

# Can you tell me more?

Addressing psychological concerns in pancreatic cancer patients

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□ April 2023

◇ **perci** □

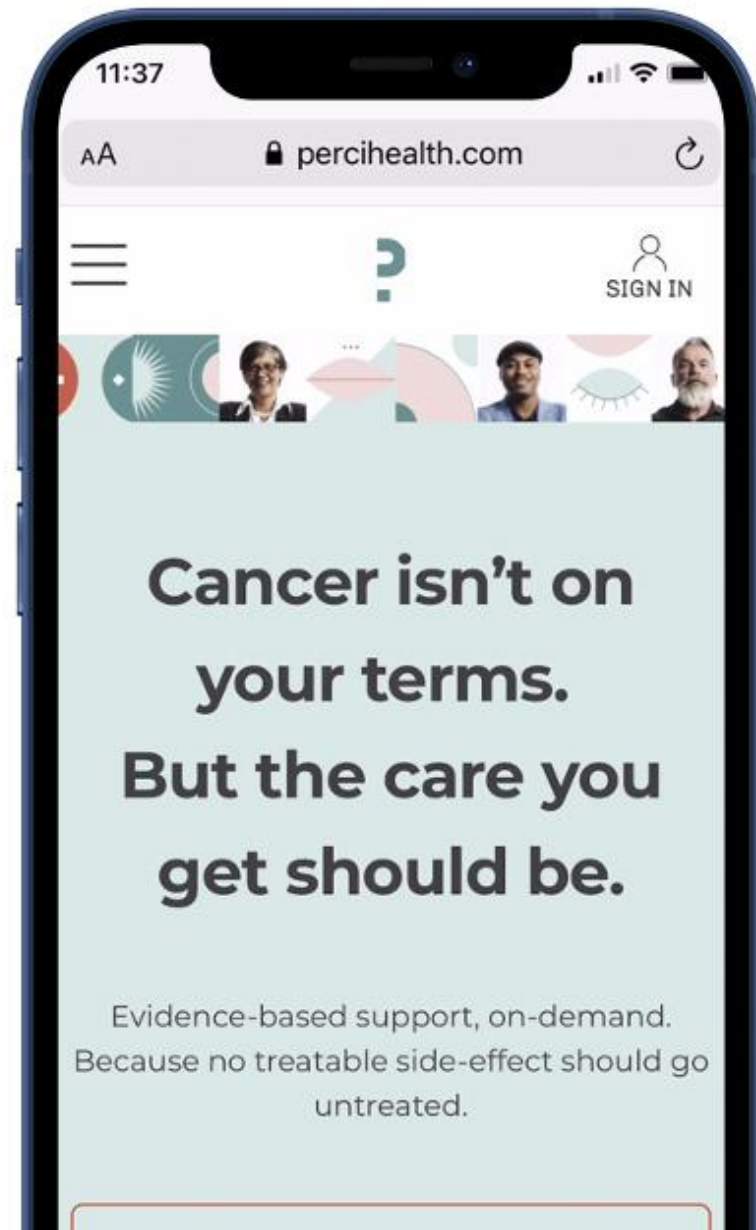
# Perci

H E A L T H

**Personalised support for everyone impacted by cancer.**

We connect your people to human cancer experts for support when they need it most, all through our virtual clinic.

*Designed to address the widening gaps in cancer care in the NHS and private sector.*



# Aims

To consider our position in relation to patients – fundamental human interactions alongside professional boundaries and expertise

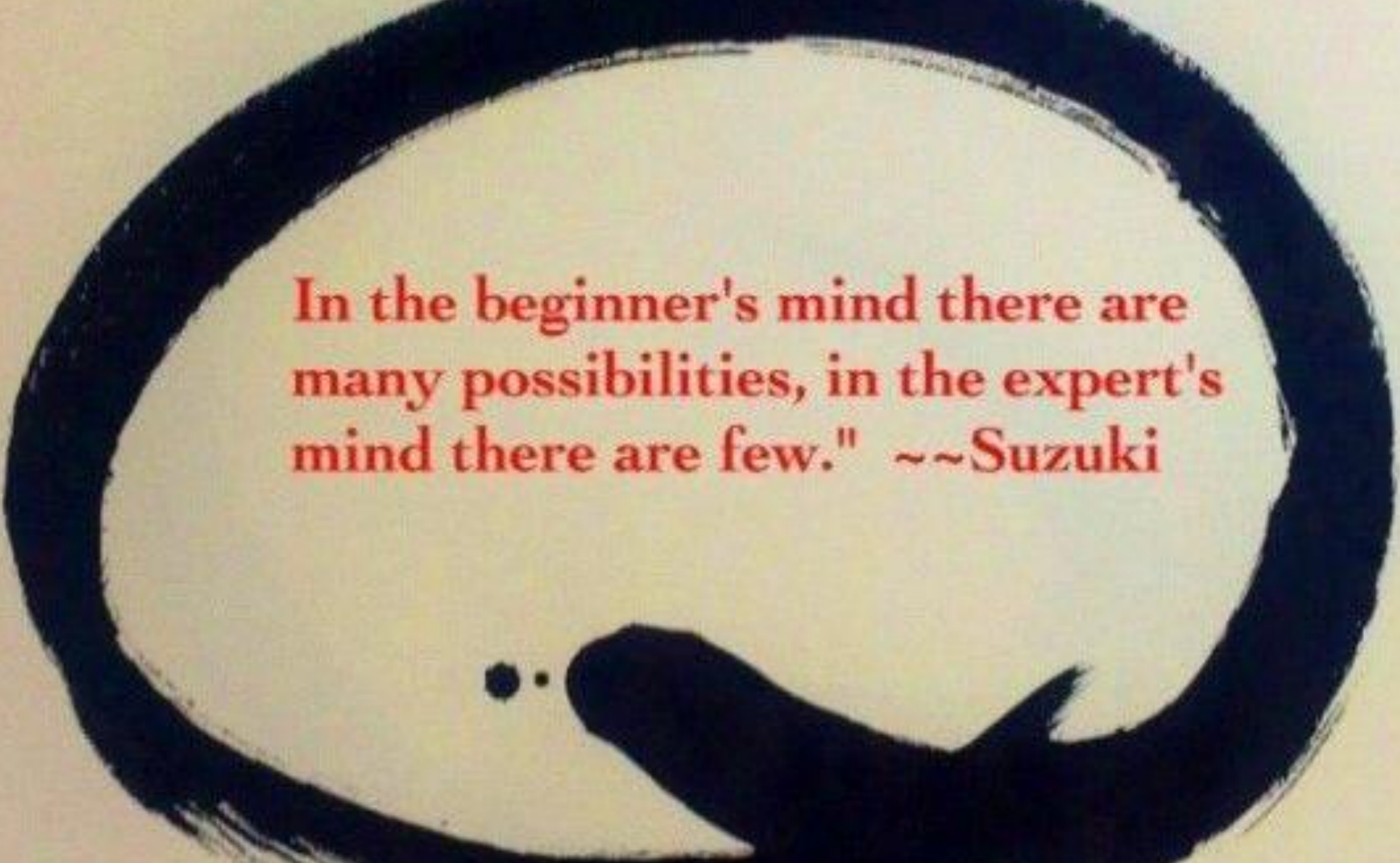
To understand what we actually mean by anxiety and depression and what this terminology enables/limits

To look at how we facilitate a helpful conversation about emotional wellbeing in a contained and focused way

To know what we can help with, and when to refer on

**To ask questions!!**





In the beginner's mind there are many possibilities, in the expert's mind there are few." ~ ~ Suzuki

# Our relationship to patients

## Expert

- Problem solver
- Knows the answers
- Symptoms/solution focused
- Busy
- Embedded in science/medical model
- Do for...
- Has seen it before...
- Boundaried and contained
- Clear in their role
- Advice giving
- Where the patient locates us

## Human

- Empathic
- Curious
- Listener
- Focus on experience
- Meeting the patient on their level
- Be with...
- Harder to connect to at work
- Often impacted by stress/can become desensitised
- Can feel incompatible with the expert
- Hopeful, engaging and connected

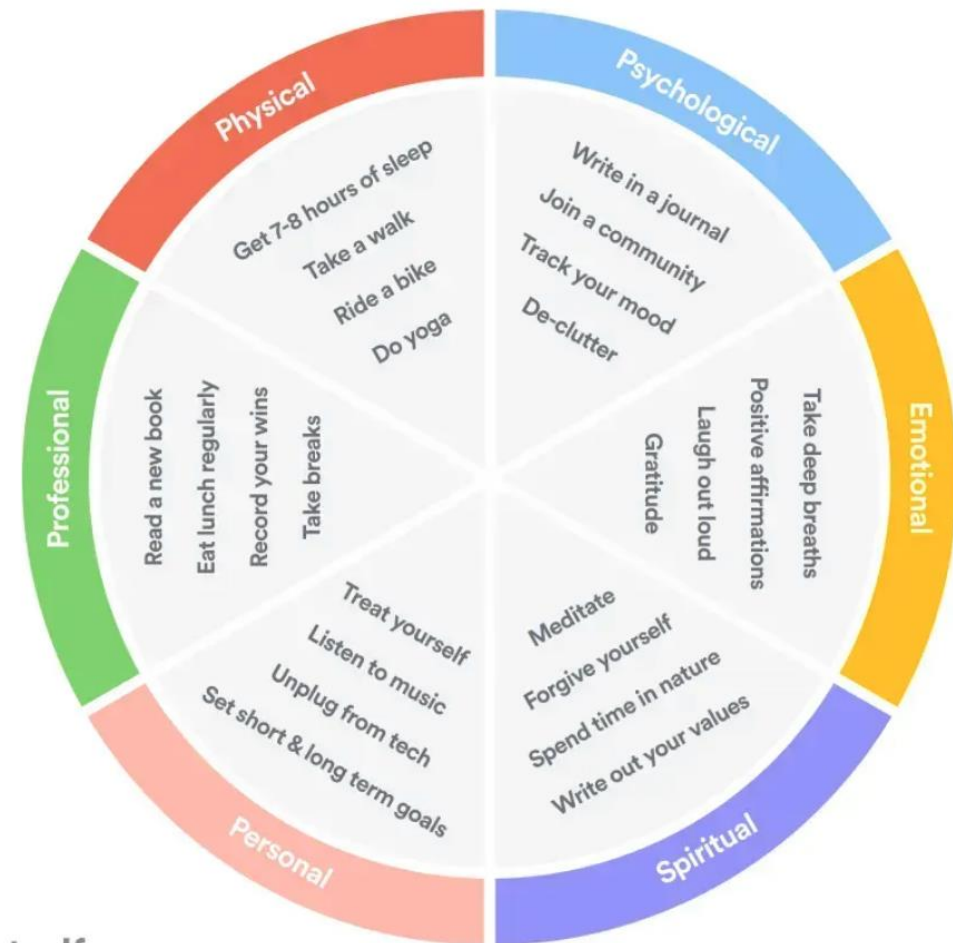


## Supporting yourself

- Keeping in mind the balance between person and professional
- Try to think about all components of self care – we are usually better at one or two than the others
- Boundaries are for personal AND professional life
- Supporting yourself must be the priority

## 6 Areas of Self-Care

Self-care is time that you dedicate to you; with the intention of boosting and nourishing your mental, emotional, and physical health.



@bestselfco





**LIFE IS NOT  
A PROBLEM TO BE SOLVED  
BUT A REALITY TO BE  
EXPERIENCED**

@VYBESOURCE | SOREN KIERKEGAARD

... in danger or  
and lent him the mo

**re·search**<sup>1</sup> /rɪ'sɜːtʃ/

[plural] 1 serious st- / n

discover new facts

research into

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ested in or



# British Medical Journal 2018:361, Pitman et al.

- Over 4000 patients surveyed
- 14 different cancer diagnoses included
- Overall prevalence of distress was 35.1%
- Pancreatic patients produced the highest mean scores for symptoms of anxiety and depression
- Some cancers, and some treatments are associated with depression
- Failure to detect and treat elevated levels of distress jeopardises the outcome of cancer therapies, and decreases quality of life

## What you need to know

- Depression affects up to 20%, and anxiety 10%, of patients with cancer, compared with figures of 5% for past-year prevalence in the general population
- Poor recognition of depression and anxiety is associated with reduced quality of life and survival
- Some cancers, such as pancreatic and lung, can release chemicals that are thought to cause depression. Certain cancer treatments, such as chemotherapy and corticosteroids, are associated with depression
- Depression in cancer patients receiving end-of-life care is no more prevalent than in patients living with cancer
- Be aware that antidepressants can worsen existing cancer symptoms and interact with chemotherapy. Sertraline and citalopram tend to have the least interactions and are generally well tolerated as first-line agents

Advances in cancer treatments mean that half of people now diagnosed with cancer can expect to survive at least 10 years,<sup>1</sup> defining many cancers as long term conditions. Psychiatric illnesses such as depression and anxiety are common, but often neglected, complications of cancer, influencing quality of life, adherence to treatment, cancer survival, and treatment costs.<sup>2-3</sup> Depression and anxiety affect up to 20% and 10% of patients with cancer respectively, regardless of the point in the cancer trajectory, and whether in curative or palliative treatment.<sup>4</sup> Geographical variations in the diagnosis and treatment of depression or anxiety in cancer suggest under-recognition of these problems.<sup>5</sup> Depression is associated with poor adherence to cancer treatment and poor cancer survival,<sup>6</sup> and the increased risk of suicide in all patients with cancer<sup>7</sup> is a concern.

This clinical update outlines the prevalence, aetiology, and management of depression and anxiety in patients with cancer to raise awareness among doctors of the need to address the psychiatric consequences of cancer.



# British Medical Journal Open 2021; 11, Taylor et al.

- Semi structured interviews with 20 participants – in depth analysis
- Patients need to be made more aware of the psychological impact of a Whipple's procedure
- Reports significantly lower QOL following procedure
- Psychological stress is common – 20% of patients meet the criteria for anxiety or depression

Open access

Original research

## BMJ Open 'It's always in the back of my mind': understanding the psychological impact of recovery following pancreaticoduodenectomy for cancer: a qualitative study

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► Prepublication history for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-050016>).

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### ABSTRACT

**Objectives** Ten per cent of patients diagnosed with pancreatic cancer undergo pancreaticoduodenectomy. There is limited previous research focusing on psychological well-being; unmet support needs impact negatively on quality of life. This paper reports the psychological impact of a pancreatic cancer diagnosis and subsequent pancreaticoduodenectomy, exploring how patients' lives after following surgery and how they seek support.

**Design** Inductive qualitative study involving in-depth semistructured interviews with 20 participants who had undergone pancreaticoduodenectomy for pancreatic or distal biliary duct cancer. Interviews were audiorecorded, transcribed and anonymised, and thematic analysis used principles of constant comparison.

**Setting** Single National Health Service Trust in Northwest England.

### Strengths and limitations of this study

- We believe that this is the first qualitative study using semistructured interviews to explore the psychological impact of living with and after pancreaticoduodenectomy.
- Semistructured interviews generated rich data, and use of constant comparative principles enabled simultaneous analysis with refinement of the topic guide and exploration of key themes that were important to participants.
- The sample included a wide range of ages and number of months since surgery, equal numbers of participants were male and female, and the sample included those who had had a recurrence.
- The authors have differing backgrounds (surgery, primary care and psychiatry), which offer different perspectives on the analysis and findings.



## PCUK 2018 survey

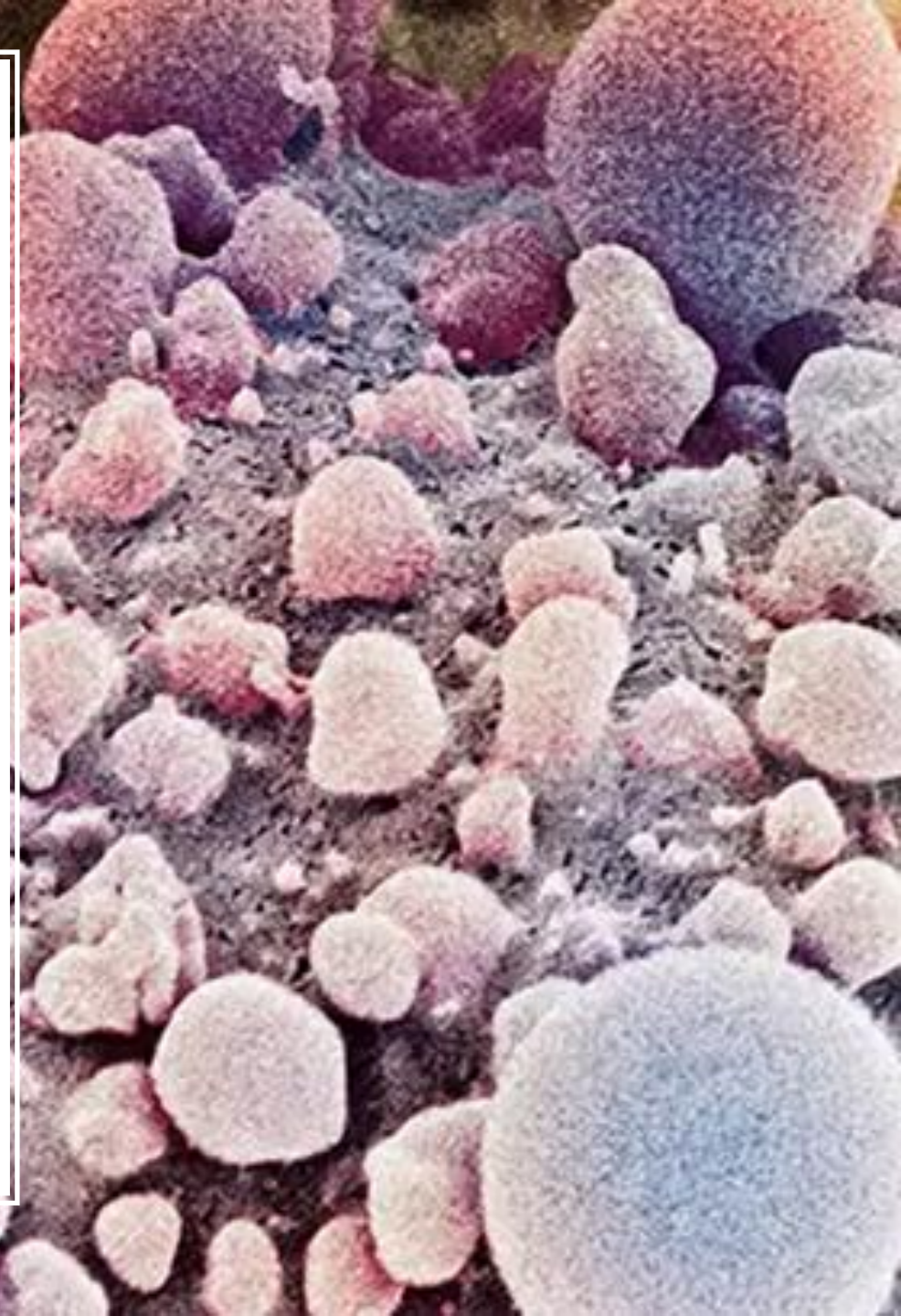
- 274 individuals living with pancreatic cancer
- 87% had one or more unmet physiological or psychological need
- 68.1% reported uncertainty about the future
- 67% reported fears of recurrence
- Distress may be related to unexpected diagnosis, changes in identity, coping with symptoms and fear of the future,

# Pancreatic Cancer UK



# Pancreatic cancer: a context

- Poor prognosis/survival rates
- Less diversity of disease trajectory
- Fewer treatment options (anxiety of recurrence post surgery)
- Impact of treatment e.g. Whipple's, or symptoms – Quality of life
- Media portrayal of disease – googling
- Stigma – everyone knows something about it
- Fear, sense of hopelessness
- *Will I die?*
- *When will I die?*



? What are the symptoms of depression?



## Criteria for Diagnosing GAD

When assessing for GAD, clinical professionals are looking for the following:

1. The presence of excessive anxiety and worry about a variety of topics, events, or activities. Worry occurs more often than not for at least six months and is clearly excessive.
2. The worry is experienced as very challenging to control. The worry in both adults and children may easily shift from one topic to another.
3. The anxiety and worry are accompanied by at least three of the following physical or cognitive symptoms (In children, only one of these symptoms is necessary for a diagnosis of GAD):
  - Edginess or restlessness
  - Tiring easily; more fatigued than usual
  - Impaired concentration or feeling as though the mind goes blank
  - Irritability (which may or may not be observable to others)
  - Increased muscle aches or soreness
  - Difficulty sleeping (due to trouble falling asleep or staying asleep, restlessness at night, or unsatisfying sleep)

## DSM-5 Depression Diagnostic Criteria

To be diagnosed with major depression, a person's symptoms must fit the criteria outlined in the DSM-5.<sup>[6]</sup>

Feelings of sadness, low mood, and loss of interest in their usual activities must mark a change from a person's previous level of functioning and have persisted for **at least two weeks**.

These feelings must also be accompanied by **at least five** other common symptoms of depression, including:

- Change in appetite, losing or gaining weight
- Sleeping too much or not sleeping well (insomnia)
- Fatigue and low energy most days
- Feeling worthless, guilty, and hopeless
- An inability to focus and concentrate that may interfere with daily tasks at home, work, or school
- Movements that are unusually slow or agitated (a change which is often noticeable to others)
- Thinking about death and dying; suicidal ideation or suicide attempts

# The psychological challenges...

- Tell me more...
- What does that mean to you?
- What is your experience of that?
- Help me to understand what that is like for you...
- What does that feel like?







# Psychological challenges in a pancreatic context

- Multiple losses and changes: roles, employment, identity, hair, body parts, independence, **life plans, future**, mobility, body image, **choices & control**, jobs, **meaning**, relationships, sexual function...
- Existential anxiety – unknown, uncertainty, the desire for an equilibrium, unsettled
- Control and communication – knowledge, communication with medical team, clear plans, proactivity, controlling what you can (diet, exercise etc.)
- Different coping strategies within a family – denial, information, facing fears, emotional/rational, plan ahead/live in the moment, calm/anxious, anger/resignation, different ways of coping with change, and managing the expectations of others
- Physical side effects and hospital admissions – emotionally impactful, traumatic, life altering
- Other stresses – work, family life, finances, other illness/loss in family, mental health challenges, illness burden



Four seasons in one day...

A process...

A challenge to maintain...

Pay attention to feelings regularly...

Permission not to feel positive all the time..

A spectrum of emotions...

Curious rather than judgmental...

Am I normal...?





Facilitating a conversation

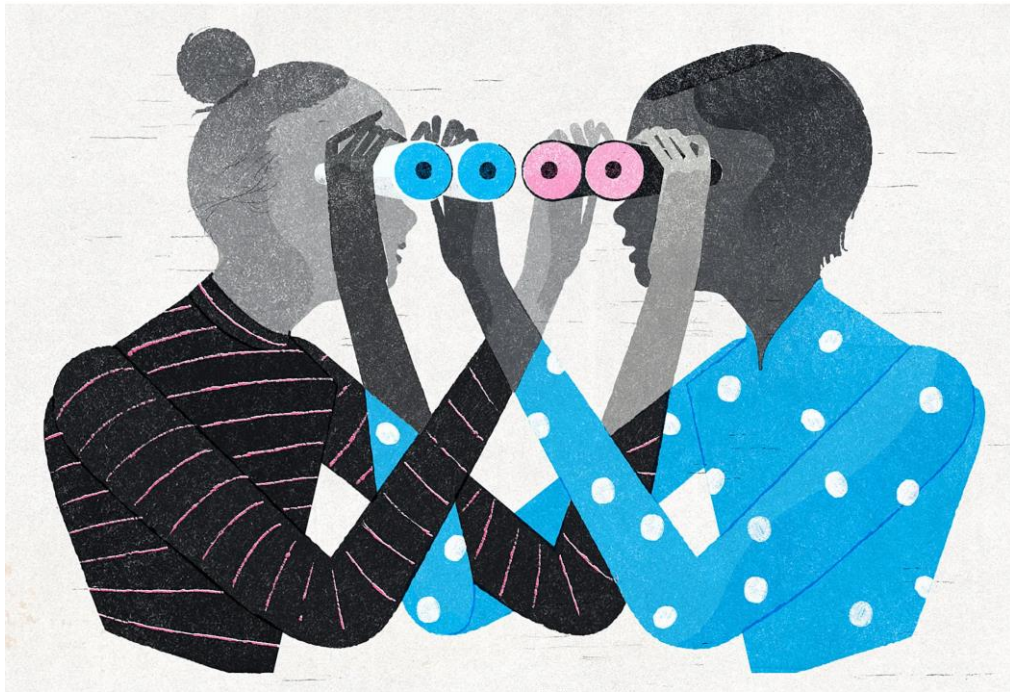
# Mandatory Training

We have regular training in so many areas, infection control, fire safety, manual handling...

What about training for the challenging conversations that you have every day?

How could you improve these discussions, empower patients, and make sure you feel equipped and supported?

# Two critical components:



# Cancer is not a mental health condition... But it does have mental health consequences

- “You are telling me about the things you are doing to optimise your physical wellbeing, but **what are you doing to support your emotional wellbeing?**”
- “Tell me how you have been since we last met” vs. “How are you?”
- **Explore the patient’s emotional wellbeing**
  - Have they had counselling before? What type, when?
  - Are they taking any medication, and if so who is prescribing?
  - Who is supporting them emotionally?
  - What do they feel they need?
  - Risk assess
  - Arrange to revisit their concerns with them
- Turn it back to the patient... ‘What do you think?’



# When to refer...

- Trust your clinical judgement and sense check
- Does this feel like a natural reaction that they are having?
- Is there emotional movement over days, weeks – are their feelings evolving, or is it an enduring, significantly impactful state?
- Is there anything pre-existing to be aware of?
- Are they emotionally isolated or well supported?
- Is there something specific they need support with?
- Are there other challenges in their lives?
- Do they need containing? (multiple calls, repetition, out of hours...)
- Is supporting them feeling unmanageable for you?



# Who to refer to...

- Recognise limitations in referral options – funding, waiting lists etc.
- If people have health insurance encourage them to use it
- Suggest a hospice referral (they will often support family members too)
- Macmillan
- Refer the right people – who is feeling unmanageable, has a specific issue
- It is ok to say, *'I think you need more help than I can offer.'*





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THANK YOU

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