Oncology Behavioral Symptom Management and Psychosocial Support

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Department of Psychiatry and Behavioral Sciences
Educational Objectives

- Be able to state the current guidelines for screening, assessment and care of anxiety and depressive symptoms in adults with cancer and identify at least three distinct barriers to implementing these guidelines in oncology care.

- Be able to list at least five common symptoms experienced by adults with cancer and name two or more behavioral strategies for managing these symptoms.

- Be able name three or more distinct psychosocial factors that contribute to greater symptom severity, poorer adherence to oncology care, and reduced quality of life in adults with cancer.
Continuum of Cancer Care

- Diagnosis
- Treatment
- Survivorship
- Recurrence
- Palliative Care
- End of Life
Psychological Distress Across the Cancer Continuum

- 40% of cancer patients report significant psychological distress
- 25% of outpatients during or shortly after treatment
- 16% of community dwelling cancer survivors
- 60% of those receiving specialist palliative care

Significant Psychological Distress is Common

- **Adjustment Disorders**: Found in approximately 30% of cancer patients
- **Anxiety Disorders**: Found in approximately 20% of cancer patients
- **Depressive Disorders**: Found in approximately 15% to 25% of cancer patients

Factors Contributing to Psychological Distress

- Relationships and Social Support
- Patient Individual Differences
- Comorbid Disorders
- Treatments
- Type of Cancer and Prognosis
- Symptoms
- Life Stressors
Psychological Distress Screening and Treatment

Screening, Assessment, and Care of Anxiety and Depressive Symptoms in Adults With Cancer: An American Society of Clinical Oncology Guideline Adaptation

Phase in for 2025.

STANDARD 3.2
Psychosocial Distress Screening

The cancer committee develops and implements a process to integrate and monitor on-site psychosocial distress screening and referral for the provision of psychosocial care.
American Society of Clinical Oncology (ASCO) Care Guideline

Psychological distress screening at time of diagnosis, relevant times, and as needed

None/Mild Symptoms
- Information
- Offer referral to supportive care services

Moderate Symptoms
- Guided CBT-based self-help
- Psychosocial interventions
- Structured physical activity
- Pharmacologic intervention

Severe Symptoms
- Psychotherapy
- Pharmacologic intervention
- Combined psychotherapy and pharmacologic intervention

Supportive care services for all patients as relevant and appropriate

Continue supportive care services for all patients as relevant and appropriate
Common Obstacles to Providing Psychosocial Care

- Lack of system to link patients with needed services
- Clinic design and limited time interfere with ability to address psychosocial needs
- Lack of professionals available to provide psychosocial care
- Cost of psychosocial services
Distress Screening at Duke

NCCN Distress Thermometer and Problem List for Patients

**NCCN DISTRESS THERMOMETER**

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week including today.

- **Extreme distress**
- **No distress**

<table>
<thead>
<tr>
<th>NCCN DISTRESS THERMOMETER</th>
<th>PROBLEM LIST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please indicate if any of the following has been a problem for you in the past week including today.</td>
</tr>
<tr>
<td></td>
<td>Be sure to check YES or NO for each.</td>
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</tbody>
</table>

**YES**

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school
- Treatment decisions

**NO**

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Substance abuse
- Tingling in hands/feet

**Family Problems**

- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

**Emotional Problems**

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

**Spiritual/religious concerns**

Other Problems: ____________________________

Version 2.2.2016, 07/29/16. The NCCN Clinical Practice Guidelines (NCCN Guidelines®) are a statement of evidence and consensus of the authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult the NCCN Guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The National Comprehensive Cancer Network® (NCCN®) makes no representations or warranties of any kind regarding their content, use or application and disclaims any responsibility for their application or use in any way. The NCCN Guidelines are copyrighted by National Comprehensive Cancer Network®. All rights reserved. The NCCN Guidelines and the illustrations herein may not be reproduced in any form without the express written permission of NCCN. ©2016.
Duke Cancer Institute
Supportive Care and Survivorship

Duke Cancer Patient Support Program

Psychiatry
Psychology
Medical Family Therapy
Social Work
Child Life Specialist
Recreation Therapy
Patient Navigation
Cancer Symptom Management & Support
Duke Cancer Patient Support Program

We are the Duke Cancer Patient Support Program’s Team of Psychologists:

Tamara Somers, PhD
Rebecca Shelby, PhD
Sarah Kelleher, PhD
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Joseph Winger, MS
Alyssa Van Denburg, MA

Clinical Services

- Behavioral Weight Management
- Treatment of Sleep Difficulties
- Coping Skills Training for Symptoms including Pain and Fatigue
- Stress Management
- Psychotherapy for Anxiety, Depression and Adjustment to Illness
- Brief Memory and Cognitive Testing
- Post-traumatic Stress Disorder (PTSD)
- Treatment of Sexual Difficulties
- Health Behavior Coaching (e.g., adherence to recommendations, exercise planning, activity planning/pacing)
- Psychological Assessment
Common Symptoms Associated with Psychological Distress

- Pain
- Fatigue
- Cognitive Problems
- Physical Changes
- Sleep Problems
- Sexual Side Effects
Up to 50% of patients with cancer have **undertreated** pain.

Pain is one of the most feared aspects of cancer and cancer treatments.

Poorly controlled pain significantly impairs functioning and contributes to distress.

Pain often persists after treatment.
Fatigue

- Cancer-related fatigue is an unusual, persistent tiredness that interferes with functioning
  - It is not alleviated by sleep or rest
  - The symptoms are disproportionate to the person’s actual physical exertion

- Fatigue is common and can persist for many years following treatment

(Bower et al., 2006; Lawrence et al., 2004)
Cognitive Problems

Approximately a 40% increase in the likelihood of cognitive concerns among cancer survivors compared to those with no cancer history.

Multiple cognitive domains affected:
- Attention
- Executive function
- Processing speed
- Language
- Memory
- Psychomotor function
- Verbal learning and ability
- Visual-spatial skills

Sleep Problems

- 30% to 50% of people with cancer experience sleep disturbance

Disease factors (e.g., symptoms of tumor invasion)

Medications (e.g., opioids, steroids)

Treatment factors (e.g., surgery, chemotherapy)

Environmental factors (e.g., inpatient hospitalization)

Life stressors, anxiety, and depression


Physical Changes
Sexual Side Effects

- Gynecologic cancer: 30-60%
- Prostate cancer: 70-80%
- Breast cancer: 25-30%
- Colorectal cancer: 30-50%

Moynihan & Bober, 2016; Hoekstra et al., 2012; Mercadante, Vitrano, & Catania, 2010
Improving Well-Being for Breast Cancer Patients Taking Adjuvant Endocrine Therapy (AET)

Funded by NIH R01 CA193673
PI: Rebecca A. Shelby, PhD
Improving Well-Being on AET

Hormone Therapy Medications

- Medication that blocks estrogen:
  - Tamoxifen (brand name: Nolvadex)

- Medications that stop the body from making estrogen. This type of drug is called an aromatase inhibitor:
  - Anastrozole (brand name: Arimidex)
  - Exemestane (brand name: Aromasin)
  - Letrozole (brand name: Femara)
Adherence to AET

Improving Well-Being on AET

Reasons for AET Non-Adherence

- Forgot to take medication: 59%
- Away from home: 31%
- Changed dose: 24%
- Refill problem: 20%
- Side effects: 19%
- Other worries: 17%
- Cost: 14%

Improving Well-Being on AET: Aims

- Investigate the impact of the Self-Management intervention on
  1) Adherence to AET
  2) Symptom interference
  3) Perceived barriers to AET, beliefs about AET, and self-efficacy

- Estimate short-term costs of implementing the Self-Management intervention and estimate the long-term cost-effectiveness of the intervention
Improving Well-Being on AET: Study Design

Baseline Assessment

Randomization

n=200

Self Management-AET Intervention Sessions
(7 sessions over 3 months)

3 Month Follow-Up

Self Management-AET Maintenance Calls
(3 calls over 3 months)

6, 12, and 18 Month Follow-Up Assessments

n=200

General Health Education Intervention Sessions
(7 sessions over 3 months)

3 Month Follow-Up

General Health Education Maintenance Calls
(3 calls over 3 months)

6, 12, and 18 Month Follow-Up Assessments

Medication Adherence Assessed via Smart Pill Bottles

Improving Well-Being on AET

n=200
Improving Well-Being on AET: Self-Management Intervention

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<th>Psycho-Education</th>
<th>Skills Training</th>
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<td>S1 AET Education</td>
<td>Medication Adherence Skills</td>
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<tr>
<td>S2 Pain Education</td>
<td>Relaxation-Based Skills</td>
</tr>
<tr>
<td>S3 Vasomotor Symptom Education</td>
<td>Breathing and Brief Relaxation Skills</td>
</tr>
<tr>
<td>S4 Fatigue Education</td>
<td>Activity Pacing Skills</td>
</tr>
<tr>
<td>S5 Depression Education</td>
<td>Behavioral Activation Skills</td>
</tr>
<tr>
<td>S6 Sleep Education</td>
<td>Cognitive Restructuring Skills Part 1</td>
</tr>
<tr>
<td>S7 Concentration and Memory Education</td>
<td>Cognitive Restructuring Skills Part 2</td>
</tr>
<tr>
<td>M1 Sexual Side Effects and Body Image Education</td>
<td>Communication Skills Training</td>
</tr>
<tr>
<td>M2 Maintenance Education</td>
<td>Problem Solving Training</td>
</tr>
<tr>
<td>M3 AET Cost-Benefit Evaluation</td>
<td>Values and Long-Term Goal Setting</td>
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</tbody>
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Psycho-Education

How to Deal With Hot Flashes

- Dress in layers, so you can add or remove layers as you get warmer or cooler.
- Don't wear wool or synthetic materials, as they can make you feel hotter.
- Avoid tight-fitting clothing, which can restrict blood flow to your core.
- Wear loose, lightweight fabrics, such as cotton or silk.
- Try a handheld or battery-operated fan to cool down.

Changing Room Temperature

- Where possible, lower the temperature in the room or install air conditioning.
- Use an air conditioner or a fan to help cool down your body.
- Try to find a cool, comfortable place to relax.

Foods and Drinks

- Avoid certain foods and drinks that can raise your body temperature, such as hot beverage caffeine.
- Avoid alcohol, as it can lower your body temperature.
- Drink plenty of water to stay hydrated and cool.

Ways to Improve Concentration

Planning and pacing your activities can help improve your concentration.
- Allow yourself enough time to complete tasks.
- Plan activities short in duration.
- Change tasks frequently to prevent boredom.
- Activity pacing – provide yourself with frequent breaks to increase productivity. It is better to work in short bursts than to work for long periods.

Common Sexual Side Effects and Solutions

Women with cancer frequently experience sexual side effects. However, not all women will experience these side effects. Your healthcare provider can give you an idea of whether your specific treatment(s) can cause sexual side effects.

Side effects or changes following cancer treatment may make continuing sexual activity more difficult than you expected. Do not get discouraged! Here are suggestions for managing some common sexual side effects.

Prioritizing your activities

- Make a list of things that need to be done, and prioritize them.
- Concentrate on the most important tasks first.
- Don't take on too much at once.
- Have a set schedule and routine.
- Use checklists and reminders to stay organized.

Use checklists and reminders to stay organized.
Breathing and Relaxation

- Progressive Muscle Relaxation
- Guided Imagery
- Loving Kindness Meditation
- Brief Relaxation
- Paced Breathing
Activity Pacing

The Activity-Rest Cycle

Moderate Activity
Limited Rest

Balancing activity with limited rest is a better way to do activities. The best activity-rest balance depends on the activity and whether you are trying to maintain or improve your activity.

What are activities you would like to work on or keep up to doing more or less of?

Activity-Pacing: Using the Activity-Rest Cycle

Using this strategy involves breaking up an activity into smaller pieces with breaks for rest. You set a time limit for how long you will do something and a time limit for how long you will take a break.

To set up an activity-rest cycle that will work for you, use the following 3 steps as an example:

**Step 1**
Identify an activity you tend to **overdo** or that increases your fatigue. This activity could also be something you enjoy but have stopped doing.

**Gardening**

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Behavioral Activation Skills

Increasing Activity and Meeting Your Goals

Symptoms such as fatigue, problems sleeping, and drastic changes in your life may make it difficult to manage symptoms and keep you busy. For example, a lack of energy may make it hard to start projects or activities, letting go of goals, or making plans for the future.

When your activity level decreases and you have less to do, you may:
- Become even less motivated to engage in activities.
- Miss out on experiencing the day to day moments.
- Have worse symptoms when you are not engaging in activities.
- Feel overwhelmed by the amount of activities you need to complete.
- This may result in feeling even less energized.

Planning Pleasant and Meaningful Activities

Activities that bring you a sense of accomplishment, joy, or pleasure are important. After cancer treatments, you may need to try these activities again or find new activities to engage in.

When planning activities:
- Anything goes! — Open your mind to new activities.
- The more ideas the merrier! — The more ideas you have, the more you can do.
- Mix & match activities! — You can combine activities to create something new.
- Be open to all ideas that cross your mind.

Setting Smart Goals

SMART goals:
- Specific
- Measurable
- Achievable
- Realistic
- Timely

What is a goal that you have right now?
Behavioral Symptom Management and Psychosocial Care in Cancer

Coordinated Multi-Disciplinary Care Team

Routine Screening

Assessment and Referral

Effective Supportive Care

Distress Management

Symptom Management

Comorbid Disease Management
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Questions?