

Barriers to Psycho- Oncology

Moritz P. Günther, Dr. med., Bcom

*Department of Consultation-Liaison Psychiatry and Psychosomatic Medicine
University Hospital Zurich*

Agenda: Barriers to Psycho-Oncology

1. Defining Psycho-Oncology
2. Barriers to screening for distress
3. Barriers to psycho-oncological support
4. New pathways



Defining Psycho-Oncology

Holland, J.: “...a discipline helping patients (and their families) deal with psychological reactions at all stages of cancer.” (Holland & Weiss, 2010)

-> It's a continuum:



Jimmie Holland,
1928-2017



Treatment tasks in Psycho-Oncology

- **32%** of patients with cancer have a psychiatric comorbidity¹
- Subsyndromal symptoms (**distress**) is much more frequent²

Prevalence of Psychiatric Disorders in Advanced Cancer

	Advanced disease	Terminal illness	Caregivers
Adjustment disorder	14%–34.7%	10.6%–16.3%	—
Anxiety disorders			
Generalized anxiety	3.2%–5.3%	5.8%	3.5%
Panic disorder	4.2%	5.5%	8.0%
Post-traumatic stress	2.4%	0%	4.0%
Unspecified	—	4.7%	—
Any	6%–8.2%	13.9%	—
Depressive disorders			
Major depression	15%; range, 5%–26%	6.7%–17.8%	4.5%
Minor depression	7.2%–25.6%	2.1%	—
Dysthymia	—	4.5%	—
Any	14.1%–31%	20.7%	—

Miovic M & Block S, Cancer (2007) 110:1665-76

- Furthermore: Delirium (20%-70%), cancer related fatigue (60-96%)³

1: Mehnert et al. 2019, Faller et al. 2013, many more

2: Carlson LE, Bultz BD. Cancer distress screening. Needs, models, and methods. J Psychosom Res. 2003;55(5):403-9.; Mehnert A, Hartung TJ, Friedrich M, Vehling S, Brähler E, Härter M, et al. One in two cancer patients is significantly distressed: Prevalence and indicators of distress. Psychooncology. 2018;27(1):75-82.; Mitchell AJ, Chan M, Bhatti H, Halton M, Grassi L, Johansen C, et al. Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies. Lancet Oncol. 2011;12(2):160-74.; Xie J, Ding S, He S, Duan Y, Yi K, Zhou J. A Prevalence Study of Psychosocial Distress in Adolescents and Young Adults With Cancer. Cancer Nurs. 2017;40(3):217-23.

3: Hofman 2007; Singer et. al. 2011

Defining Psycho-Oncology

➤ In a review of >60 reviews and meta-analyses no explicit definition of “psychological intervention” in the context of cancer care was found (1).

➤ **Inconsistent definitions hinder research and practice in psycho-oncology**

1: Hodges, L. J., Walker, J., Kleiboer, A. M., Ramirez, A. J., Richardson, A., Velikova, G., & Sharpe, M. (2011). What is a psychological intervention? A metareview and practical proposal. *Psycho-oncology*, 20(5), 470-478.



Barriers to screening for distress

- Distress in 30-50% of cancer patients (1-6).
- Internationally established instruments: Distress thermometer & problem list (7).

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

10

9

8

7

6

5

4

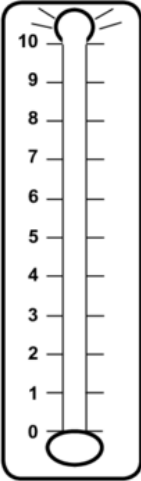
3

2

1

No distress

0



PROBLEM LIST

Please indicate if any of the following has been a problem for you in the past week including today.
Be sure to check YES or NO for each.

	<u>YES</u>	<u>NO</u>	<u>Practical Problems</u>	<u>YES</u>	<u>NO</u>	<u>Physical Problems</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child care	<input type="checkbox"/>	<input type="checkbox"/>	Appearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Bathing/dressing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insurance/financial	<input type="checkbox"/>	<input type="checkbox"/>	Breathing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Changes in urination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work/school	<input type="checkbox"/>	<input type="checkbox"/>	Constipation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment decisions	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
				<input type="checkbox"/>	<input type="checkbox"/>	Eating
				<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
				<input type="checkbox"/>	<input type="checkbox"/>	Feeling swollen
				<input type="checkbox"/>	<input type="checkbox"/>	Fevers
				<input type="checkbox"/>	<input type="checkbox"/>	Getting around
				<input type="checkbox"/>	<input type="checkbox"/>	Indigestion
				<input type="checkbox"/>	<input type="checkbox"/>	Memory/concentration
				<input type="checkbox"/>	<input type="checkbox"/>	Mouth sores
				<input type="checkbox"/>	<input type="checkbox"/>	Nausea
				<input type="checkbox"/>	<input type="checkbox"/>	Nose dry/congested
				<input type="checkbox"/>	<input type="checkbox"/>	Pain
				<input type="checkbox"/>	<input type="checkbox"/>	Sexual
				<input type="checkbox"/>	<input type="checkbox"/>	Skin dry/itchy
				<input type="checkbox"/>	<input type="checkbox"/>	Sleep
				<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse
				<input type="checkbox"/>	<input type="checkbox"/>	Tingling in hands/feet

Family Problems

<input type="checkbox"/>	<input type="checkbox"/>	Dealing with children
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with partner
<input type="checkbox"/>	<input type="checkbox"/>	Ability to have children
<input type="checkbox"/>	<input type="checkbox"/>	Family health issues

Emotional Problems

<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Fears
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness
<input type="checkbox"/>	<input type="checkbox"/>	Sadness
<input type="checkbox"/>	<input type="checkbox"/>	Worry
<input type="checkbox"/>	<input type="checkbox"/>	Loss of interest in usual activities

Spiritual/religious concerns

<input type="checkbox"/>	<input type="checkbox"/>	Spiritual/religious concerns
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Other Problems: _____

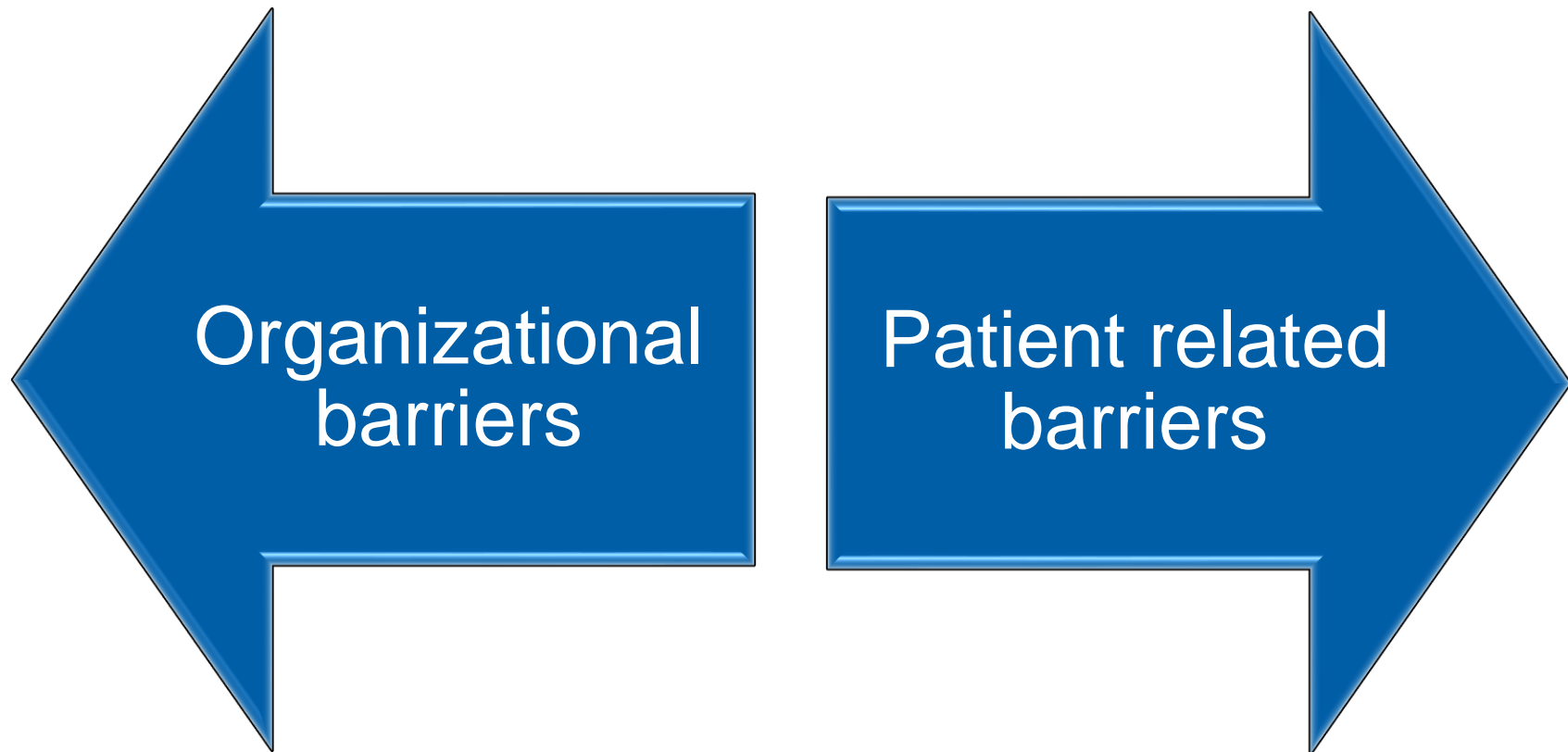
- Current screening rates: 40% in inpatient (8)/ 22-74% in outpatient treatment (9-11).

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- Carlson LE, Bultz BD. Cancer distress screening. Needs, models, and methods. J Psychosom Res. 2003;55(5):403-9.
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- Mitchell AJ, Chan M, Bhatti H, Halton M, Grassi L, Johansen C, et al. Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies. Lancet Oncol. 2011;12(2):160-74.
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- Owby KK. Use of the distress thermometer in clinical practice. Journal of the advanced practitioner in oncology. 2019;10(2):175.
- Götz A, Kröner A, Jenewein J, Sprig R. Evaluation of the adherence of distress screening with the distress thermometer in cancer patients 4 years after implementation. Support Care Cancer. 2019;27(8):2799-807.
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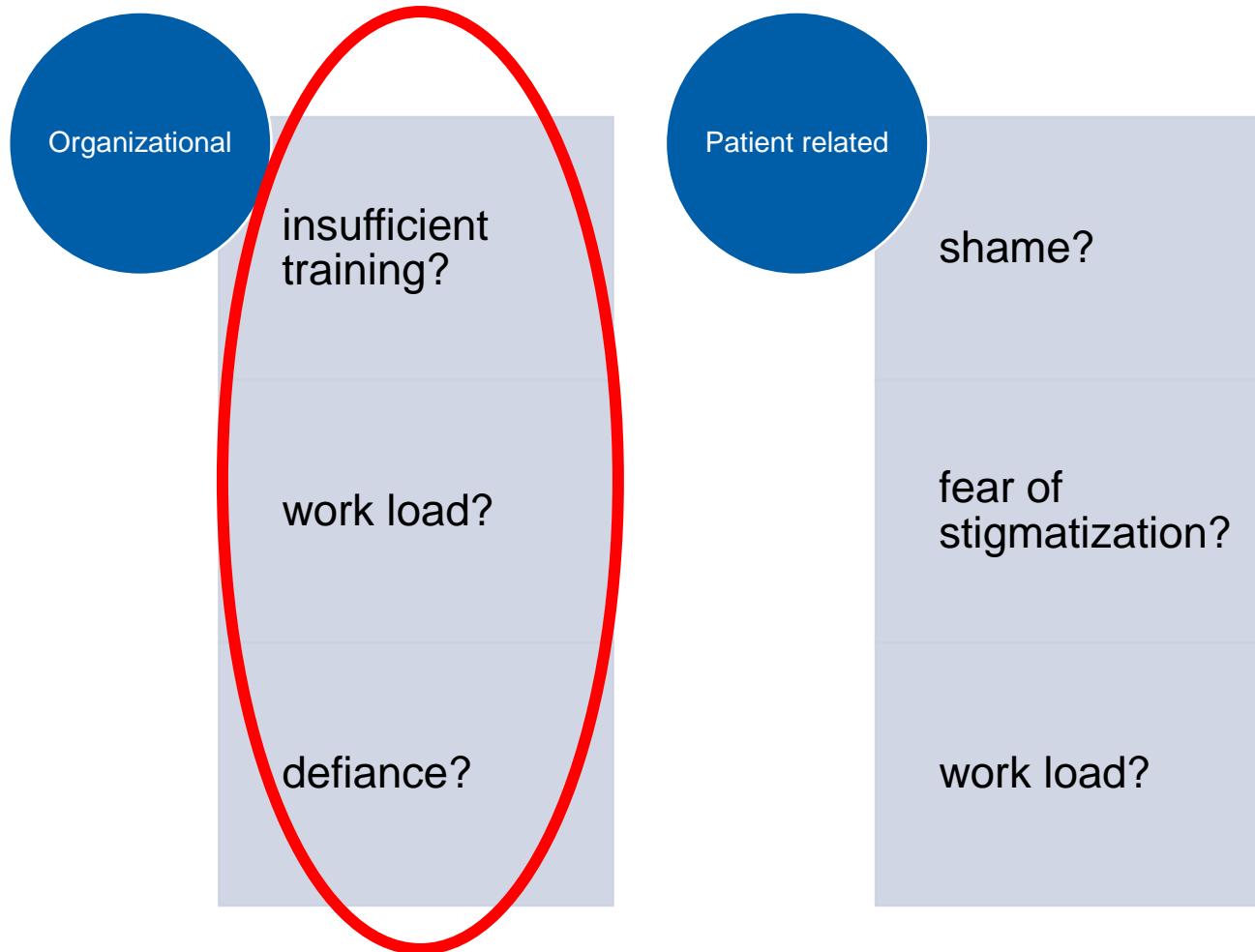
Who is not being screened for distress?

No screening (6491 cancer patients, 45 variables): Absence of tumor board discussion, short hospitalizations, absence of psychiatric consult, breast or skin cancer (1)



(1: Günther, M. P., Kirchebner, J., Schulze, J. B., Götz, A., von Känel, R., & Euler, S. (2021). Uncovering Barriers to Screening for Distress in Patients with Cancer via Machine Learning, *Journal of the Academy of Consultation-Liaison Psychiatry*, in press. doi: 10.1016/j.jaclp.2021.08.004.)

Barriers to screening for distress?

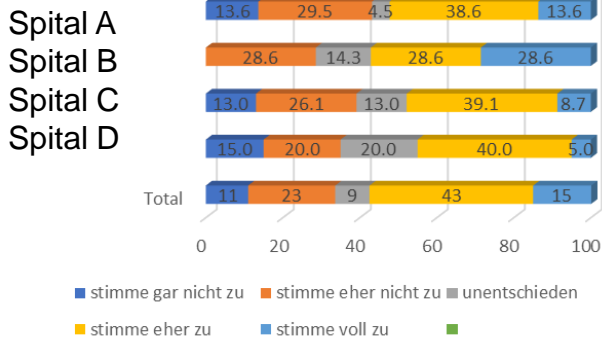


Barriers Swiss cancer care nurses see:

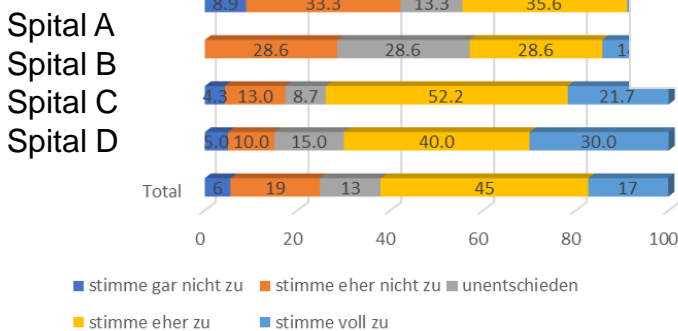
Results according to a questionnaire distributed to 246 cancer care nurses at 4 cancer treatment centers in Switzerland in 2021

Organizational

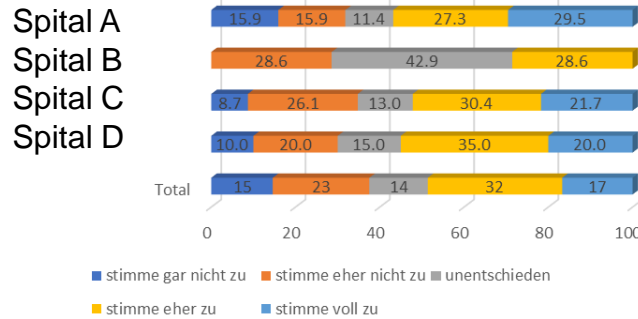
No time



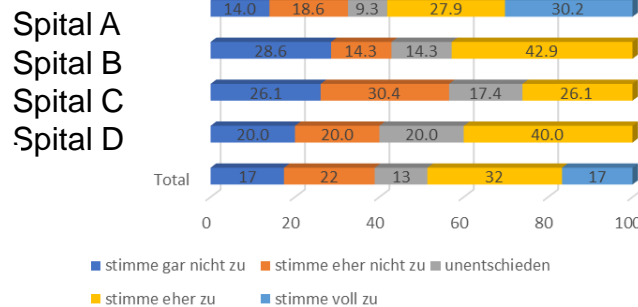
Patients find screening a waste of time



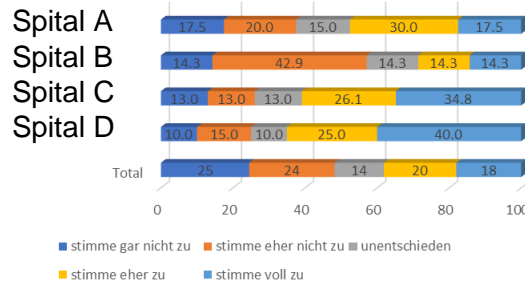
Patients don't trust us



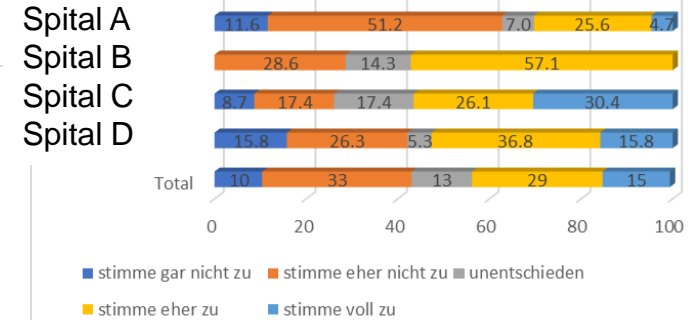
No private room to discuss screening



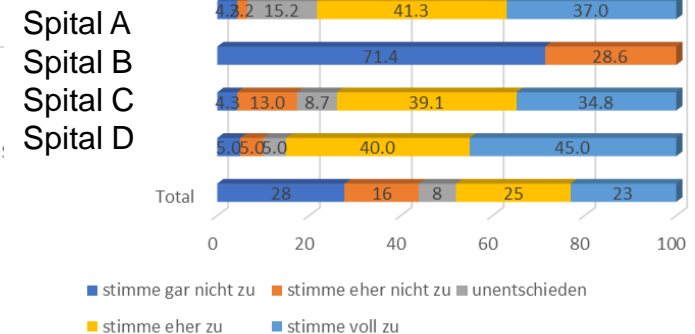
Not clear what support services offer



Cognitive/ language barriers of patients



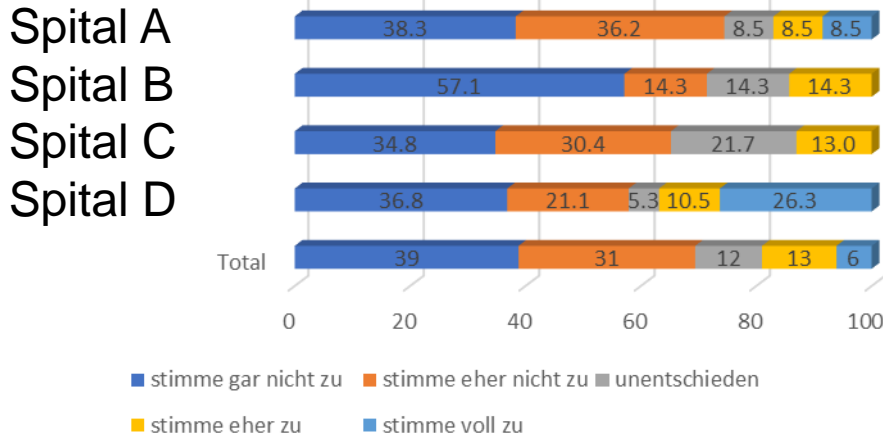
Fear to be swamped with patients' emotions



NOT a barrier according to Swiss cancer care nurses:

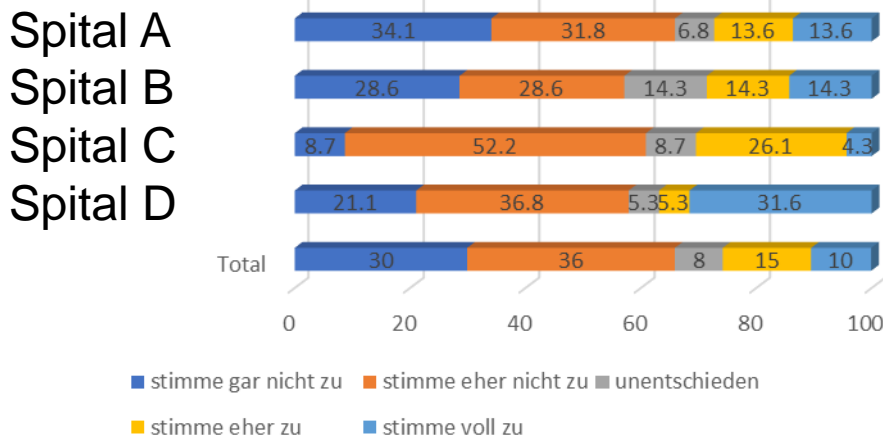
Organizational

Screening not useful clinically

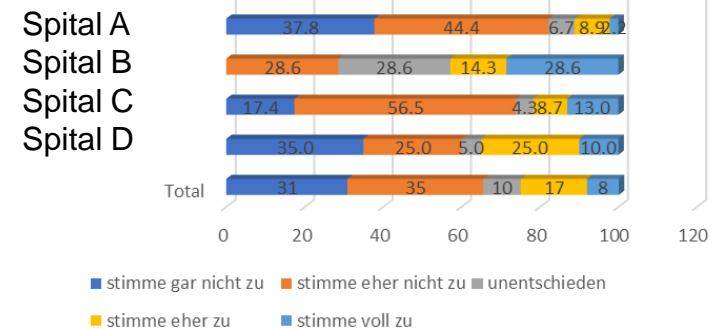


Results according to a questionnaire distributed to 246 cancer care nurses at 4 cancer treatment centers in Switzerland in 2021

Waste of time



Insufficient clinical capacity in psycho-oncology



Barriers to screening for distress?

Academic/ Socio-economic arguments around screening for distress :

- Nurses, general practitioners and oncologists frequently fail to identify distress without screening (1-3)
- Screening rules depression out, but not in (4): Undistressed patients likely have no F-diagnosis, but not all distressed patients have an F-diagnosis -> fear of exploding costs
- Screening is no end in itself (5): No evidence screening itself reduces distress – or depression (6). Thus screening has no value if detected distress does not result in treatment (due to lack of psychotherapists, patient's refusal or other)
- Psycho-oncological support is valuable, but there may be more efficient mechanisms (than screening) to provide it to those in need (7).

Sources:

1: Mitchell, A. J., Hussain, N., Grainger, L., & Symonds, P. (2011). Identification of patient-reported distress by clinical nurse specialists in routine oncology practice: a multicentre UK study. *Psycho-Oncology*, 20(10), 1076-1083.

2: Mitchell, A. J., Rao, S., & Vaze, A. (2011). Can general practitioners identify people with distress and mild depression? A meta-analysis of clinical accuracy. *Journal of affective disorders*, 130(1-2), 26-36.

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4: Mitchell, A. J. (2007). Pooled results from 38 analyses of the accuracy of distress thermometer and other ultra-short methods of detecting cancer-related mood disorders. *Journal of clinical oncology*, 25(29), 4670-4681.

5: Bidstrup, P. E., Johansen, C., & Mitchell, A. J. (2011). Screening for cancer-related distress: summary of evidence from tools to programmes. *Acta Oncologica*, 50(2), 194-204.

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7: Rajesh, A., Stefanek, M. (2022). Controversies in Psycho-Oncology. In: Steel, J.L., Carr, B.I. (eds) *Psychological Aspects of Cancer*. Springer, Cham.

https://doi.org/10.1007/978-3-030-85702-8_15

Another prominent critique: Ullrich, Gerald (2020): Management bias in der Psychoonkologie.pdf. figshare. Preprint. <https://doi.org/10.6084/m9.figshare.12059442.v1>

Barriers to screening for distress?

- A commitment to screening is essential until more efficacious pathways are identified to provide psycho-oncological support to those in need



Barriers to psycho-oncological support

Psycho-oncological support has shown to

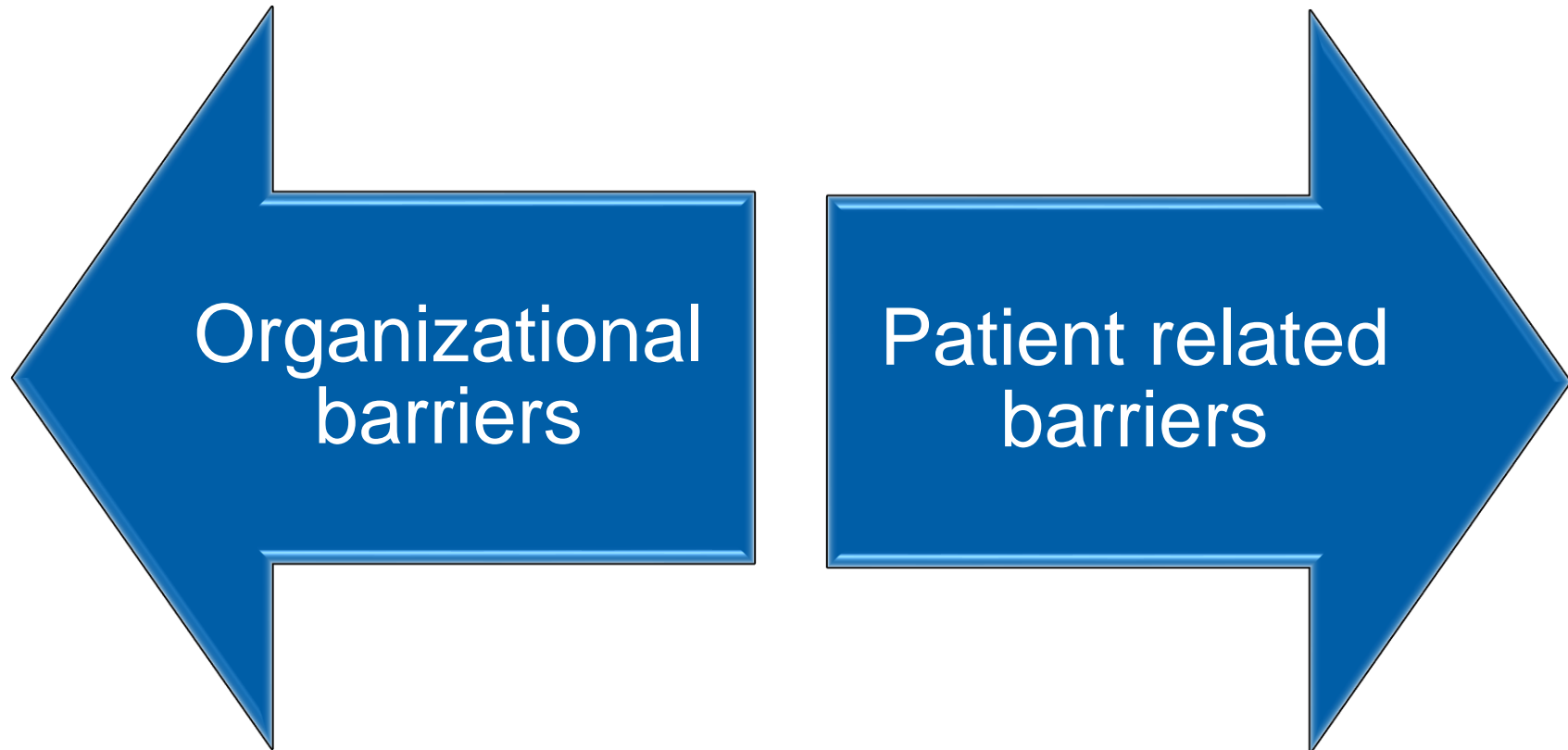
- reduce distress (1, 2),
 - increase treatment adherence (3) and satisfaction (4, 5),
 - likely improve course and prognosis of cancer (6-9),
 - reduce the length of hospitalizations (10),
 - reduce financial and emotional burden of health care providers (8)
 - and maximize quality of life in general (11)
- all depending on the definition of psycho-oncology used (12).

Sources:

1. Faller H, Schuler M, Richard M, Heckl U, Weis J, Küffner R. Effects of psycho-oncologic interventions on emotional distress and quality of life in adult patients with cancer: systematic review and meta-analysis. *J Clin Oncol*. 2013;31(6):782-93.
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3. Kennard BD, Stewart SM, Olvera R, Bawdon RE, Lewis CP, Winick NJJoCPiMS. Nonadherence in adolescent oncology patients: preliminary data on psychological risk factors and relationships to outcome. 2004;11(1):31-9.
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9. Sanjida S, Janda M, Kissane D, Shaw J, Pearson SA, DiSipio T, et al. A systematic review and meta-analysis of prescribing practices of antidepressants in cancer patients. *Psychooncology*. 2016;25(9):1002-16.
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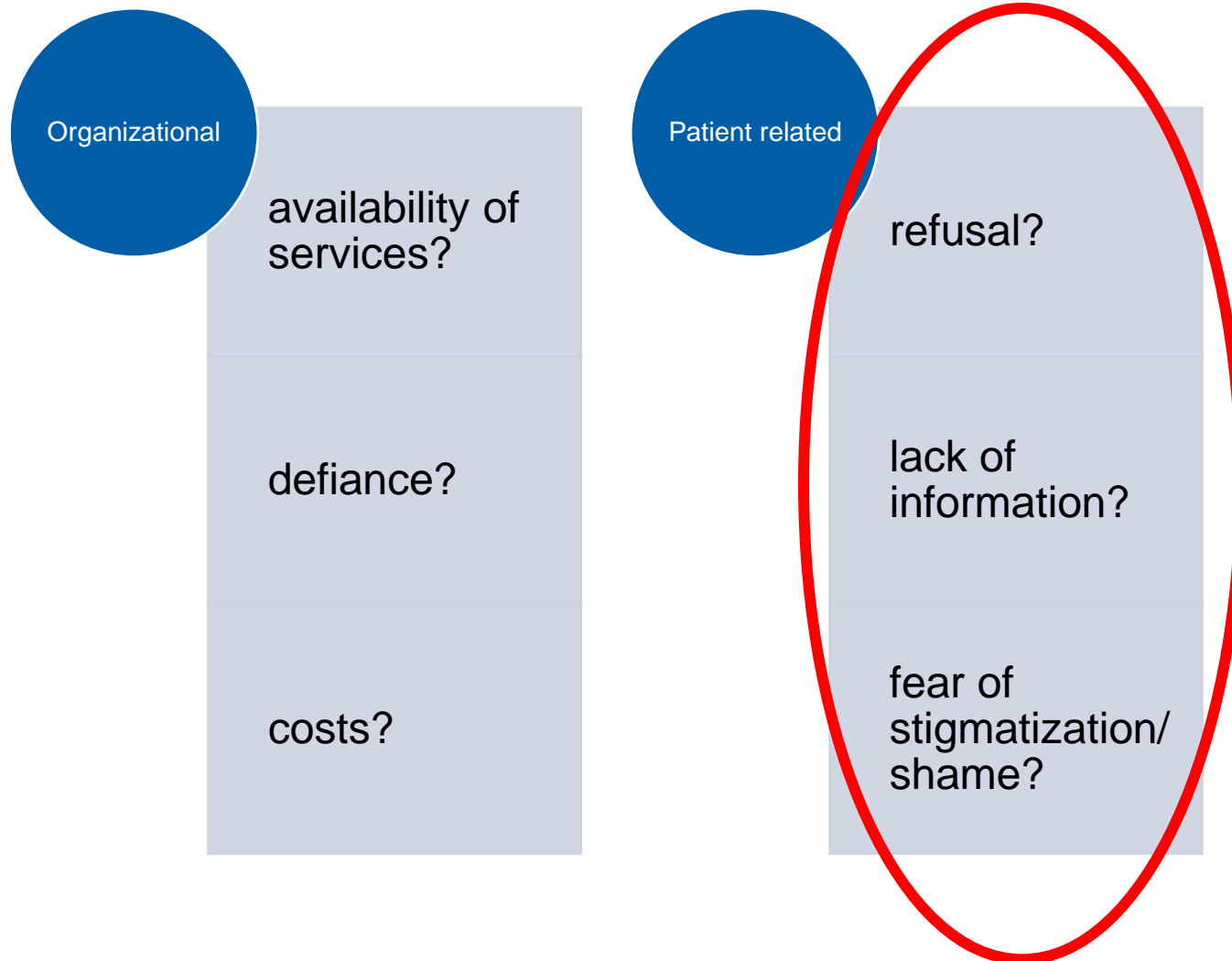
Barriers to psycho-oncological support?

No psycho-oncological consultation (7318 cancer patients, 44 variables): Absence of screening for distress, short hospitalizations, no mental disorder, aged 65 or older, skin cancer, absence of tumor board discussion.



(1: Günther, M. P., Kirchebner, J., Schulze, J. B., von Känel, R., & Euler, S. (2022). Towards identifying cancer patients at risk to miss out on psycho-oncological treatment via machine learning. *European Journal of Cancer Care*, e13555. doi: 10.1111/ecc.13555)

Barriers to psycho-oncological support?



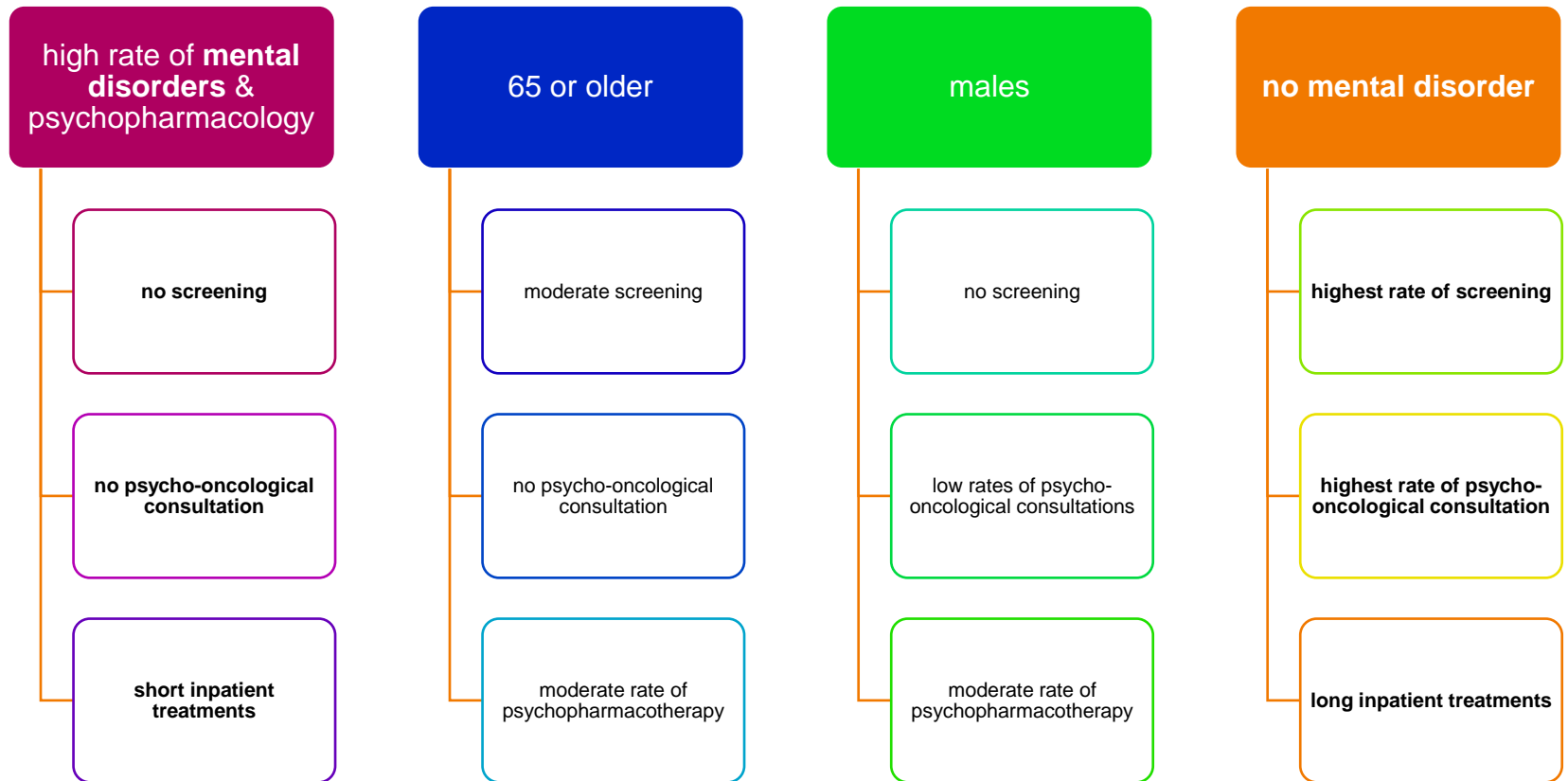
Patients' barriers to psycho-oncological support?

- 35-70% of patients with positive distress screening reject psycho-oncological support, while 5% of patients without a positive screening demand a referral (1-4).
- Frequent reasons for a refusal: Already receiving help elsewhere, prefer to handle it by themselves, feeling not distressed enough, being afraid of being stigmatized, refusal to discuss emotional problems (2, 5, 6).

Sources:

- 1: Mitchell AJ. Screening for cancer-related distress: when is implementation successful and when is it unsuccessful? *Acta Oncol.* 2013;52(2):216-24.
- 2: van Scheppingen C, Schroevers MJ, Smink A, van der Linden YM, Mul VE, Langendijk JA, et al. Does screening for distress efficiently uncover meetable unmet needs in cancer patients? *Psychooncology.* 2011;20(6):655-63.
- 3: Tuinman MA, Gazendam-Donofrio SM, Hoekstra-Weebers JE. Screening and referral for psychosocial distress in oncologic practice: use of the Distress Thermometer. *Cancer.* 2008;113(4):870-8.
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Unexpected barriers to psycho-oncological support?



Günther, M. P., Schulze, J. B., Jellestad, L., Mehnert-Theuerkauf, A., von Känel, R., & Euler, S. (2021). Mental disorders, length of hospitalization, and psychopharmacy—New approaches to identify barriers to psychological support for patients with cancer. *Psycho-Oncology*, 30(10), 1773-1781.

Günther, M. P., Schulze, J. B., Kirchebner, J., Jordan, K. D., von Känel, R., & Euler, S. (2022). Severe mental illness in cancer is associated with disparities in psycho-oncological support. *Current Problems in Cancer*, 46(3), 100849.

Barriers to psycho-oncological support?

Academic/ Socio-economic arguments surrounding psycho-oncological support:

- “Are psycho-oncological interventions effective?” – countless studies since the “great debate” convened by the Society of Behavioral Medicine in 2005. (1)
- Definitional (“psycho-oncology”, “distress”) and methodological (quality of studies) issues.
- Small to medium effect sizes; strongest effect in interventions with a trained psychotherapist for patients with high distress.
- Key aspects of successful interventions: reduction in cancer-related thoughts and feelings, an increase in self-efficacy and self-concept, a better understanding of cancer pain (2, 3)
- However: treatment x time interaction frequently ignored in studies

Sources:

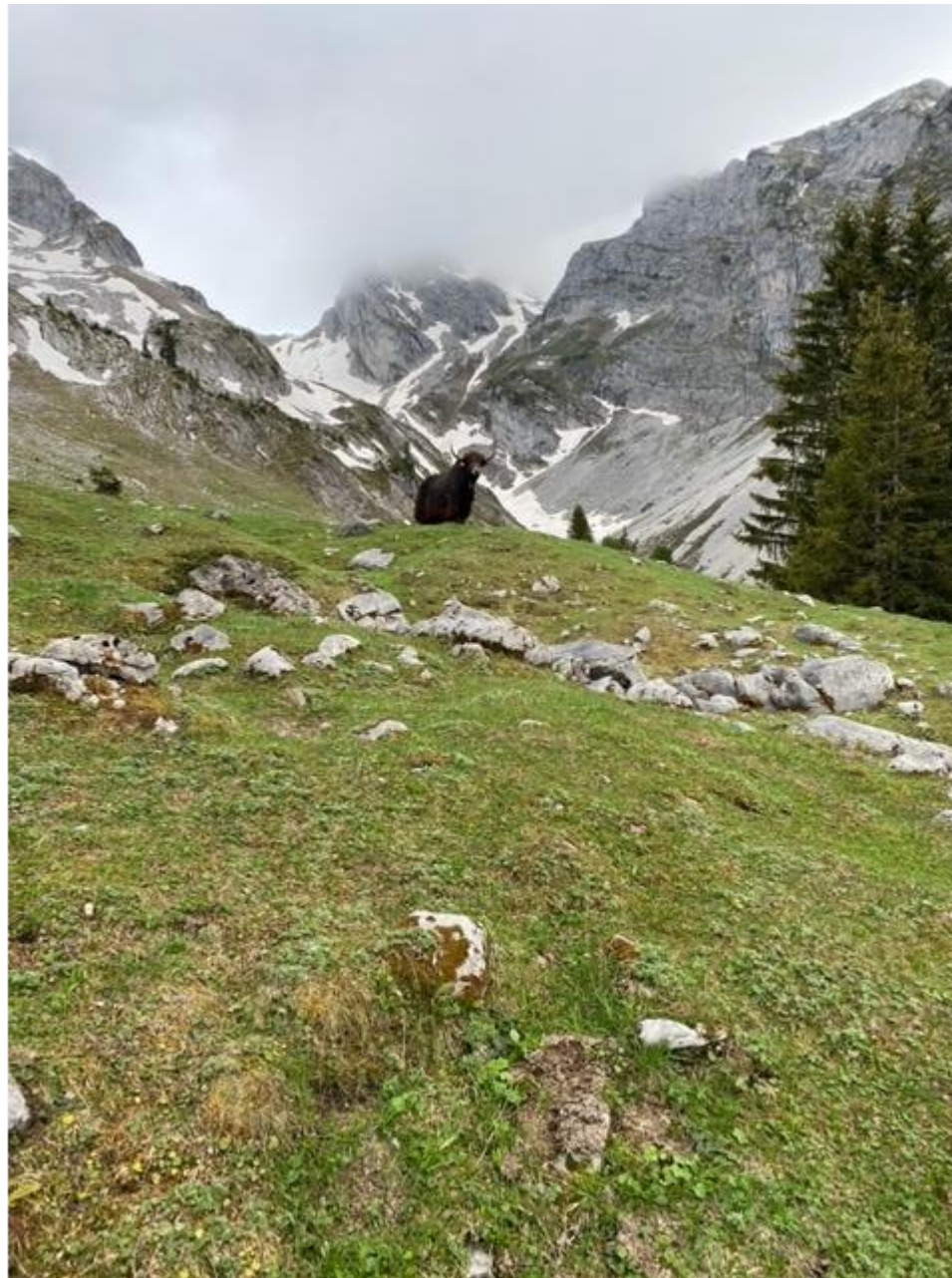
1: Rajesh, A., Stefanek, M. (2022). Controversies in Psycho-Oncology. In: Steel, J.L., Carr, B.I. (eds) Psychological Aspects of Cancer. Springer, Cham. https://doi.org/10.1007/978-3-030-85702-8_15

2: Stanton AL, Luecken LJ, MacKinnon DP, Thompson EH. Mechanisms in psychosocial interventions for adults living with cancer: opportunity for integration of theory, research, and practice. J Consult Clin Psychol. 2013;81(2):318.

3: Badr H, Smith CB, Goldstein NE, Gomez JE, Redd WH. Dyadic psychosocial intervention for advanced lung cancer patients and their family caregivers: results of a randomized pilot trial. Cancer. 2015;121(1):150–8.

Barriers to psycho-oncological support?

- Psycho-oncological support should be provided to patients with high distress

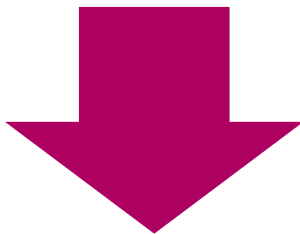


New pathways to/ in psycho-oncology?

- Telehealth interventions (1) with potential for more tailored interventions for culturally diverse patient populations (2)
- Case finding vs. Screening (3)



Case finding: The application of a diagnostic test or clinical assessment in order to optimally identify those with the disorder with minimal false positives



Screening: The application of a diagnostic test or clinical assessment in order to optimally rule-out those without the disorder with minimal false negatives

- Artificial Intelligence (“advanced statistics”) to identify patients in need?

Sources:

1. Agboola SO, Ju W, Elfiky A, Kvedar JC, Jethwani K. The effect of technology-based interventions on pain, depression, and quality of life in patients with cancer: a systematic review of randomized controlled trials. *J Med Internet Res.* 2015;17(3):e65.
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**Thank you
for your attention**

