



Psycho-Oncology in Hematology

Pr. Yves Libert
Institut Jules Bordet
Université Libre de Bruxelles
Belgium

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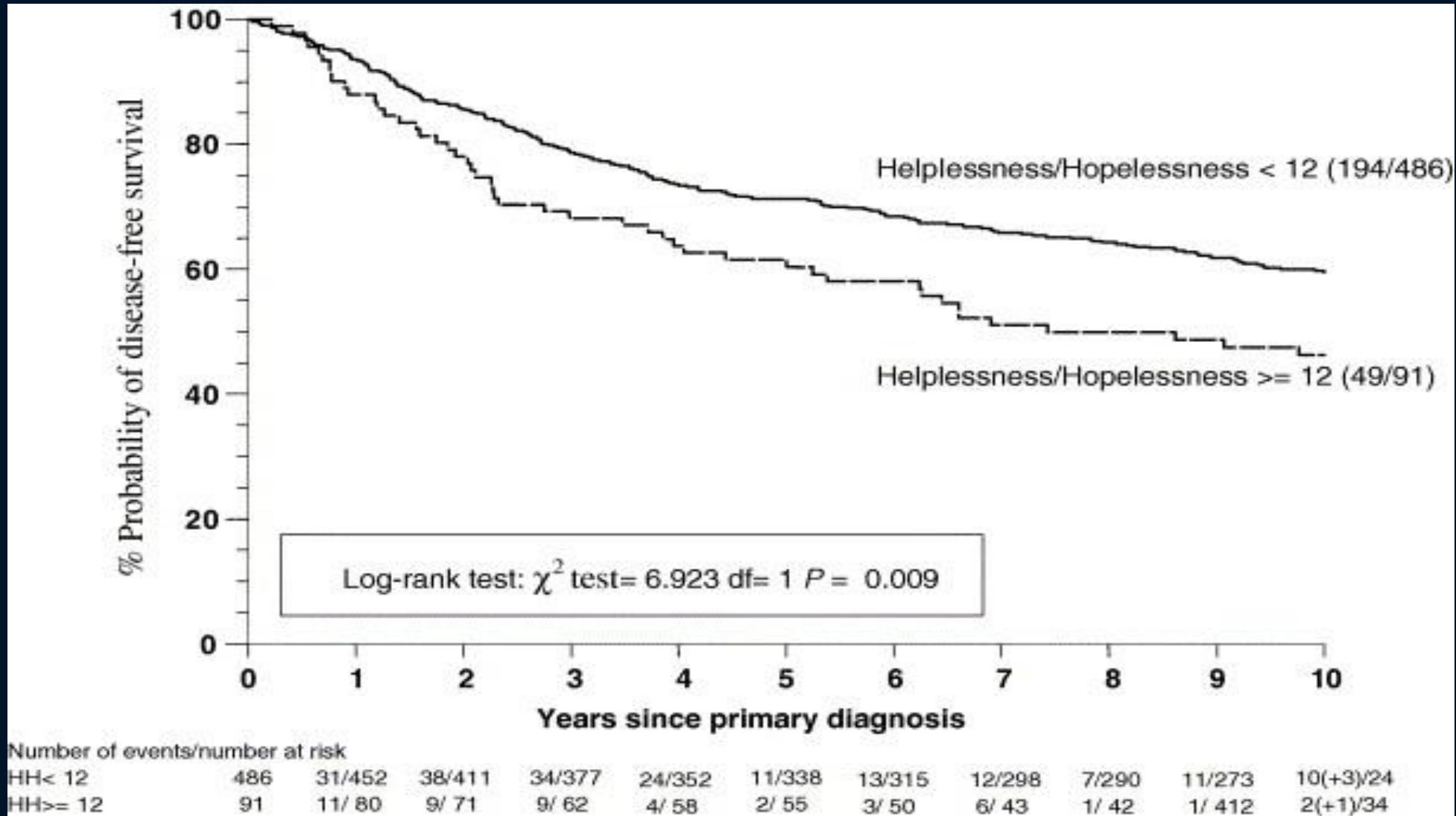
Psycho-Oncology

This area deals with the two psychological dimensions of cancer:

- the psychological and behavioral factors that influence cancer risk and survival (psychobiological)
- the patients', families' and staff's emotional reactions to cancer and its treatment (psychosocial)



Psychobiological dimension



Psychobiological dimension (n=193)

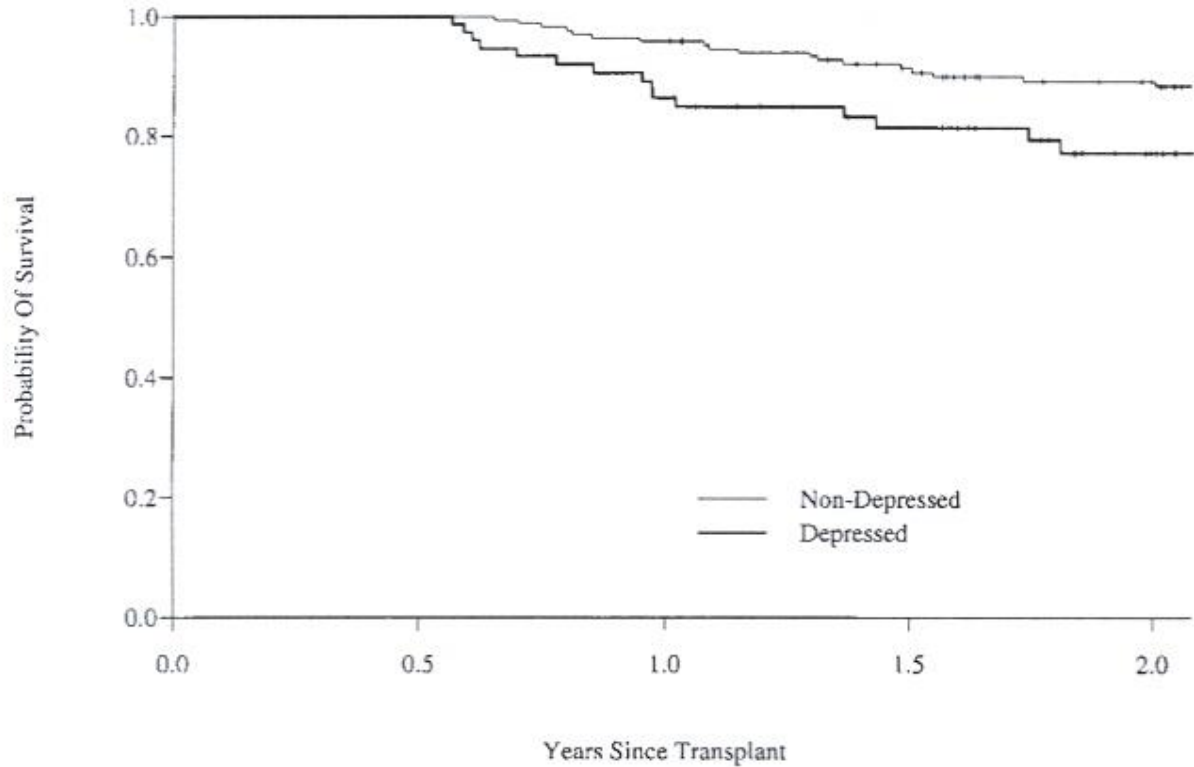
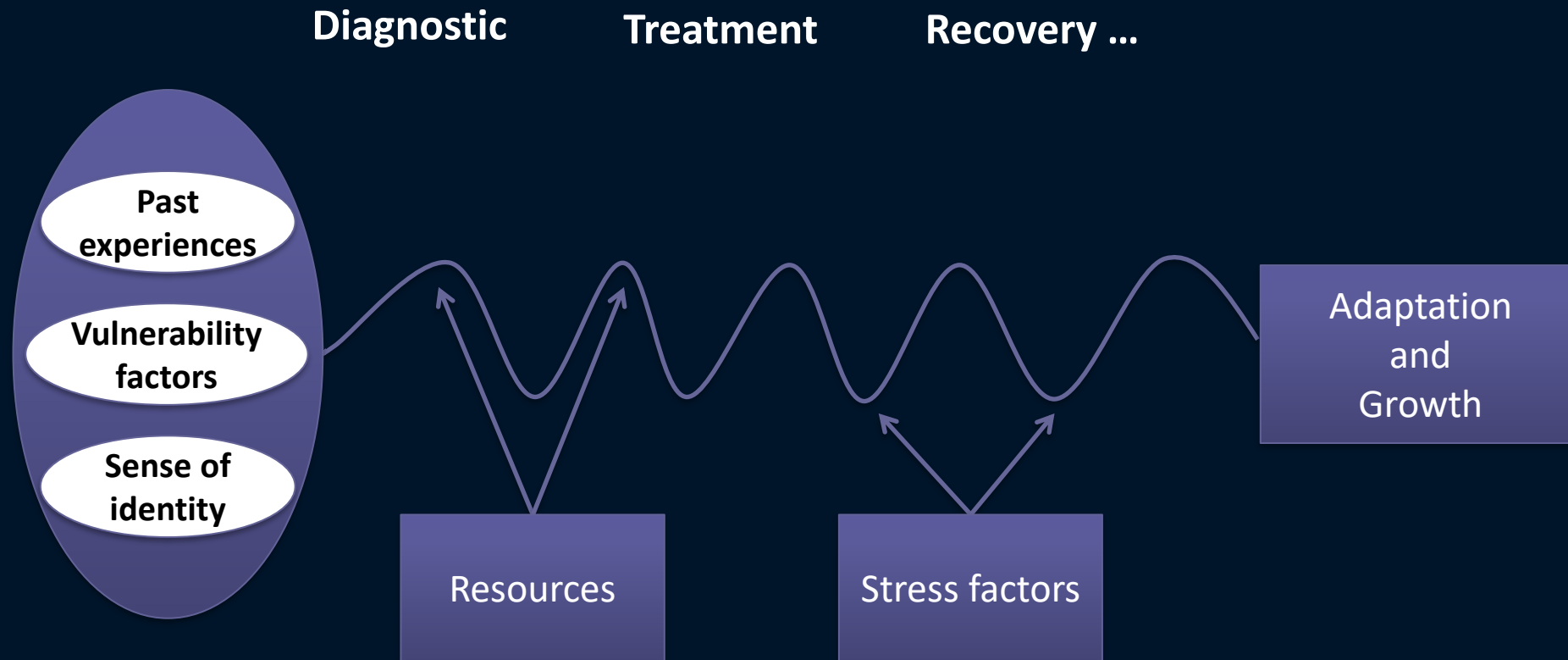


Fig 2. Adjusted Kaplan-Meier plot of survival probability between depressed and nondepressed patients.

94% *versus* 85%

Depressed patients have a three-fold greater risk of dying than nondepressed patients between 6 and 12 months after adjusting for other prognostic factors

Patients reactions to cancer & treatments



Patients reactions to cancer & treatments

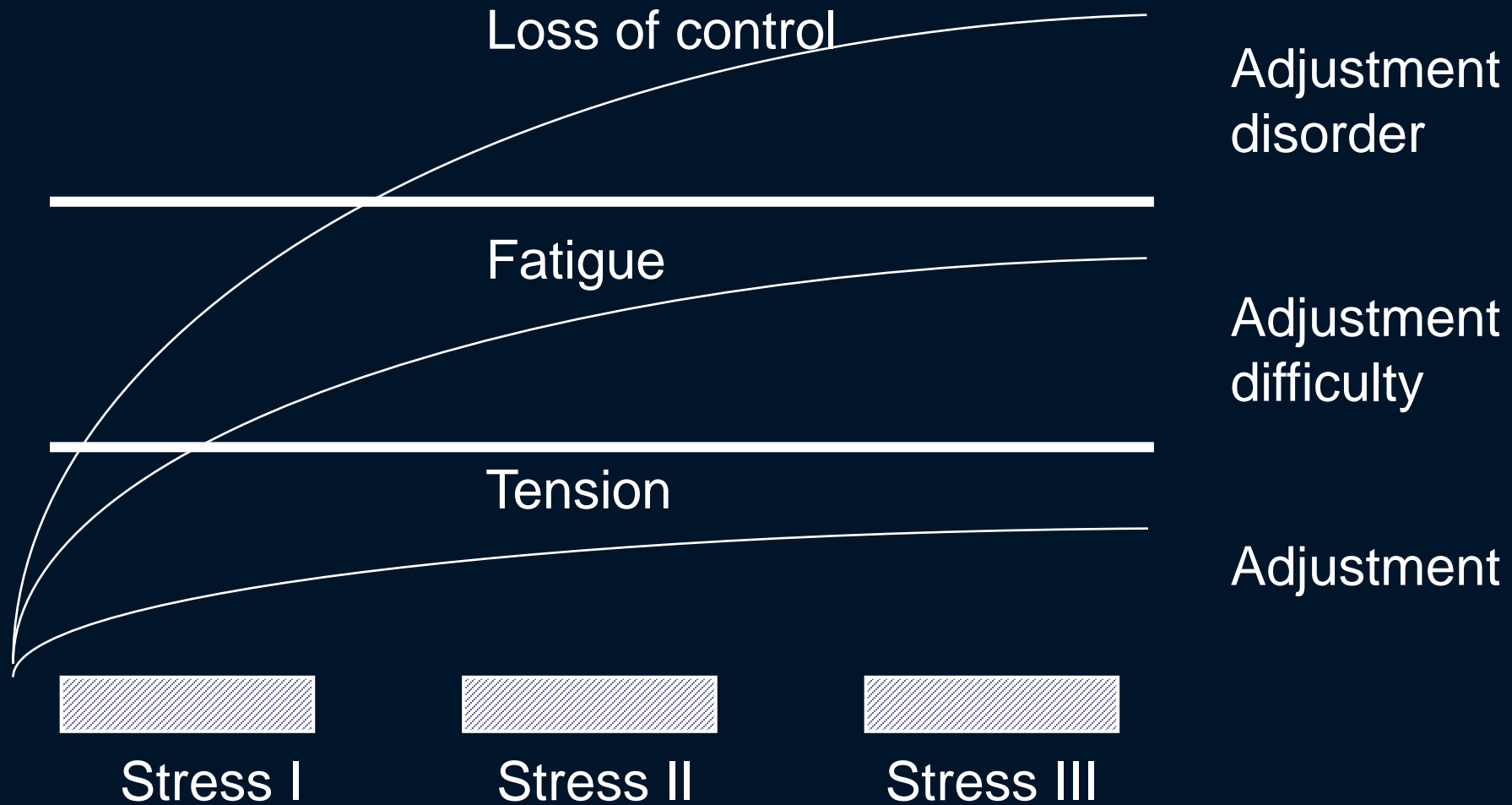
Distress is a normal response but may lead to adaptation difficulties with negative impact on

- the quality of life of patients and their families
- the patients' compliance with treatment
- a patients' wish to stop treatment

Characterized by:

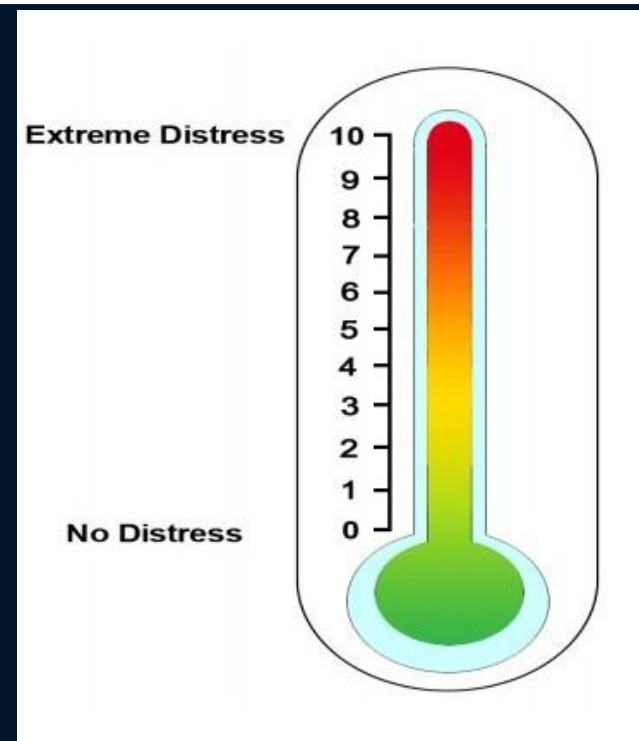
- A sense of loss of control
- Anxiety
- Sadness
- Ruminations
- Irritability
- Sleep problems...

Patients reactions to cancer & treatments



Patients reactions to cancer & treatments

| | Patients | |
|------------------------------|------------|-----------|
| | n | % |
| Adjustment | 189 | 50 |
| Adjustment difficulty | 98 | 26 |
| Adjustment disorder | 94 | 24 |



Patients reactions to cancer & treatments: Cytokine induced sickness syndrome

- Anhedonia
- Fatigue
- Anorexia
- Sleep disturbance
- Cognitive disturbance
- Decreased libido
- Hyperalgesia

These symptoms are common in psychiatric disturbances

End of treatment



- ◉ Lazarus syndrome: transition from illness to health
- ◉ Survivor's syndrome:
Identity confusion: neither sick nor healthy
New status
- ◉ Paradoxical time period
- ◉ Rehabilitation time period

Sequelae of cancer treatment

Physical sequelae

- Fatigue
- Pain
- Induced menopause
- Sexual disorders
- Sleep disorders
- Cardiovascular frailty
- ...

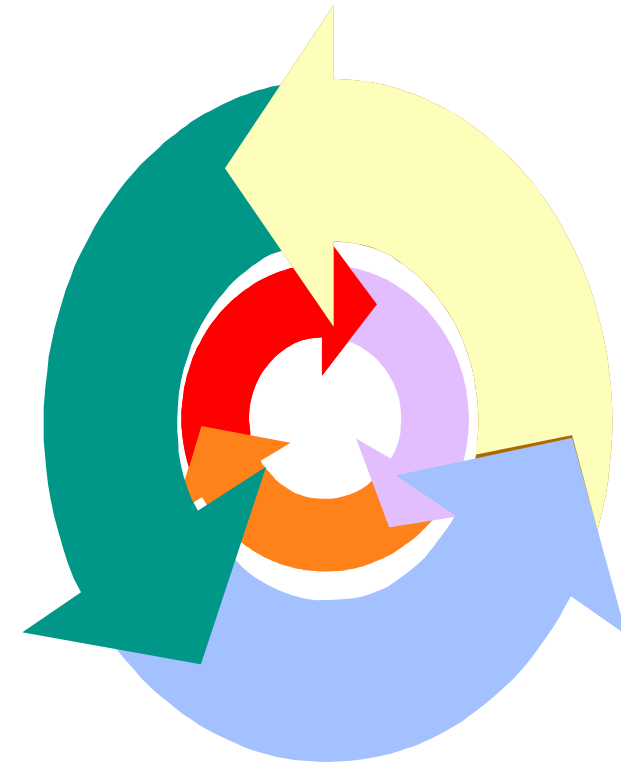
Psychological sequelae

- Fear of death
- Anxiety
- Depression
- Distorted self-image
- Uncertainty intolerance
- Cognitive difficulties
- ...

Sequelae of cancer treatments

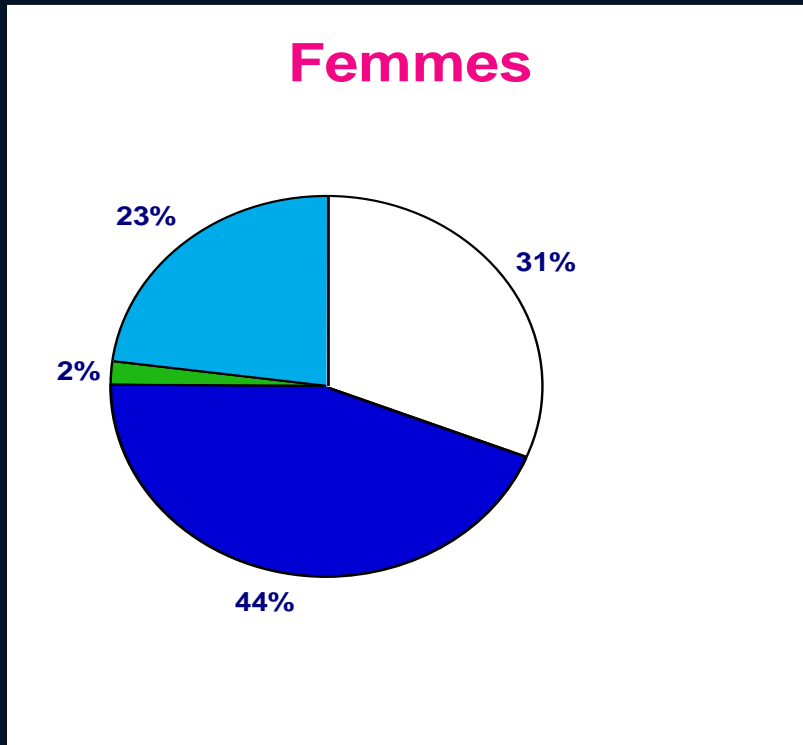
Social sequelae

- ❑ Distance with hospital
- ❑ Decrease of social support
- ❑ Communication with relatives
- ❑ Stigmatization
- ❑ Return to work
- ❑ Return to community activities
- ❑ ...

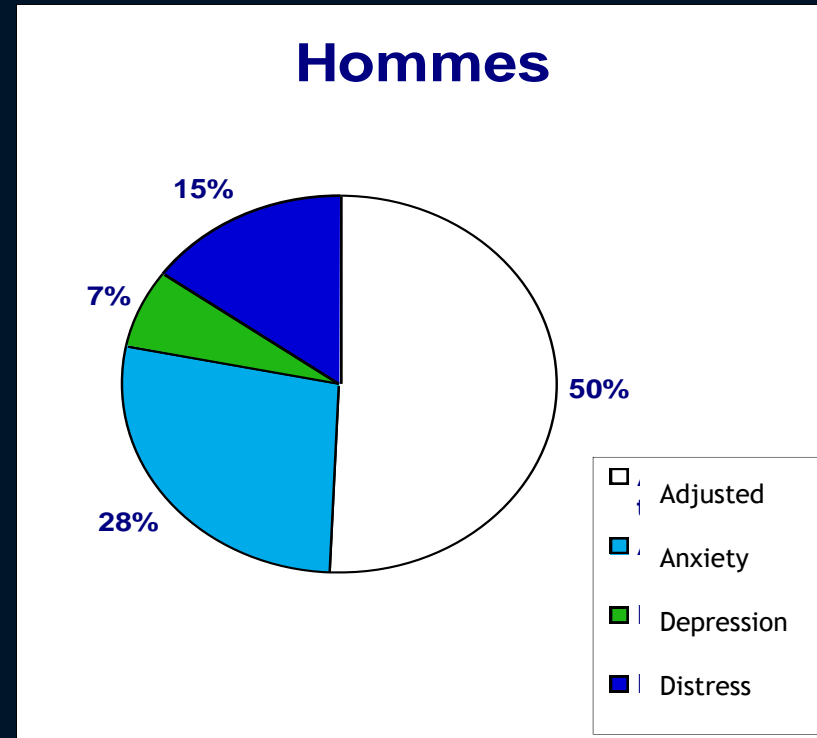


Patients desire for a psychological support

- 26% reported a desire for a psychological support

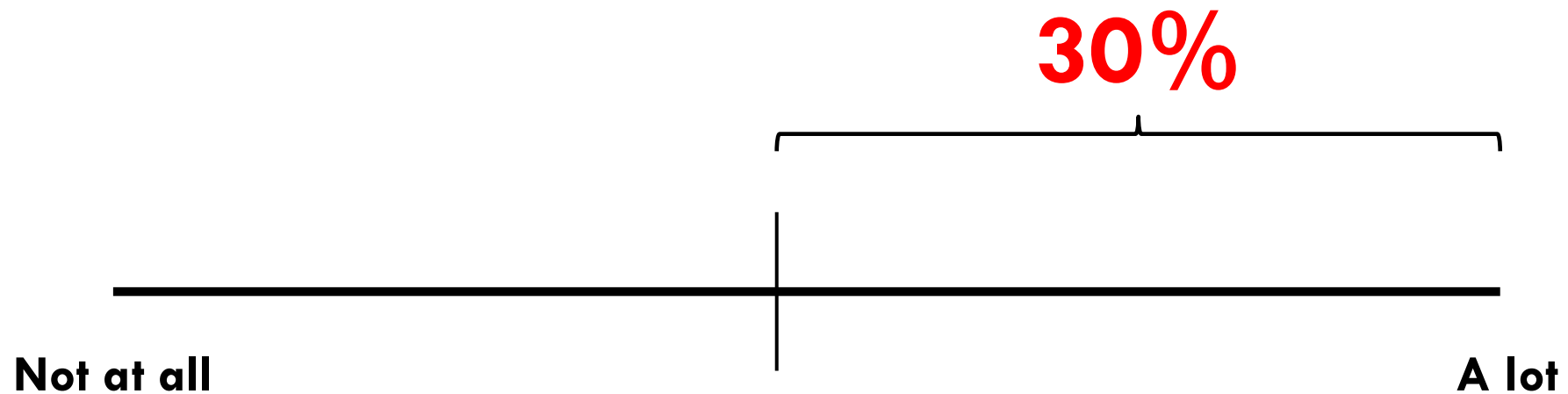


- 10% reported a desire for a psychological support



Self-perceived burden to the primary caregiver

I have the feeling to be a burden for my primary caregiver



Caregiver involvement in cancer care

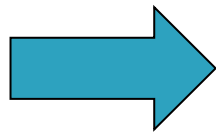
Increase in outpatients cancer care

General decrease in length of hospital stay

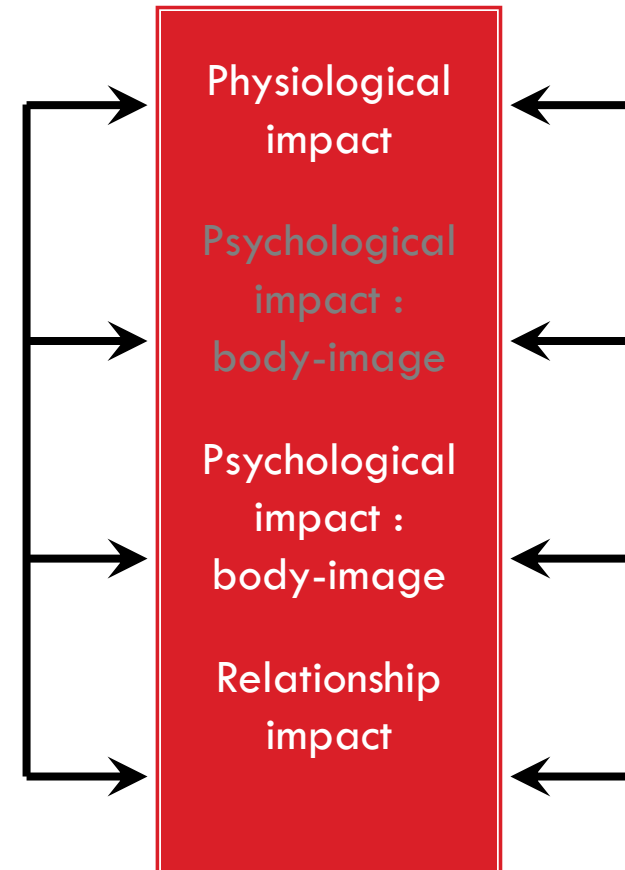
Increase in length of some hospital stay

Increase in cancer patients' life-expectancy

Increase in home-based care

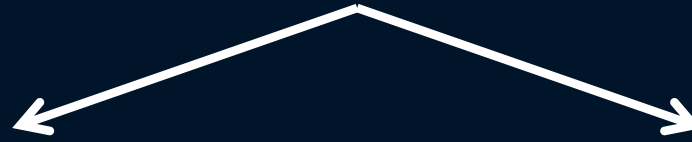


Increase in logistic and emotional tasks undertaken by family members



Caregiver involvement in cancer care

Dual task of the caregiver



To cope with cancer

To give support

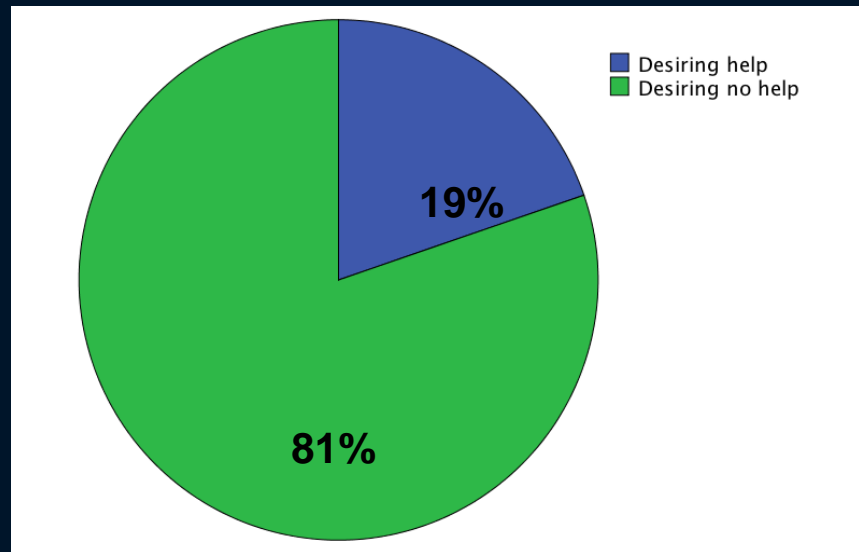


Optimal cancer care

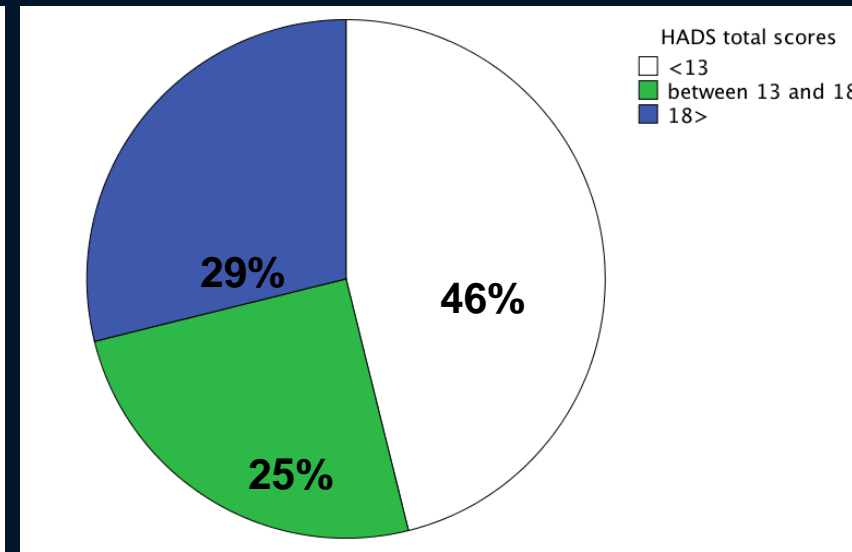
Patients & caregivers reactions to cancer and its treatments

| | Patients | | Caregivers | |
|------------------------------|------------|-----------|------------|-----------|
| | n | % | n | % |
| Adjustment | 189 | 50 | 131 | 46 |
| Adjustment difficulty | 98 | 26 | 71 | 25 |
| Adjustment disorder | 94 | 24 | 82 | 29 |

Desire for psychological support: caregivers



Percent of caregivers desiring psychological support



Percent of caregivers reporting psychological distress



Caregivers' age

(OR=0,95; from 0,93 to 0,96; p<0,001)

COMMON PSYCHOLOGICAL SUPPORT INTERVENTIONS IN ONCOLOGY

| Type of Interventions | Non Directive | Directive |
|--|--|--|
| <p>Individual</p> <p>and/or</p> <p>Family</p> <p>and/or</p> <p>Group</p> | <p>Information</p> <p>Education</p> <p>Counseling</p> <p>Psychotherapy</p> <p>Supportive</p> <p>Dynamic</p> <p>Self Help</p> | <p>Behavior Therapy</p> <p>Hypnosis</p> <p>Relaxation</p> <p>Progressive Muscle Relaxation</p> <p>Electromyographic</p> <p>Biofeedback</p> <p>Guided Imagery</p> <p>Systematic Desensitization</p> <p>Distraction</p> <p>Cognitive Therapy</p> |

Being HCP in cancer care today

- **Knowledge boom**
- **Time pressure**
- **Reduced perceived control**
- **Physical & psychological insecurities**
- **Low valorization**
- **Depersonalization**
- **Low value for creativity**
- **Relational challenges**
- **Unclear professional perspectives**

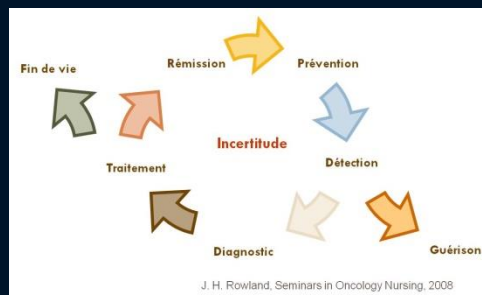
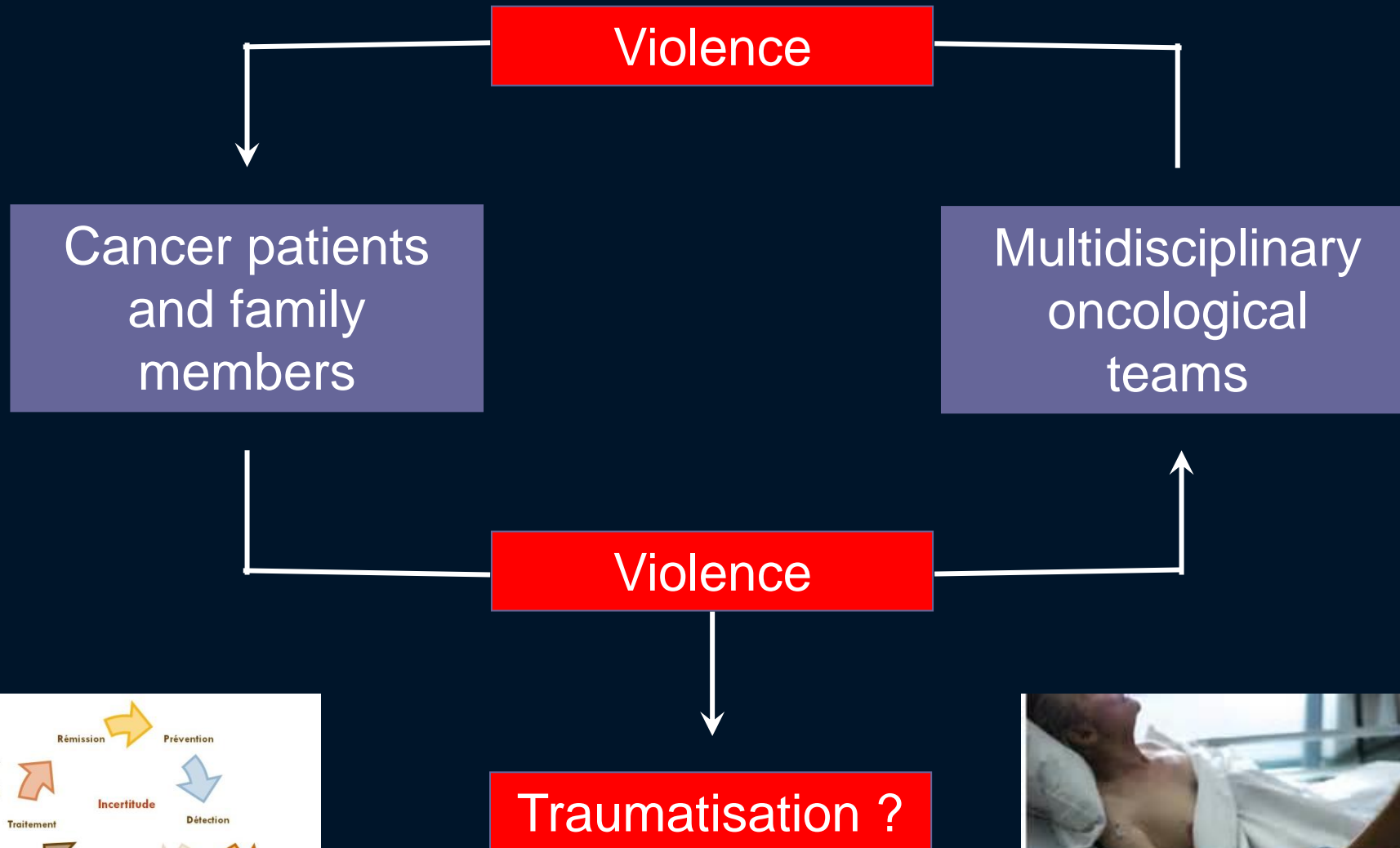


Being HCP in cancer care today

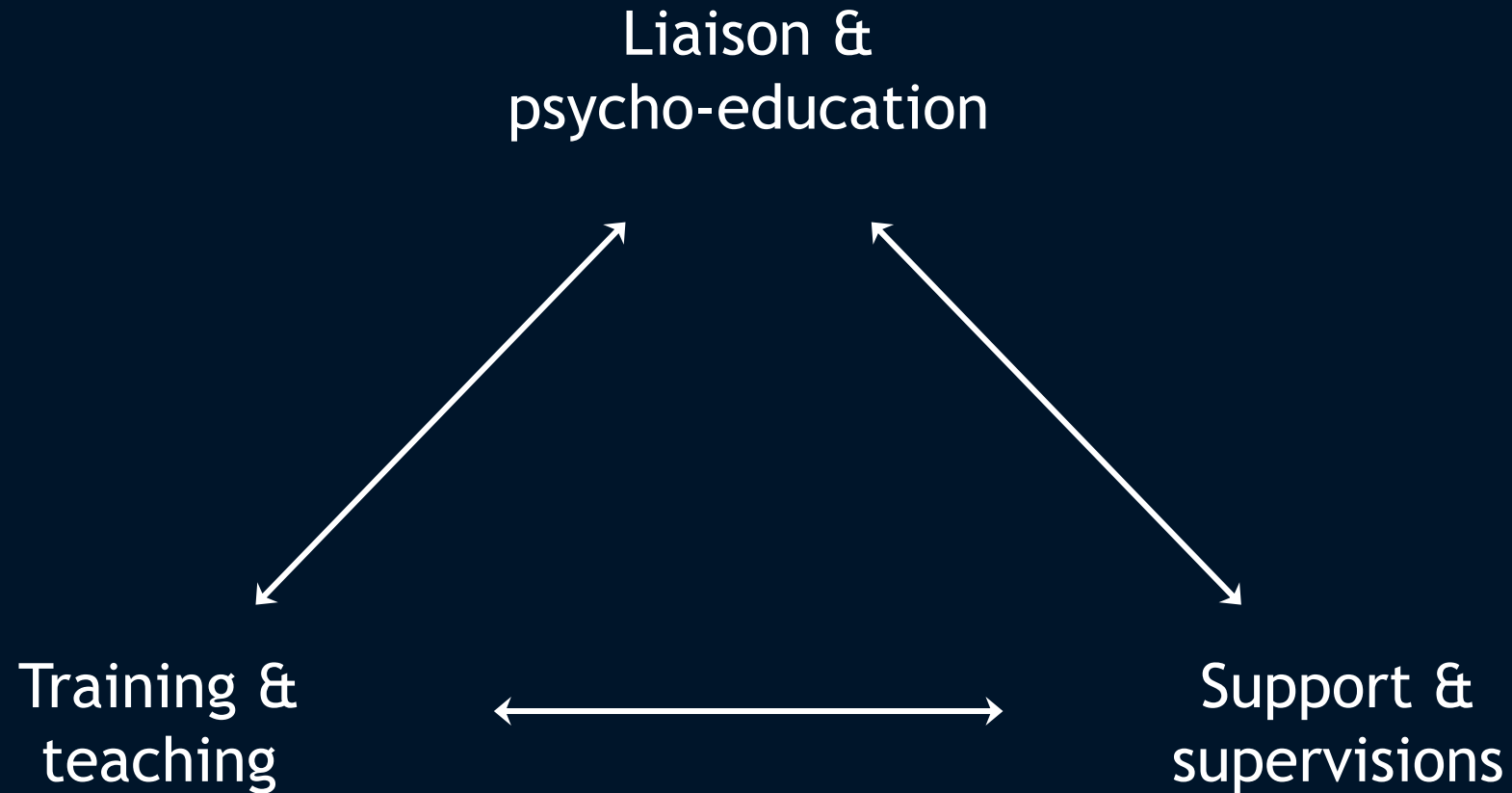
- Offers meaning
- Supports self-esteem
- Is altruistic
- Is stimulating (cognitive and emotional)
- Is involving (cognitive and emotional)
- Brings a human return
- Involves collaboration
- Leads to humility
- Stimulates positive reinterpretation



Professional violence in oncology



Psychological interventions for HCP



Communication skills training

Breaking bad news

Detecting fear, anxiety and depression

Responding to fear, anxiety and depression

Coping with difficult patients and relatives

- Non compliance

- Denial

Negotiating treatment and death issues

- Shared decision-making

- Informed consent

- End-of-life decisions

Psychological interventions for patients and caregivers

