

Oncologists Are Critical In Managing Psychiatric Disorders in Patients with Advanced Cancer

Atlanta 2007/09/10 -Mental illness and emotional distress in patients with advanced cancer are often overlooked by oncologists but, if screened for, can be adequately managed to improve a patient's quality of life. In an article published in the October 15, 2007 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society, Dr. Michael Miovic and Dr. Susan Block from the Dana Farber Cancer Institute and Brigham and Women's Hospital in Boston review the published literature of psychiatric illnesses in cancer patients.

They found that 50 percent or more of patients with advanced or terminal cancer suffer from at least one of three major psychiatric disorders: adjustment disorders, anxiety disorders and depressive disorders. These disorders have distinct symptoms that oncologists can screen for and manage through medications or referral to mental health professionals and/or support groups.

Though medical management of cancer has significantly improved in the last decade, integrating the management of related mental health issues has lagged. Studies demonstrate those depressive symptoms impact patients' attitudes toward life and death, as well as quality of life, even more so than pain. Despite available effective therapies, less than half of patients with advanced cancer under the care of oncologists receive treatment.

More than 30 percent of patients with advanced disease and almost 20 percent of patients with terminal disease suffer from an adjustment disorder, consisting of symptoms of emotional distress such as irritability, mood swings, anxiety, or sleep disturbance. Additionally, up to 30 percent of patients with advanced disease and 20 percent of patients with terminal cancer are affected by a depressive disorder, such as major depression. Also, anxiety disorders affect nearly 10 percent of patients with advanced disease and 14 percent of patients with terminal cancer.

The most important screening tool for the oncologist is communication. "By listening," explained the authors, "the physician provides the patient a chance to be heard and understood, explore fears and concerns, mourn losses, articulate hopes and final wishes and share the unique meaning that illness has for each individual."

This review provides oncologists with an instructive framework from which to screen and manage their patients. Drs. Miovic and Block conclude, "oncologists can help reduce psychological distress in patients with advanced cancer through effective communication, providing routine emotional support, screening for psychiatric disorders, appropriately prescribing anxiolytic and antidepressant medications, referring patients to support groups, collaborating with mental health professionals, and dealing with end-of-life issues."

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