



# Identifying and responding to distress and depression

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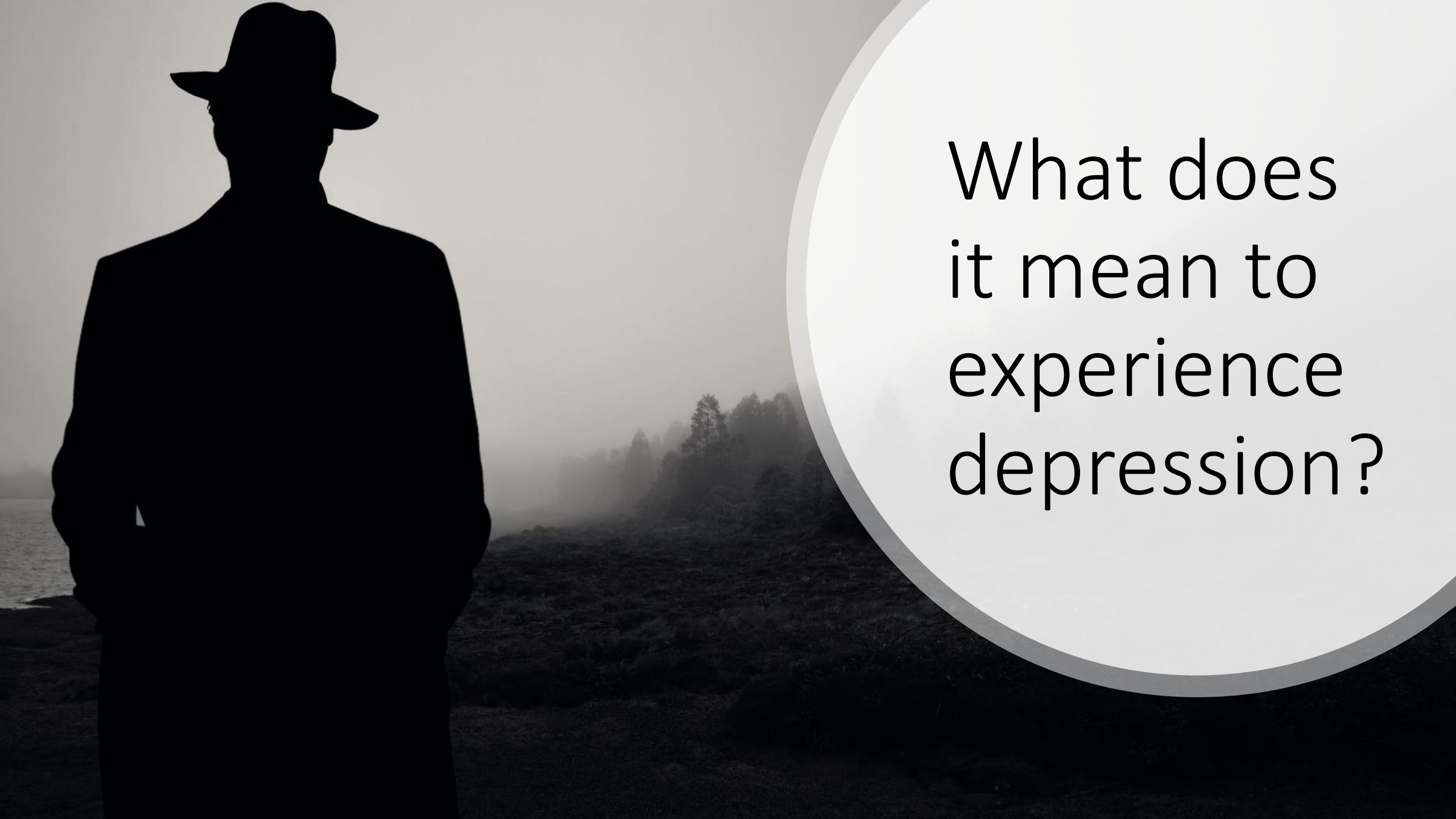


# Psychological impact of cancer

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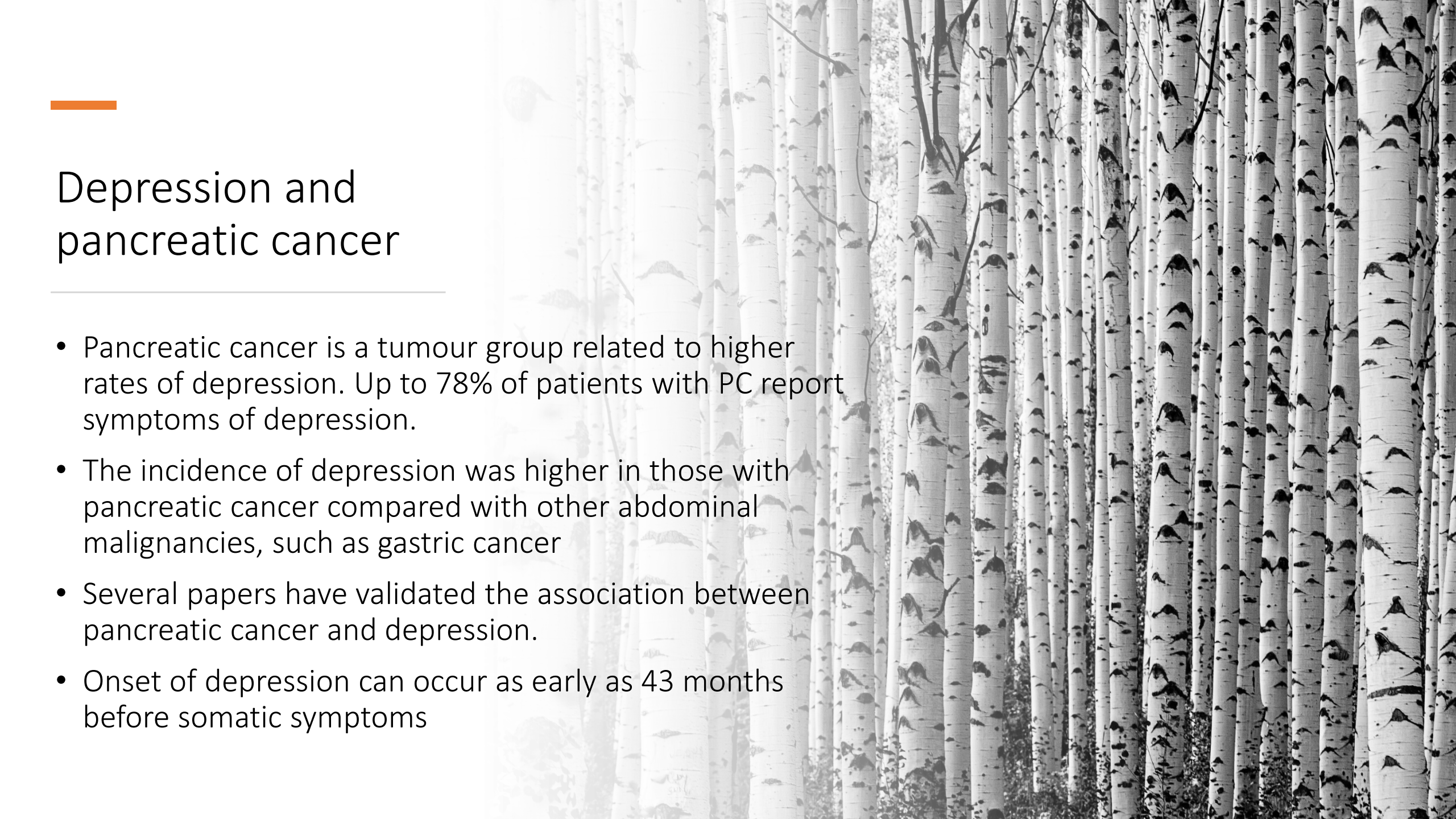
- Shock
- Denial
- Loss and grief
- Acute stress
- Anxiety and low mood
- Anger
- Feelings of loss of control



A black and white photograph of a person's silhouette, wearing a fedora-style hat, standing with their back to the camera. They are looking out over a misty, hazy landscape that appears to be a body of water or a field with distant trees. The scene is atmospheric and somber. A large, semi-transparent white circle is overlaid on the right side of the image, containing the text.

What does  
it mean to  
experience  
depression?





## Depression and pancreatic cancer

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- Pancreatic cancer is a tumour group related to higher rates of depression. Up to 78% of patients with PC report symptoms of depression.
- The incidence of depression was higher in those with pancreatic cancer compared with other abdominal malignancies, such as gastric cancer
- Several papers have validated the association between pancreatic cancer and depression.
- Onset of depression can occur as early as 43 months before somatic symptoms




## Theories

- 1) Pancreatic cancer can secrete chemicals that can alter mood, leading to depression
- 2) Depression may weaken the body's immune system predisposing the body to pancreatic cancer
- 3) Depression and cancer might be linked in a bidirectional relationship through immune or cytokine dysregulation relationship through an inflammatory reaction



# What does 'depression' look like?



A close-up photograph of a person's ear, with their hand cupped behind it, symbolizing listening. The background is a solid light gray. On the right side, there is a large white circle containing the text.

Listening  
for low  
mood



**Cognitions** – *Negative images/thoughts (self, world, others, future)*

**Behaviour** – *reduced activity, withdrawal from social contact, difficulty making decisions, putting things off, changes in everyday routines and activities*

**Emotions** – *sadness, guilt, numbness, despairing, shame, fear, dread, anger, frustration, irritability, hopelessness*

**Physical** – *sleep/appetite disturbance, increased pain, poor concentration/memory, lack of energy/motivation, frequent weepiness, loss of interest in sex, feeling worse at a particular time of day (usually mornings)*





# Sadness vs Depression





- **Duration:** at least 2 weeks without fluctuation
- **Intensity:** persistent symptoms, impaired functioning
- **Emotional key words:**
  - *Hopeless, pointless, worthless, flat, "I don't want to waste the nurses' time", "I'm such a burden to my daughter"*
- Listen for worthlessness/guilt, hopelessness/suicidality, anhedonia



- What questions would you want to ask?





**Mood:** Overall, how would you describe your mood at the moment? (*emotional key words, intensity*)

**Duration:** How long have you been feeling this way? (*intermittent distress or duration <2 weeks?*)

**Diurnal mood variation:** Are there any times of day when you notice feeling worse? (*e.g. Mood/fatigue worse in the morning*)

**Anhedonia & loss of motivation:** Are you able to get pleasure from the things that you normally enjoyed before you had cancer?

**Negative cognitions:** When you've been feeling low, what kind of thoughts have run through your mind? (*Negative images/thoughts about self, world, others, future*)

**Frequent weepiness:** Have you found yourself crying sometimes? How often?



### Physical symptoms:

*How is your sleeping? Trouble going to sleep? Awake early?*

*How are your concentration levels at the moment?*

*How is your appetite?*

*Have you noticed moving or speaking more slowly than usual? Or perhaps more agitated or restless?*

### Hopelessness, helplessness and guilt:

*How does the future look to you? (can they imagine a future, even in the face of a life limiting disease?)*

*Do you worry about being a burden to family/ friends during cancer treatment?*

*Do you feel you can influence your care, or is your care totally under others' control?*

### Risk:

*Do you ever feel so bad that you think life isn't worth living?*

*Have you ever wanted to hurt yourself or end it all?*



## Other things to consider?

- Overlap between physical symptoms of pancreatic cancer and depression
- A variety of cancer treatments and other medications can contribute to low mood



Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? (Use "✓" to indicate your answer)		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself — or that you are a failure — or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9.	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
PHQ -9 Total =					



Other things to consider?

- Family members/caregivers
- Risk



## Suicide

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- Cancer patients in England are at increased risk of suicide compared to the general population, according to figures from Public Health England (2018).
- Risk of suicide among pancreatic cancer patients is almost 4 times the risk of the general population.
- Highest risk seen within the **first 3-5 months** of diagnosis





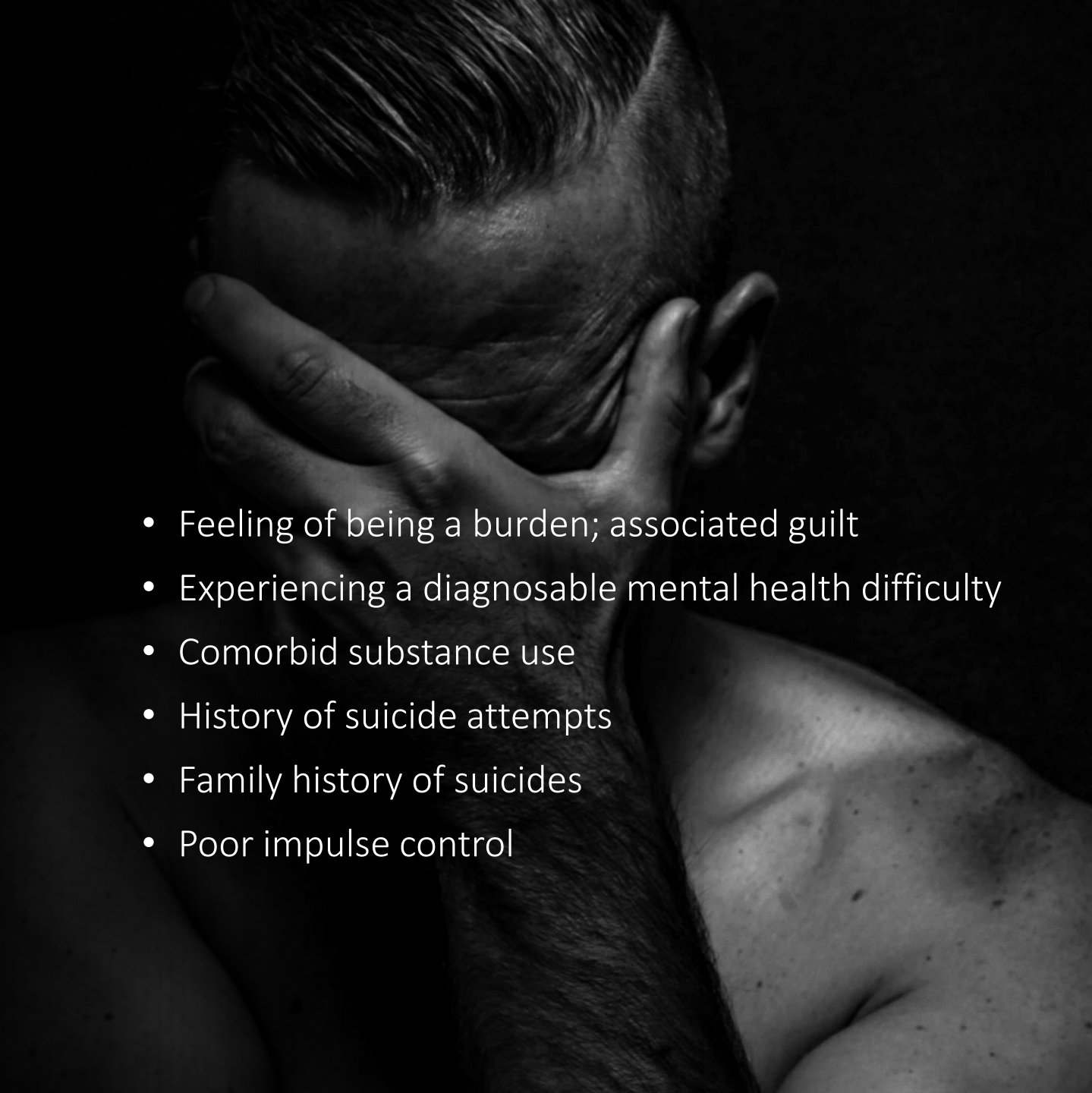


# Suicide

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## Risk factors:

- Male gender
- Older age
- Single, divorced, or widowed
- Poor social support
- Uncontrolled pain
- Decreased function and performance status
- Feelings of hopelessness and demoralisation
- Aggression and agitation
- Feeling of being a burden; associated guilt
- Experiencing a diagnosable mental health difficulty
- Comorbid substance use
- History of suicide attempts
- Family history of suicides
- Poor impulse control







## What next?

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- After an assessment/session, ask yourself...
  - Should the patient be referred to a specialist service?
  - If yes, whom?
    - Psycho-oncology
    - Psychiatry
    - GP
    - Third sector e.g. Maggie's, Macmillan, PCUK
      - Cancer care map - [www.cancercaremap.org](http://www.cancercaremap.org)





## What if they say no?

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- Why might someone refuse onward referral?





## What if they say no?


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- Try not to persuade
- Strategies that might help
  - Express empathy
  - Simple Reflections
  - Validation
  - Clarify misunderstandings
  - Instilling hope
  - Emphasising personal choice and autonomy



# Recap

- Pancreatic cancer is a tumour group related to higher rates of depression – **up 78% of patients report symptoms of depression.**
- There are a number of elements that can contribute to depression in people with pancreatic cancer including **medical factors** (prognosis, pain, disease symptoms), **psychological factors** (history previous depression, fears of death and disability, loss of control), **social factors** (support from friends and family, financial concerns) and certain **biological changes**.
- There are things to listen out for (**duration, intensity, emotional key words**). Remember not everyone with depression will present the same. Be careful using screening measures.
- **Be aware!** Risk of suicide is almost 4 times higher than the general population. It is highest in the immediate 3-5 months following diagnosis.
- There are services that can help



Any Questions  
or reflections?



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