

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The overall composition is clean and modern, with the text centered in the white space.

Caring for the Mind: Managing Depression and Anxiety

Highlights from 2017 ONS Congress

Mood and Anxiety Disorders:

▶ Symptoms of mood disorders

- ▶ Non-reactive mood, worthlessness, guilt, loss of interest, weight gain or loss, appetite gain or loss, psychomotor retardation, increase or decrease in sleep, poor concentration, loss of interest in prior pleasures, thoughts of death; need to rule out manic symptoms and rule out suicidality.
- ▶ Also consider other treatable causes for mood problems such as steroid use, opioids, benzos, anti-neoplastics, metabolic abnormalities, and consider the type of tumor (pancreatic, CNS, lymphoma)

▶ Psychological manifestations of anxiety disorders

- ▶ Worry, free floating anxiety and ruminations

Physical manifestations:

- ▶ Tachycardia, tachypnea, shortness of breath, tremors, insomnia, anorexia. These symptoms exist in 30% or more in our patients

Remember- Anxiety is not always a bad thing- it can enhance motivation

Suicidal Ideation:

- ▶ Our patients are at a very HIGH RISK for suicide
- ▶ It is important to differentiate between passive suicidal thoughts (“it would be better if I didn’t wake up”) and more active suicidal thoughts (assess whether the patient has a plan, and has the intention to carry out a specific plan)
- ▶ Risk factors include a history of depression/ suicide ideation, or prior suicide attempt, advanced disease, social isolation, age over 55, male gender, uncontrolled pain, physical and emotional exhaustion, delirium, alcohol and substance abuse
- ▶ Refer to a psychiatrist or ED immediately if you are concerned for your patient’s safety

Psychopharmacology

- ▶ The primary use of medication is to address the psychiatric symptoms
- ▶ They can also be helpful in managing non- psychiatric symptoms and treatment side effects such as cancer- related fatigue, sleep disturbances, nausea, anorexia, weight loss, pain, and hot flashes.
- ▶ At least 50% of all cancer patients receive at least one psychiatric medication during their treatment
- ▶ Keep in mind the type of medication you are using, and how it interacts with other medications- including herbals and homeopathic remedies.

Antidepressants

- ▶ SSRI's (Prozac, Zoloft, Celexa, Lexapro, Cymbalta)
 - ▶ Helpful for depressive symptoms and chronic, recurrent anxiety.
 - ▶ Encourage patients to maintain daily dosing. Start out low and go slow titrating dose. Sudden stop can cause mania in bipolar patients
 - ▶ Watch for GI symptoms, sedation, sexual dysfunction, headache
- ▶ SNRI's (Effexor)
 - ▶ In very low dose, useful in hot flashes, but can cause terrible withdrawal syndrome, and can increase BP
- ▶ Tricyclics (Elavil, Sinequan, Tofranil, Pamelor)
 - ▶ Useful for neuropathic pain
 - ▶ Anticholinergic side effects; watch for orthostatic hypotension, sedation, dry mouth, blurry vision, urinary hesitancy and constipation

Anxiolytics and Stimulants

- ▶ Benzodiazepines (ativan, klonopin, valium, no xanax)
 - ▶ Most commonly used for generalized anxiety, nausea, anticipatory anxiety (i.e. prior to testing), muscle spasm, ETOH withdrawal. Should not be used more than 2 weeks.
 - ▶ Side effects include sedation, dizziness, ataxia with frequent falling, amnesia, irritability, disinhibition, disorientation, delirium (especially in the elderly)
- ▶ Stimulants (Ritalin, Dexedrine, Adderal, Provigil)
 - ▶ Can help with cancer- related fatigue, appetite stimulation, combats sedating effects of high doses of narcotics, and may help decrease “chemo brain”
 - ▶ Side effects can include anxiety, agitation, restlessness, insomnia, elevated HR & BP, and also has potential for abuse

Tranquilizers, Antipsychotics, and Sleepers

- ▶ Tranquilizers and antipsychotics
 - ▶ Multiple uses- anxiety refractory to benzos, can treat side effects of steroids, Haldol can be useful as an antiemetic, and can also treat hiccups
 - ▶ Adverse effects include metabolic syndrome, weight gain. Watch for extrapyramidal side effects (restlessness, tremor, Parkinson-like symptoms) and hypotension
- ▶ Sleepers
 - ▶ Need to rule out other causes of sleep disturbances such as steroid use, hot flashes and menopausal symptoms, sleep apnea, restless leg syndrome and pain
 - ▶ Ambien is NOT the preferred drug of choice- amnestic effects, accidents, night time eating, and short duration of action.
 - ▶ Better alternatives include Trazadone, Neurontin, Mirtazapine, Melatonin

Non- pharmacologic Interventions

- ▶ Supportive Psychotherapy
- ▶ Cognitive Behavioral Therapy- goal is to enhance a sense of control and self-efficacy. Techniques designed to modify specific emotions, thoughts, behaviors and social problems; use in depression, anxiety, distress
- ▶ Stress Reduction exercises- increases mindfulness, meditation, guided imagery, biofeedback
- ▶ Support Groups- many offered through Cancer Family Care, American Cancer Society
- ▶ Exercise- improves energy, sleep and immune function; decreases fatigue, pain, anxiety and depression
- ▶ Complementary Treatments- massage, acupuncture, reflexology, yoga, music and dance therapy, art therapy, journaling

Where Resilience Comes In

- ▶ Resilience: the ability to resist, absorb, recover from or successfully adapt to adversity or a change in conditions.
- ▶ If distress among cancer patients can be moderated by a sense of emotional self-efficacy in coping with the disease, then interventions to bolster emotional self-efficacy might reduce psychological symptoms.
- ▶ Resilience is not the mere absence of risk or vulnerability, but rather the presence of protective factors. Promoting positive psychosocial outcomes is just as critical as minimizing negative ones.
- ▶ Resilience as a Trait:
 - ▶ Hardiness, self-esteem, strong social support, generally optimistic, positive affect, humor, prior expectations of illness

Why and how do some individuals manage to maintain high self-esteem and self-efficacy in spite of facing the same adversities that lead other people to give up and lose hope?

Can Resilience Be Learned?

- ▶ Adversity, through resilience mechanisms, can be reframed and transformed into a possibility that one can learn from. Resilience can be attained through a process of disruption and regrouping, and develop over time with coping strategies, social support, and provider interactions
- ▶ Try not to look at what creates a decline in QOL, but what improves QOL, and research how to help strengthen patient's resilience mechanisms. This may include group therapy, meaning- making interventions, psychospiritual interventions, and dignity therapy.
- ▶ Resilience as an Outcome:
 - ▶ Post traumatic growth, cognitive adaptation, positive illusions, thriving, benefit-finding, and absence of psychosocial distress

Approaches to promote resilience

- ▶ Enables our patients to feel a sense of control over their circumstances.
 - ▶ enhance sleep
 - ▶ encourage exercise
 - ▶ Improve nutrition
 - ▶ ensure psychological/ emotional outlets
 - ▶ teach stress mitigation- mindfulness apps, guided meditation, tai chi, yoga

References

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2. *Psycho- Oncology, a Quick Reference on the Psychosocial Dimensions of Cancer Symptom Management*, Second Edition; ed. Holland, et al. Oxford University Press, 2015
3. *Psycho- Oncology (Textbook)*, Third Edition; ed. Holland et al. Oxford University Press 2015