

CANCER COUNSELLING

“Psychological Aspect of Cancer Patients”

Dr. ONG BENG KEAT

Consultant Psychiatrist

LOH GUAN LYE SPECIALISTS CENTRE

Objectives:

- A) to understand the psychological issues cancer patients may go through.
- B) to be able to pick-up a few (serious) mental disorders i.e., screening the patients.
- C) to advise patients about their mental ‘problems’ and what kind of help is available.

Overview of talk:

- A) What do cancer patients go through?
- B) What type of mental ‘problems’ may they have?
- C) How to screen for these ‘problems’?
- D) What do you advise them? What options do they have?

**What happens when someone is
newly diagnosed?**

The background of the slide features a pattern of stylized, overlapping leaves in various shades of yellow and orange. The leaves are rendered in a flat, graphic style with visible veins, creating a warm and textured backdrop for the text.

What happens when someone is newly diagnosed?

DIAGNOSED WITH
CANCER

PHYSICAL CHANGES

PSYCHOLOGICAL
CHANGES

PHYSICAL CHANGES



PSYCHOLOGICAL CHANGES

Swelling/ Lump
Deformity/ disfigurement
Hair loss
Weight loss

PHYSICAL CHANGES



PSYCHOLOGICAL CHANGES

Swelling/ Lump
Deformity/ disfigurement
Hair loss
Weight loss

Loss of appetite
Sleep changes
Unable to focus
Pain

PHYSICAL CHANGES



PSYCHOLOGICAL CHANGES

Swelling/ Lump
Deformity/ disfigurement
Hair loss
Weight loss

Loss of appetite
Sleep changes
Unable to focus
Pain

Shock
Angry
Fear
Depressed/ sad
Anxious

PHYSICAL CHANGES



PSYCHOLOGICAL CHANGES

Swelling/ Lump
Deformity/ disfigurement
Hair loss
Weight loss

Shock
Angry
Fear
Depressed/ sad
Anxious

Loss of appetite
Sleep changes
Unable to focus
Pain

Shock
Angry
Fear
Depressed/ sad
Anxious

Loss of appetite
Sleep changes
Unable to focus
Pain

Shock
Angry
Fear
Depressed/ sad
Anxious

Loss of appetite
Sleep changes
Unable to focus
Pain



ANXIETY

DEPRESSION

Mental processes when diagnosed:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Let's talk about (mental) disorders:

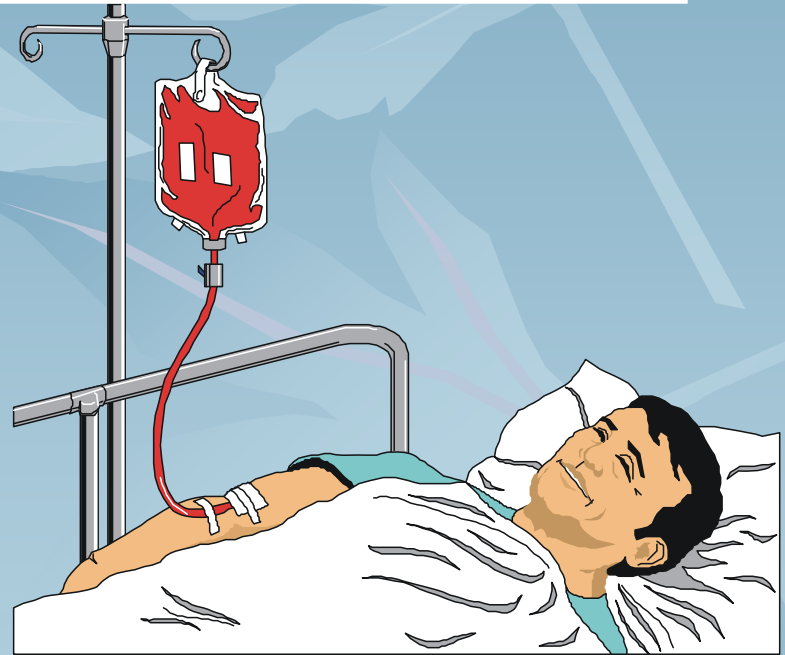
- Denial
- Anger
- Bargaining
- **Depression**
- Acceptance

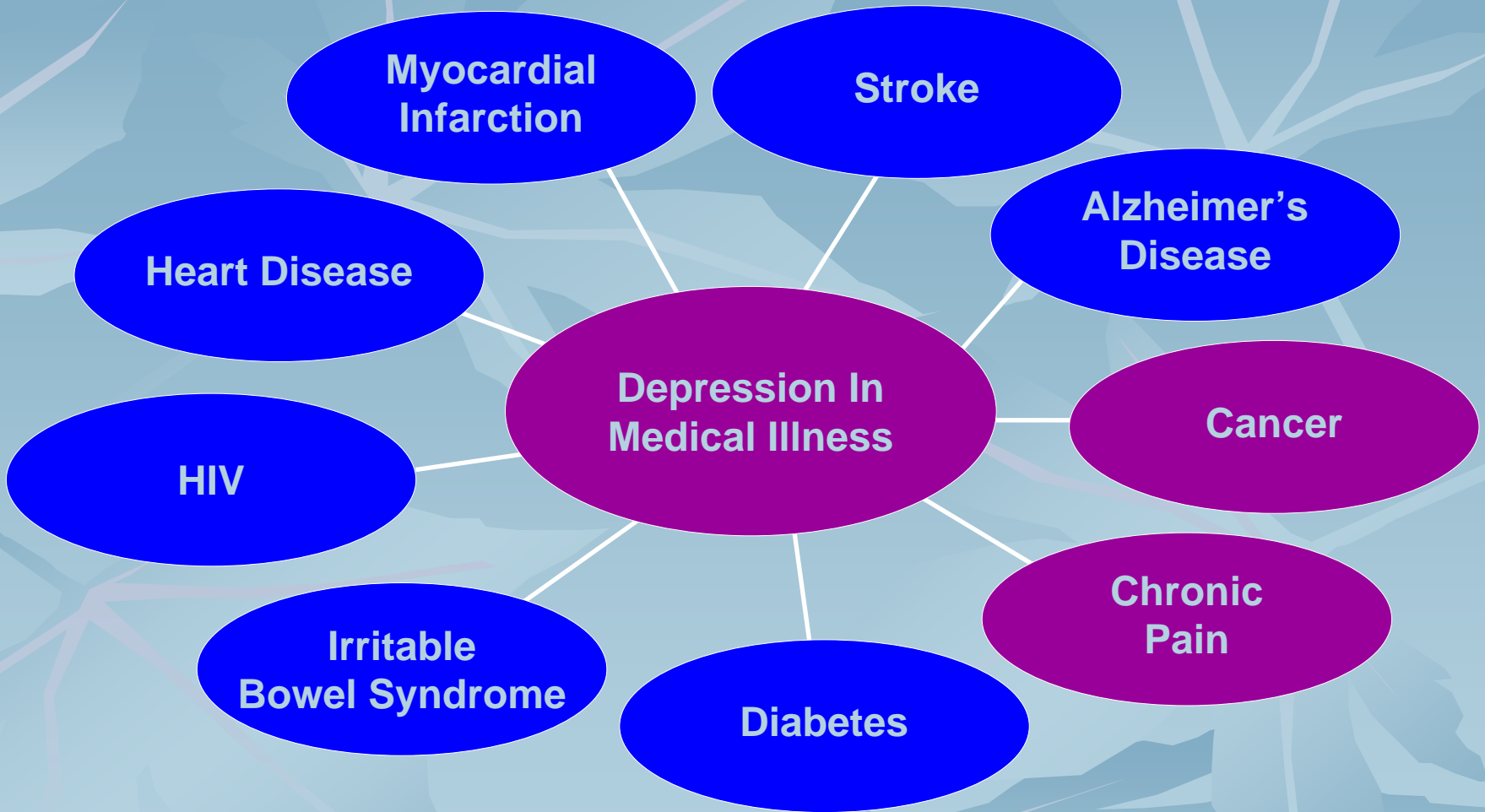
Let's talk about (mental) disorders:

- Depression (clinical depression)

Depression in medical illnesses (including cancers)

- Prevalent
 - **Under diagnosed**
 - Untreated
 - Inadequately treated
-

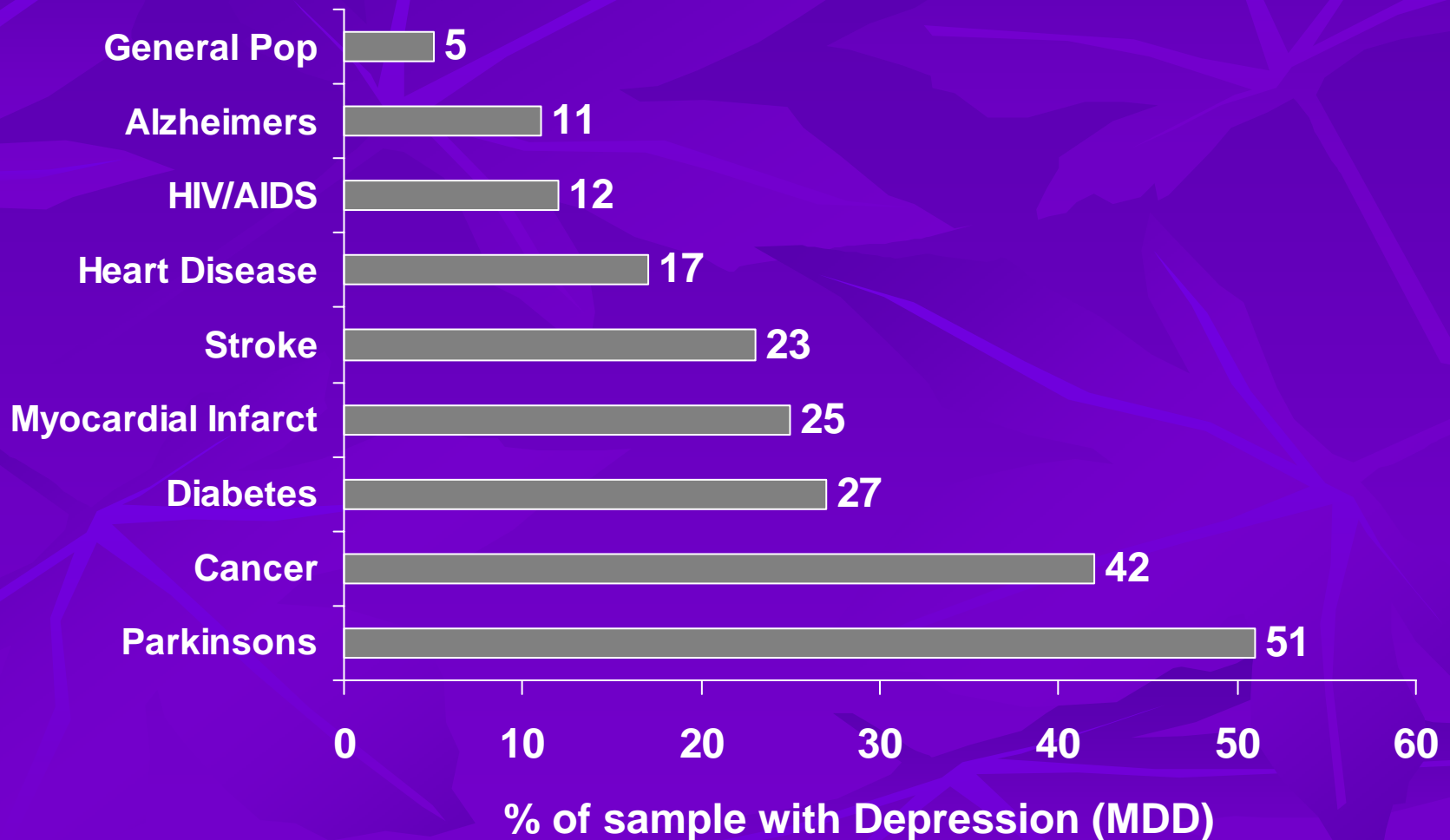




Medical Conditions Associated With Depression

- **D** efficiency states (ie, B₁₂, folate, iron, minerals)
- **E** ndocrinopathies (ie, thyroid, pituitary, adrenal)
- **Malignancies (ie, pancreas, stomach)**
- **O** thers (ie, infections)
- **N** eurologic illnesses (ie, AIDS, stroke)
- **S** eizures ie, complex partial seizures

Depression: **Prevalence** in medical illnesses



Problems with picking up cases!

Roadblocks To Recognition Of Depression

- “It’s normal to feel blue when you have cancer”
- “Of course you’re depressed - you have a medical illness”
- “Pull yourself together and you’ll feel better soon”
- “I won’t bother the doctor with my silly problems”

What to look out for in your patients?

What do you ask?

A clinically **DEPRESSED** patient may have these:

<p>Loss of appetite or weight</p>	<p>“How is your appetite lately? How about your weight?”</p>
<p>Unable to fall asleep. Interrupted sleep. Wakes up too early.</p>	<p>“Do you notice any change in your sleep pattern?”</p>
<p>Easily tired, lethargic, weak.</p>	<p>“How is your energy level like?”</p>

Psychomotor retardation.

“Do you feel slowed down?”

Difficulty to concentrate, indecisive.

“How is your concentration like?”

“Are you able to focus at work?”

Loss of interest/ pleasure.

“Do you still do the things you like (hobby)?”

Sadness/ depressed mood/
irritable.

“How is your mood these
past 2 weeks?”

Thought of worthlessness,
hopelessness, excessive
guilt.

“What do you think of for
your future? What are your
hopes?”

Thoughts of death, self
harm/ suicide.

“What do you think of life?
Has there been any time
you feel life is not worth
living?”

Stress and Depression can be life-threatening.

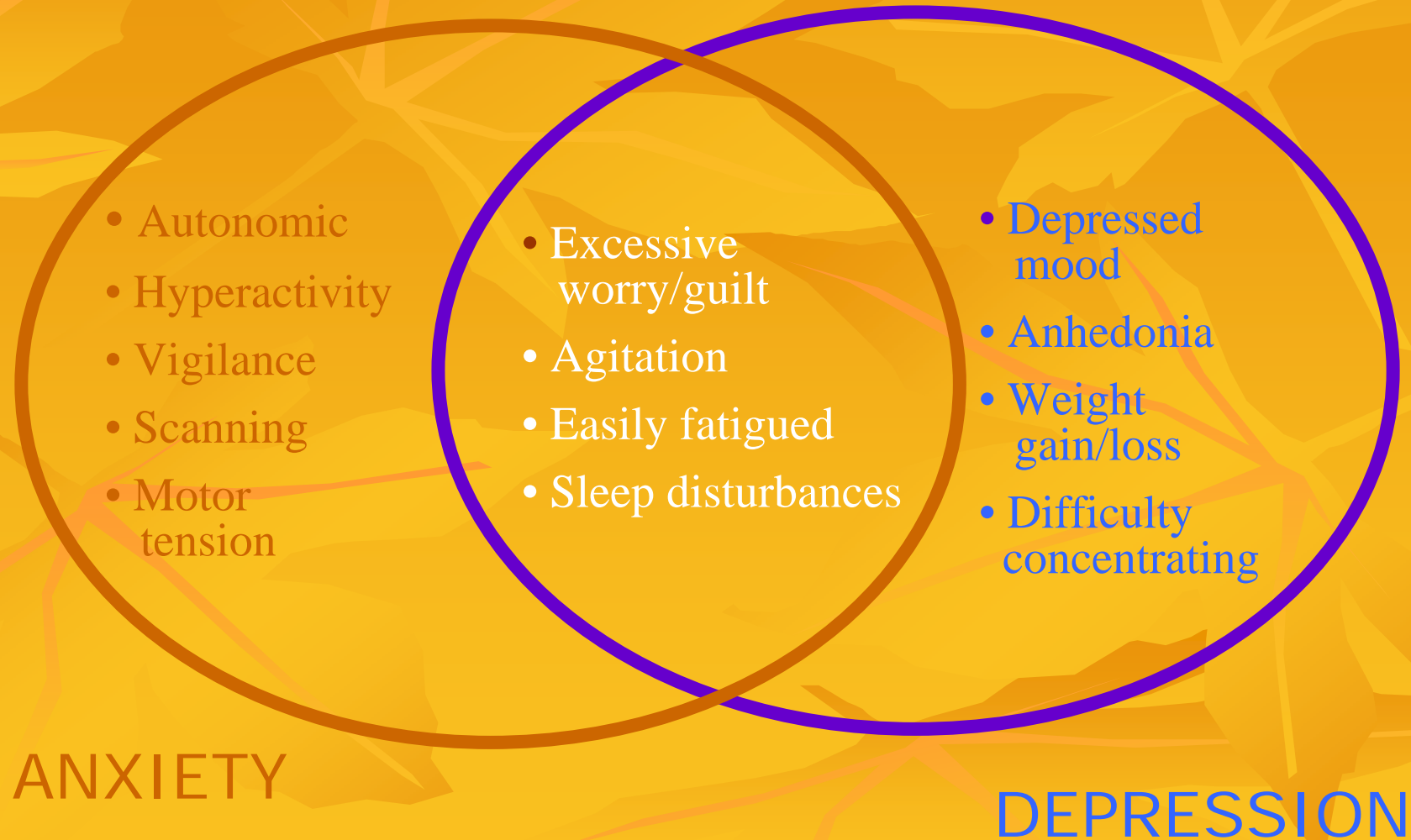


- The 9 items in Left column are things we look out for in diagnosing (clinical) depression.
- Derived from DSM-IV.
- Rearranged to suit socio-cultural setting.
- It is important to understand the concept, but DSM-IV has its drawback.....in patients with chronic medical problems.....

The use of RATING SCALE

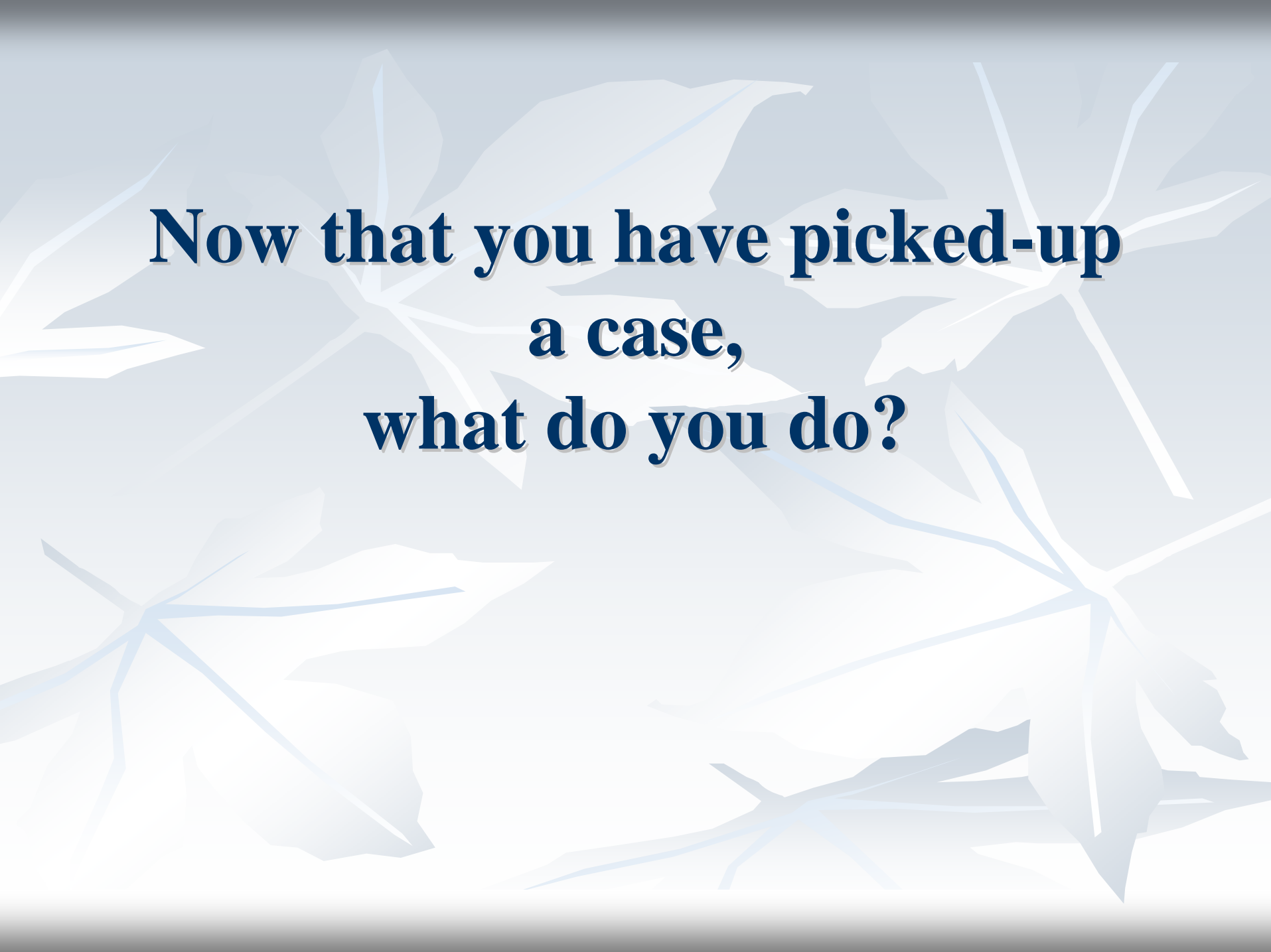
- H.A.D.S= Hospital Anxiety & Depression Scale.
- Self rated.
- Relatively simple to do.
- Looks for depression & anxiety.

Depression & Anxiety: Some Symptoms Are Common



How to pick up cases?

- (TO SHOW H.A.D.S)
- In English.
- Score of 8 or more is significant.
- Score of 11 or more is highly significant and may need referral.



**Now that you have picked-up
a case,
what do you do?**



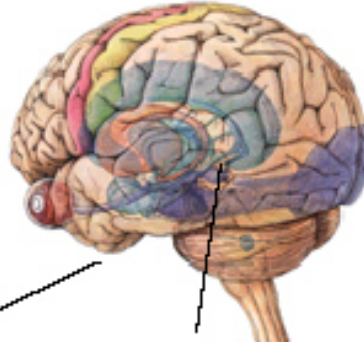
■ Reassurance

- “Your depression/ anxiety is very common.”
- “It can be treated.”
- “Both counselling and medication are helpful.”
- “We will support you: *Mitta for Life*”

Stressors
Cold, pain, exertion,
noise, sleep deprivation,
bereavement, divorce, loneliness, academic stress

Central Nervous System

Crystallized
noradrenaline



**Peripheral
Nervous System**



intestinal & gene-
related peptides

*Pancreatic
Hormones*



**Autonomic
Nervous System**



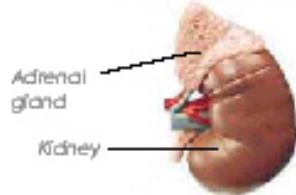
Endocrine System

Pituitary Hormones



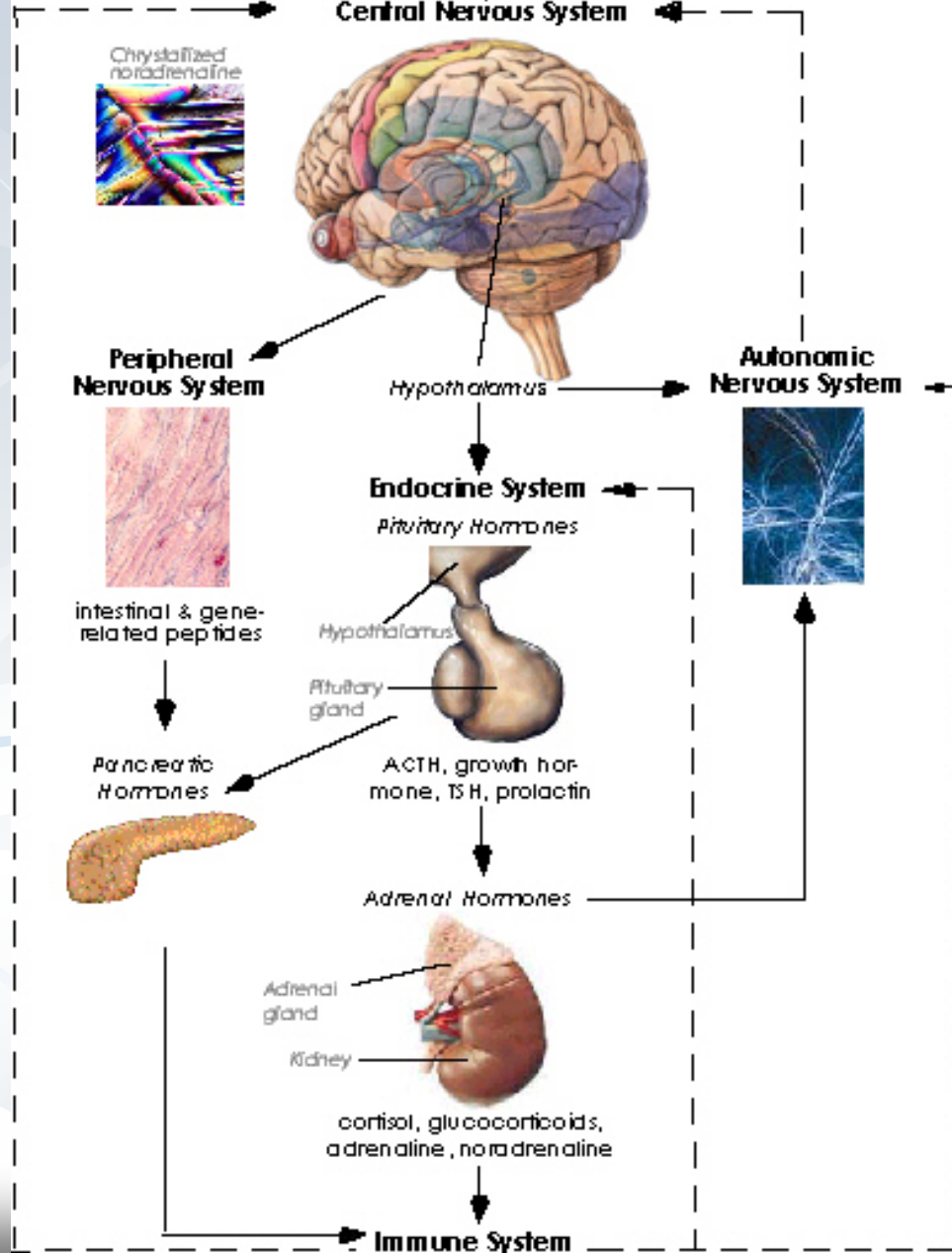
ACTH, growth hor-
mone, TSH, prolactin

Adrenal Hormones



cortisol, glucocorticoids,
adrenaline, noradrenaline

Immune System



Serious cases are:

COUNSELLING
'MITTA FOR LIFE'

COUNSELLING
'MITTA FOR LIFE'



REFERRALS

**COUNSELLING
'MITTA FOR LIFE'**



REFERRALS



**MEDICATION &
PSYCHOTHERAPY**

Therapeutic Approaches to Treat Depression & Anxiety

Medicine



ANTIDEPRESSANTS
&
ANXIOLYTICS

Therapeutic Approaches to Treat Anxiety

Pharmacologic



Psychosocial





THANK

YOU