After Cancer: Caring for the Whole Patient

Hester Hill Schnipper, LICSW, OSW-C
Beth Israel Deaconess Medical Center
Boston, Massachusetts
April 5, 2017
Cancer Survivors

- More than 10 million in the US and 20 million globally
- 62% of adults diagnosed today will be alive in five years
- 61% of survivors are > age 65
- Breast, prostate, and colorectal cancers are most prevalent
- Three of four families will have at least one family member diagnosed with cancer
Caring for Cancer Survivors

- Transition from active cancer treatment to post-treatment care is critical for long-term health
- Increasing focus on QOL
- Essential to make a plan to promote health, check for recurrence, respond to physical and psychosocial responses to the cancer experience
Essential Components of Care

• Prevention: recurrence and new cancer
• Surveillance: recurrence, second cancer, long-term side effects
• Intervention: consequences of cancer diagnosis and treatment
• Health promotion
• Coordination: specialists and primary care providers
Gold Nugget

Or Pearl of Wisdom

If you take home one thing from my talk: let it be this
What Your Patient Knows

- The months immediately following active treatment are often psychologically and physically challenging
- Brick by brick
RULE OF THUMB

• It will take AT LEAST as long as the total duration of treatment to feel fully well—physically and emotionally.

• This must be reinforced
The Early Months

- Psychologically and physically balanced somewhere between health and illness
- A unique opportunity to reflect and move towards a life that is a better fit and to make changes in health/lifestyle behaviors
- A time when extra support and reassurance is needed
Survivorship as a Dynamic Process

- Physical and emotional issues change over time
- Meaning of life and health may be altered
- Re-evaluating priorities, seeking control
- Cancer’s effects are not isolated to the patient. The whole family is impacted.
PHYSICAL RECOVERY

- Post-surgery changes
- Post-radiation changes
- Weight gain
- Sexual problems
- Urinary problems
- Fatigue and low energy
- Muscle stiffness and joint pain
- Cognitive changes
EMOTIONAL ISSUES

- Sadness
- Fear of recurrence, death
- Fear of pain
- Adjustment of physical changes
- Grieving losses as well as losses of dreams, what might have been
Emotional Issues Cont.

- Uncertainty
- Vulnerability
- Sexuality and intimacy
- Fears about parenting
- Changes in friendships, social support
- Possible changes in professional role
- Employment and insurance problems
Affect Overwhelms Cognition

• And physical problems every time
• Understanding that the physical surely impacts the emotional
Breast Cancer

- Second primary cancer
- Psychosocial distress
- Lymphedema
- Premature menopause: infertility, sexual issues, osteoporosis
- Hot flashes
- Weight gain
- Cardiovascular disease
- Fatigue
- Cognitive impairment
Prostate Cancer

- Second primary cancer
- Cancer recurrence
- Sexual dysfunction
- Bladder dysfunction
- Bowel dysfunction
- Osteoporosis, fatigue, muscle-wasting
- Cognitive function
Colorectal Cancer

- Cancer recurrence
- Second primary cancer
- Psychosocial distress
- Bowel dysfunction
- Colostomy
- Sexual function
- Cognitive function
Shock, Distress, and Depression

- 35% of all cancer patients rate as distressed
- 45% of breast cancer patients say that they reacted to initial diagnosis with intense fear, helplessness, or horror
- Rates of psychological distress and clinical depression higher than general population but comparable to primary care populations
Clinical Depression vs. Sadness

- Virtually everyone is distressed and saddened by a cancer diagnosis.
- Most cancer patients/survivors are not clinically depressed, do not benefit from or need antidepressants.
- Biggest predictor of depression is history of prior depression.
PTSD

• Post-traumatic stress disorder: a normal human reaction to a terrible life crisis.
• Most cancer patients/survivors have a mild version of PTSD that improves with time
• Often helpful to describe or “name” this for your patients
Sexuality

• Having cancer is never a sexual aid.
• Physical changes due to surgery, radiation, chemotherapy, hormone therapy
• Physical changes due to menopause.
• Emotional impact of diagnosis and treatments.
Libido and Arousal

- These are concerns for most women, of any age, who have been treated for cancer.
- Re-learning your body.
- Body changes from surgery, radiation and/or chemotherapy
- Vaginal dryness or pain with intercourse.
Sexual Issues for Men

- Difficulties with erection post surgery or radiation therapy
- Difficulties with arousal: hormone changes and psychological issues
- Changes in sense of self as "sexual stud"
- Difficulties in talking about performance issues
Fertility

• Loss of fertility can be one more loss: we can grieve both what we have lost and what we will never have.
• Loss of choice, victimization.
• Medical recommendations.
Professional issues

- Changes in perspective and goals.
- Possible discrimination in the workplace
- Explaining “time out” or changing jobs
- Worries re insurability and employability
Employment

• Important to talk about work within six months of completing treatment. Interventions are most helpful if offered early.

• Nearly one out of five survivors reported cancer-related limitations when interviewed 1-5 years post diagnosis.
Our most important relationships

• Children
• Husbands, partners
• Parents and siblings
• Dear friends
Existential issues

- Faith
- Hope
- Courage
- Community

We can learn from our patients who are struggling with these most important life issues.
Second Gold Nugget

• When you are wondering whether to do the right clinical thing or the right human thing (and there shouldn’t often be two different possibilities), do the right human thing

• Always