PSYCHOONCHOLOGY: PRINCIPLES AND ROLES

MOHAMMAD ARBABI,ASSOCIATE PROFESSOR OF PSYCHIATRY,TUMS

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HISTORY

- In 1800s cancer was as the equivalent of death
- Radiotherapy and chemotherapy need open dialogue
- Post World war II :visitor program
- Self help group was formed by patients

A SHORT HISTORY

- **Mid 1970**

-stigma of cancer and psychiatric illness diminished to allow the psychological impact of camncer to be disscussed

- **1975**

-first national research conference of psycho onchology(San Antonio)

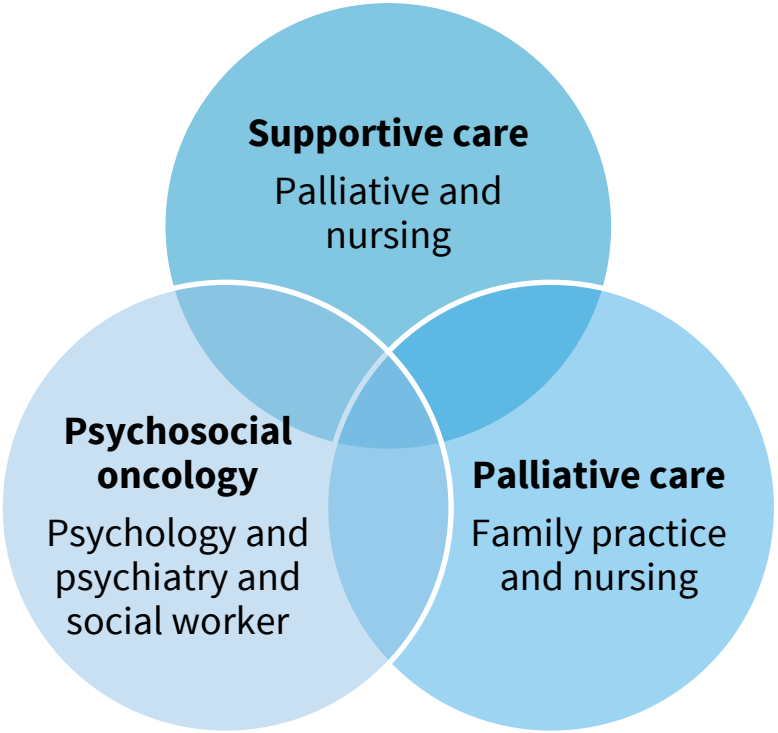
-formal beginning of psychoonchology

OVERVIEW

- **Psychosocial oncology**
- **The principles and practice of psychosocial oncology**


ONCHOLOGY
Radiation
Medical
Surgical

ONCOLOGY


Supportive care
Palliative and nursing
Psychosocial oncology
Psychology and psychiatry and social worker
Palliative care
Family practice and nursing

DEFINITION

The study and practice of the psychological and psychiatric aspects cancer

DEFINITION

The domain includes the formal study ,understanding and treatment of the social,psychologiccal,emotional and functional aspects of cancer from prevention to bereavement

PSYCHOSOCIAL DISTRESS

- **Affect 50 % cancer patients**
- **Highest among patients with advanced disease and poor prognosis**
- **Less than 10% of patients are referred for psychosocial help**

ONCHOLOGISTS

- **An opportunity to access patients with psychosocial needs**
- **Change in disease trajectory**
- **A fresh to ask questions**
- **To help patients cope with treatment**
- **To improve the treatment**

PRINCIPLES AND PRACTICE

Who
What
how

WHO

- **Basic unit of care-patient and family**
- **Provider-any number of health care team**

WHAT

- **Distress(psychosocial)**
- **To encompass range of symptoms**
- **Move away from the stigma to psychiatric or psychological problems**

- **Detection**
- **Stressed out**
- **Angry**
- **Depressed**
- **Difficult**
- **Why is he alone**
- **The family is arguing**

Detection= screening

The 6th vital sign

INTERVENTION

- **Self help resources**
- **Specialzed services(pallitiave,pain,psychosocial)**
- **Consultation(to hear and education)**
- **Specialized intervention(psychotherapy,pharmacologicals,practical supprt)**

ROLE OF ONCOLOGIST

- **Building theraputic alliance**
- **Beginng**
- **Patients perspective**
- **Empathy**
- **Invest in the end**

PSYCHONCHOLOGY

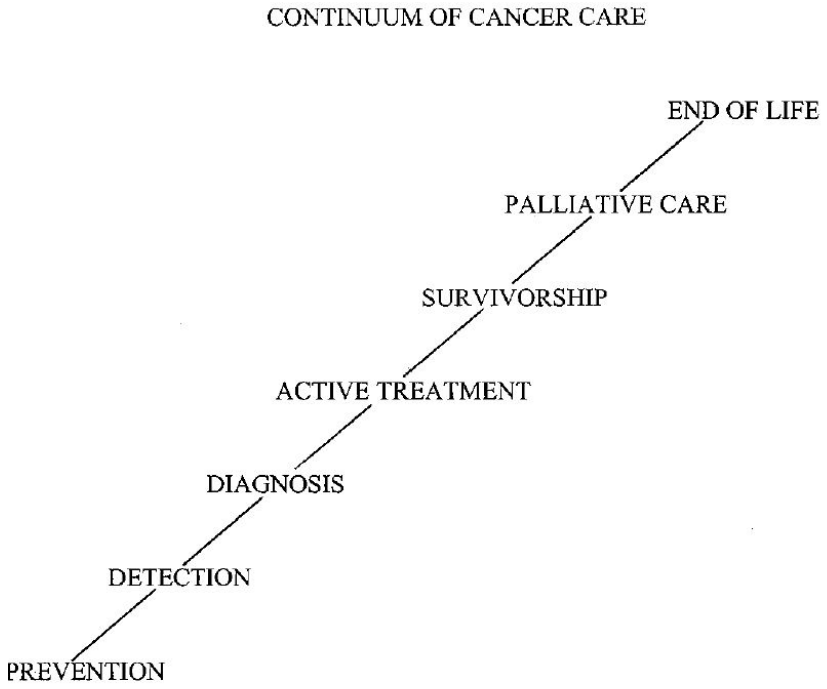


Fig. 3. Contemporary role of the psycho-oncologist.

Holland J,Psychosomatic medicine,2002

CANCER AND HOPE!

PSYCHONCHOLOGY

TABLE 1. Advances in Cancer Treatment and Changes Affecting Psychological Care in Cancer

Decade	Advances in Cancer Treatment	Societal Attitudes		Psychological/Psychiatric Care
		Cancer	Death	
1800s	Mortality high from infectious diseases; tuberculosis common	Cancer equals death; diagnosis not revealed	Patient is in "God's hands"; physician's role is to comfort; "death is part of life"; person died at home	Concern with major mental illness treated in asylums isolated from hospitals
	Effective cancer treatment unknown	Stigma, shame, guilt associated with having cancer; fears of transmission	Fatalism about cancer diagnosis; death is inevitable	By 1850s, efforts to bring psychiatry into medicine
	Introduction of anesthesia (1847) and antisepsis; opened way for surgical excision of cancer	Fatalism about cancer diagnosis		
1900s–1920s	Successful surgical removal of some early cancers	In 1890s, efforts in Europe and US to inform public of warning signs of cancer		First psychiatric unit in a general hospital, Albany, NY (1902)
	Radiation used for palliation			Psychobiological approach of Adolf Meyer
	ACS started in 1913	Era of home remedies and quack cures for cancer		Psychophysiologic approach to disease by Cannon
1930s	National Cancer Institute and International Union Against Cancer formed in 1937	ACS began visitor-volunteer programs for patients with functional deficits (colostomy, laryngectomy)	Deaths in hospitals; embalming, elaborate funerals; person "only sleeping" as euphemism for death	Beginning psychiatric consultation and psychiatric units in general hospitals through grants from Rockefeller Foundation
	Beginning of research in cancer treatment			Psychosomatic movement with psychoanalytic orientation
1940s	Nitrogen mustards, developed in WWII, found to have antitumor action	Pervasive pessimism of public and doctors about outcome of cancer treatment	Expression of grief encouraged; concern for handling of death	Search for cancer personality and life events as cause of cancer; efforts not related to cancer care
	First remission of acute leukemia by use of drug		Funeral "industry"	First scientific study of acute grief by Lindemann
				Role for social workers defined in US; important role in cancer care
1950s	Beginning of cancer chemotherapy; first cure of choriocarcinoma by drugs alone (1951)	Debates about the practice of not revealing cancer diagnosis; public is better informed	Post-WWII concerns about informed consent and patient autonomy	First papers on psychological reactions to cancer (1951–1952)
	Improvement of radiation therapy techniques			Psychiatrists favor revealing cancer diagnosis
				Biopsychosocial approach of Engel and his group in Rochester, NY
				First psychiatric unit established at MSKCC under Sutherland in 1951
				Feigenberg at Karolinska uses psychoanalytical approach with dying
1960s	Combined modalities lead to first survivors of childhood leukemia and Hodgkin's disease	More optimism about cancer; survivors' concerns heard	US federal guidelines for patient participation in research	Kubler-Ross challenged taboo of not talking to dying patients about their imminent death
	Hospice movement started	Public concern grows for prevention research in cancer		US Surgeon General's report on smoking and lung cancer (1964); behavioral studies of smoking
	Tobacco related to lung cancer			

PSYCHONCHOLOGY

TABLE 1. Advances in Cancer Treatment and Changes Affecting Psychological Care in Cancer *(Continued)*

Decade	Advances in Cancer Treatment	Societal Attitudes		Psychological/Psychiatric Care
		Cancer	Death	
1970s	National Cancer Plan (1972) with rehabilitation and cancer control; psychosocial included	Diagnosis usually revealed in US and several other countries	Prognosis more likely not revealed	First federal support for psychosocial studies
	Informed consent for treatment protocols; increased patient autonomy	Guidelines for protection of patients' rights	First hospice in US (1974)	First psychiatric comorbidity studies in cancer
			Guidelines for care of hopelessly ill (DNR) (1976)	First National Conference on Psychosocial Research (1975)
				Journal of Psychosocial Oncology is published
	Two cooperative groups, CALGB and EORTC, established committees to study quality of life and psychosocial issues	Women's, consumers; and patients' rights movements		Psychosocial Collaborative Oncology Group (1976–1981) and Project Omega at Massachusetts General Hospital (1977–1984)
				Psychiatry service at MSKCC established (1977)
1980s	ACS assisted development of psycho-oncology, sponsoring 4 conferences on research methods	8 million cancer survivors in US "out of closet"	Ethical issues explored; impact of US President's Commission for Study of Ethical Problems in Medicine	International Psycho-oncology Society (1984)
	ACS Peer Review Committee established for psychosocial research (1989)	National cancer survivors organizations		American Society of Psychosocial and Behavioral Oncology/AIDS founded (1986)
	Better analgesics and antiemetics developed	Concern for quality of life and symptom control increases	Health proxy assignment encouraged in US	Health psychologists contribute to clinical care and research in cancer
	US Federal Drug Administration designates quality of life change as bans for approval of new anticancer agents (1985)		US physicians required to discuss wishes about resuscitation (DNR)	Development of psychoneuroimmunology
				Handbook of Psychooncology published (1989)
	Pain initiatives for public and professional education			
1990–2000	Identification of genetic basis of many cancers and gene therapy	Increased public interest in cancer prevention, lifestyle changes, decreased smoking	Greater interest in end-of-life care; first Chair of Palliative Medicine in US	Greater range of psychosocial and behavioral interventions, especially groups
	Immunological therapies (monoclonal antibodies, allogeneic transplants)	Improved symptom control and palliative care; public debate over physician-assisted suicide	Improved treatment of pain, fatigue, nausea and vomiting, anxiety, depression, delirium	*Psycho-Oncology* journal published
				Standards of care and clinical practice guidelines for psychosocial distress (1998)
	Combined chemotherapy agents	Public fear of cancer diminished, but strong beliefs in psychological causes of cancer and as factors in survival		Research in psychological issues associated with genetic risk and testing
	Cytokines for marrow support during chemotherapy	Increased use of alternative/complementary therapies		
	Improved radiotherapy (brachytherapy, conformal)			Psychiatric complications of immunologic therapies (Interferon, stem-cell transplant)
	Laparoscopic surgery			Quality-of-life assessment with innovative therapies
	First decrease in cancer mortality			First Department of Psychiatry and Behavioral Sciences established in a cancer center (MSKCC, 1996)
				Research increases focus on behavioral aspects of cancer prevention

[a] ACS = American Cancer Society; CALGB = Cancer and Leukemia Group B; DNR = do not resuscitate; EORTC = European Organization for Research in the Treatment o Cancer; MSKCC = Memorial Sloan-Kettering Cancer Center.

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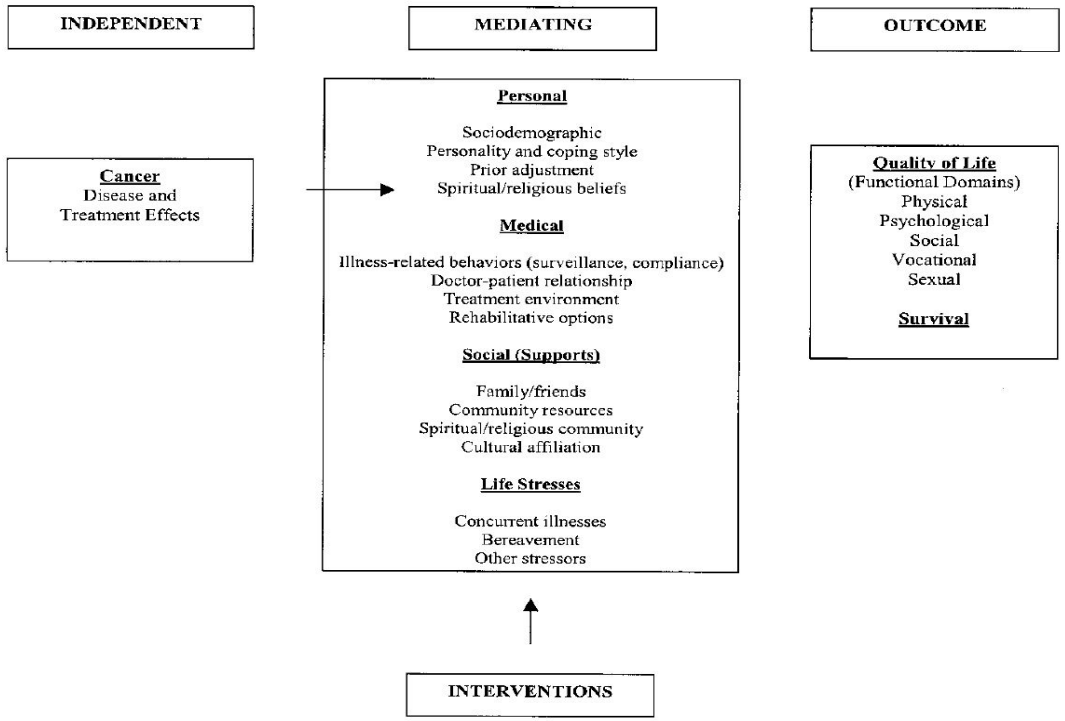

Fig. 2. Model of research in psycho-oncology.