or be distracted
  - Poor concentration
  - Indecisiveness
  - Insomnia
  - Irritability
  - Panic attacks

# ANXIETY – 3

- Physical symptoms include:
  - Sweating
  - Tremor
  - Breathlessness
  - Dysphagia
  - Diarrhoea
  - Headache
  - Fatigue
  - Chest Pain
  - Nausea
  - Palpitations
  - Dry Mouth
  - Anorexia
  - Polyurea
  - Muscle Tension
  - Leg Weakness

# ANXIETY – 4 (CAUSES)

- Situational:
  - Adjustment reaction
  - Fear (Hospital, Chemotherapy, Radiotherapy)
  - Worry (Family, Finances)

# ANXIETY – 5 (CAUSES – 2)

- Organic:
  - Severe Pain
  - Insomnia
  - Weakness
  - Nausea
  - Breathlessness
  - Hypoglycaemia
  - Brain tumour
- *ANXIETY IS NOT MADNESS*

# ANXIETY – 6 (CAUSES – 3)

- Drugs:
  - Corticosteroids
  - Neuroleptics
  - Drug induced Hallucinations  
(Benzodiazepines, Opioids)
  - Withdrawal  
( Benzodiazepines, Antidepressants, Alcohol)

# ANXIETY – 7 (CAUSES – 4)

- Related to Patient's inner world:
  - Thoughts about past
  - Thoughts about future
  - Thoughts about after death

# ANXIETY – 8

- MANAGEMENT:
  - Non drug treatment:
    - Anxiety Management Training
    - Cognitive-behavioural therapy
    - Brief Psychotherapy
    - Music/Art/Hypno- therapy

# ANXIETY – 9

- Drug Therapy:
  - Benzodiazepines (Make sure patient is not delirious)  
Diazepam or Temazepam
  - Antidepressant (If Anxiety-depression or if persistent panic attacks)
  - Antipsychotics (Psychosis, Agitated delirium)

# PANIC

- An episodic pathological failure of the protective '*flight or fight*' response to a major threat

# PANIC – 2

- Diagnosis:
  - A discrete period of intense fear or discomfort in which four or more of the following symptoms develop and reach a peak within 10 minutes
  - DSM – IV Criteria

# PANIC – 4 (DSM)

- Palpitations - Sweating
- Trembling or Shaking
- Sensation of breathing difficulties
- Feeling of choking - Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed or faint
- Derealisation or Depersonalisation
- Fear of losing control or going crazy
- Fear of dying - Paraesthesia
- Chills or hot flushes

# PANIC – 5

- Management:
  - Correct the correctable
  - Non-drug treatment
  - Drug Treatment
    - 1) Benzodiazepines
    - 2) Propranolol
    - 3) Antipsychotic
    - 4) SSRI
    - 5) Mirtazapine

# DEPRESSION

- 5-15% of patients with advanced cancer (Hopwood 2000, Wilson 2000)
- Another 10-15% short-term adjustment disorder
- Associated with:
  - Intensification of other symptoms
  - Social withdrawal
  - Prevents from ‘unfinished business’

# DEPRESSION – 2

- Under-diagnosed:
  - called ‘reaction’
  - diurnal variation more marked
  - social skills to mask mood
  - Somatization
  - Dominant Anxiety
  - Socially unacceptable

# DEPRESSION – 3

- Over-diagnosed:
  - ‘reaction’ as opposed to Depression
  - ‘Easy to treat’

# DEPRESSION – 4

- Diagnosis:
  - Hospital Anxiety and Depression (HAD) Scale
  - Edinburgh Neonatal Depression Scale (ENDS)
  - Geriatric Depression Scale (GDS)
  - International Neuropsychiatric Interview
  - Single Question Scale

# DEPRESSION – 5 (DSM 1994)

- 5 or more of the features for at least 2 weeks:
  - Depressed mood
  - Diminished interest and pleasure
  - Weight loss or gain
  - Insomnia or Hypersomnia
  - Psychomotor agitation/retardation
  - Impaired concentration (indecisiveness)
  - Fatigue (lack of energy)
  - Feeling of worthlessness or guilt
  - Suicidal ideas

# DEPRESSION – 6

- Somatic symptoms resemble those of cancer:
  - Anorexia
  - Weight loss
  - Constipation
  - Sleep disturbance
  - Loss of libido

# DEPRESSION – 7 (Organic disorders)

- **Epilepsy** (high suicidal rate)
- **Brain tumours** (Supratemporal and Frontal lobe)
- **CVA**
- **Head Injury**
- **Parkinson's Disease**
- **Multiple Sclerosis** (1/3, highest incidence)
- **MND**
- **Cancer** (Pancreas, Lung)

# DEPRESSION - 8

- MANAGEMENT:
  - Social interaction
  - Psychological support
  - Medical supervision

# DEPRESSION - 9

- **Drugs:**
  - **Receptor Antagonists** (Mirtazapine, Trazadone)
  - **SSRI** (Fluoxetine, Paroxetine, Citalopram)
  - **Reuptake inhibitors** (Amitriptyline, Venlafaxine, Dothiepin)
  - **Noradrenaline inhibitors** (Lofepramine)
  - **Enzyme inhibitors** (Moclobemide)

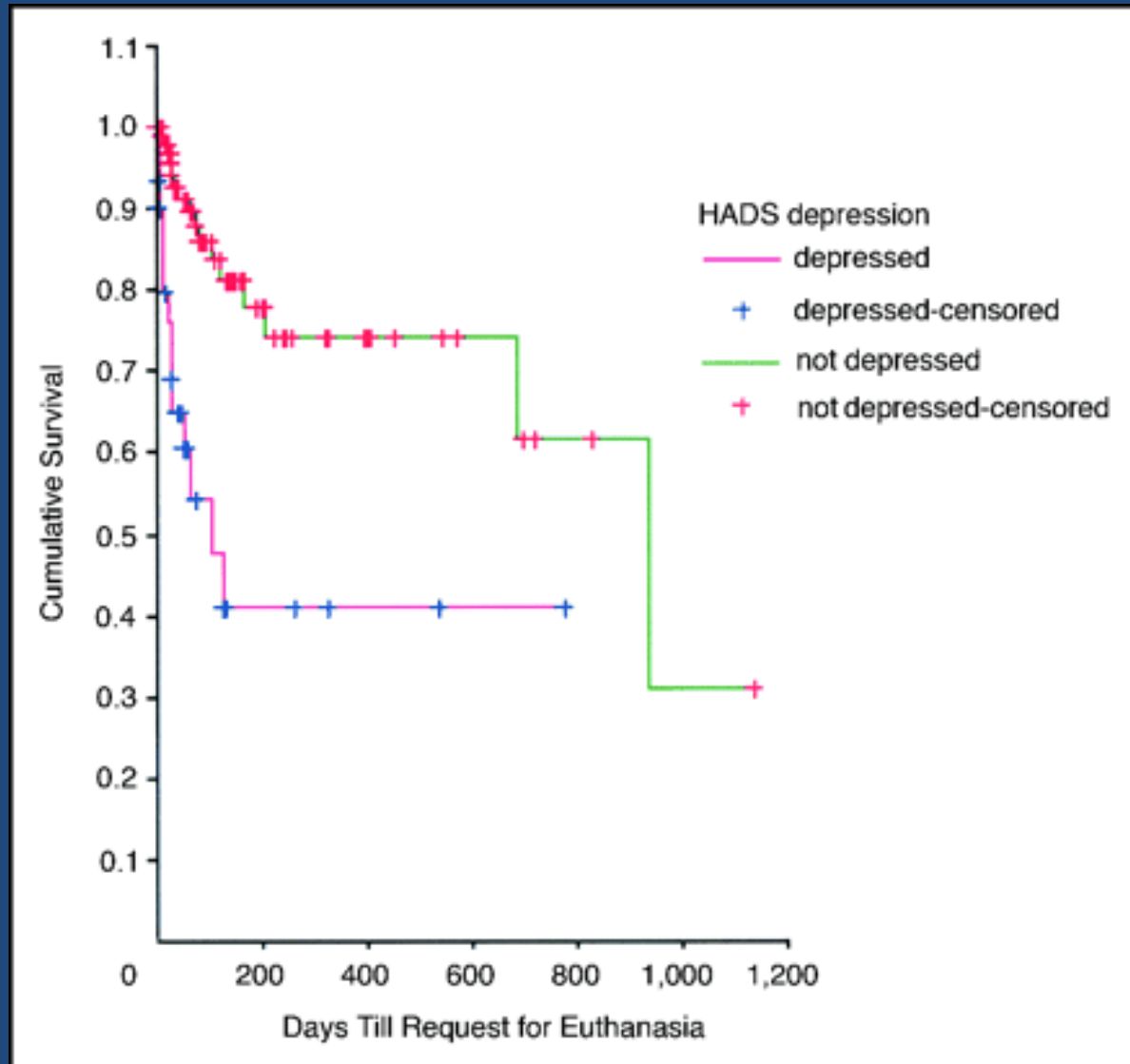
# DEPRESSION – 10

- Drugs:
  - St John's wort
  - **Psychostimulants** (Methylphenidate – drug of choice - Mental disorders in terminally ill consensus group 2000)
  - **Corticosteroids**

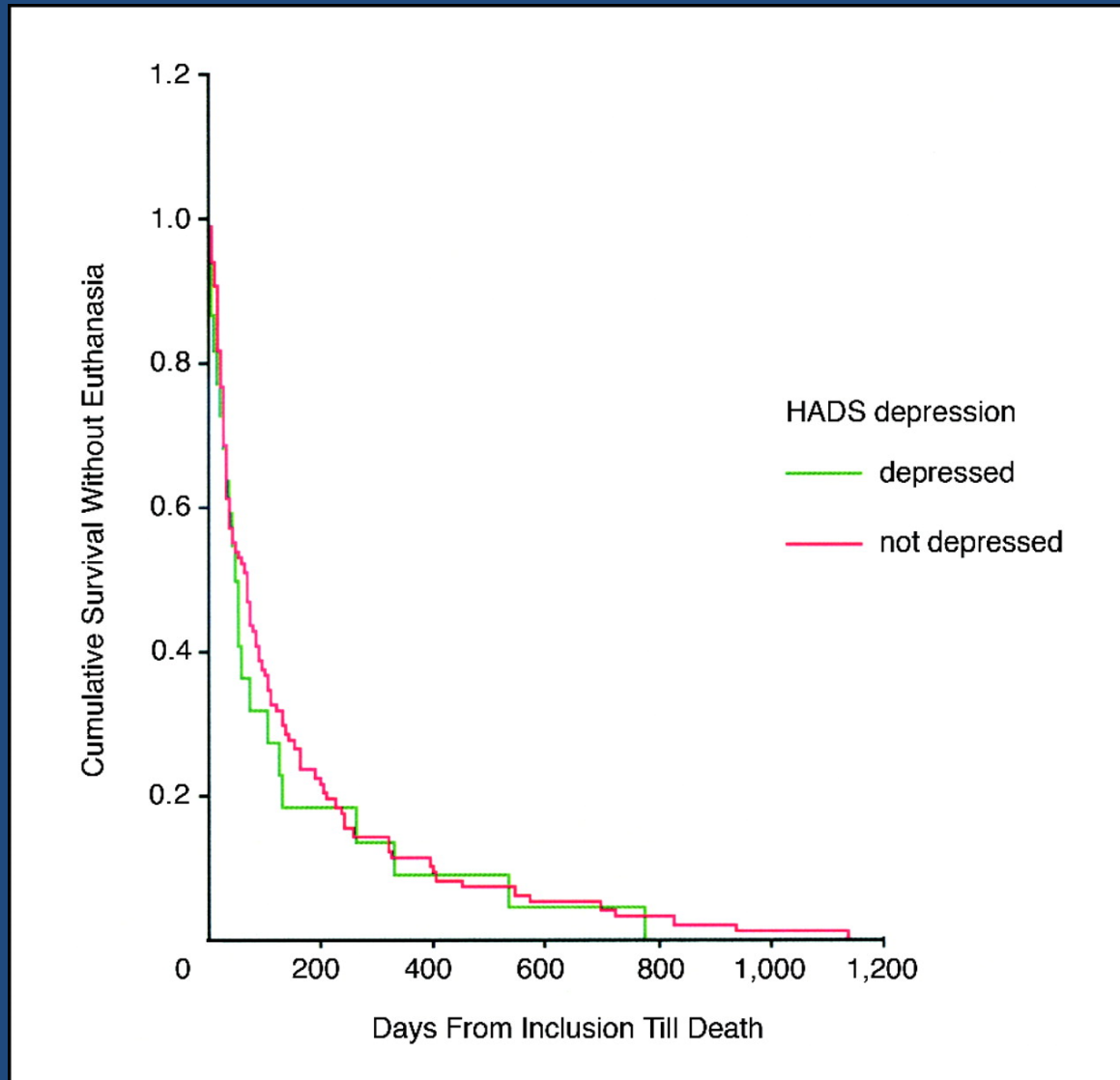
# WHY TREATING DEPRESSION IS IMPORTANT?

- **Euthanasia and Depression: A Prospective Cohort Study Among Terminally Ill Cancer Patients**
- Marije L. van der Lee, Johanna G. van der Bom, Nikkie B. Swarte, A. Peter M. Heintz, Alexander de Graeff, Jan van den Bout
- *Journal of Clinical Oncology 2005, 23:27; 6607-6612*

# Marije L. van der Lee et al 2005



# Marije L. van der Lee et al 2005



# DIFFICULT DISCUSSIONS

- Communication
- Empathy
- Courage
- Patience
- Team membership
- Self knowledge
- Reflection

[www.mrsanguine.com](http://www.mrsanguine.com)



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