

Depressive mood with cancer patients – therapy strategies in practice

Psychooncology

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The diagnosis cancer can – for most of the persons concerned – be a catalyst for psychopathologic relevant symptoms. As a consequence there often appear depressive disorders. The psychooncological support has the aim to disburden patients from depressive symptoms through a sufficient treatment strategy.

Since almost 3 years the Viennese private clinic (Pelikangasse in the 9th district) offers continuous psychooncological support for cancer patients.

During a first interview of the patients held by the employees of the nursing staff this possibility is already pointed out. On the one hand, the patient can be supported by the oncologist him-/herself, on the other hand by a graduated (male) nurse. The continuity of that psychooncological support will be guaranteed by a minimum of 3 patient contacts a week. Very often this results in a psychooncological interval therapy in an ambulatory setting (e.g. between chemotherapy cycles)

Through extensive exploration during the first interview the psychopathological status is raised in which especially cancer patients show a "subtle" momentum. With this kind of patients there gently has to be established mutual foundation of trust what enables specialists to explain them psychopathological phenomena like depressive symptoms. As a result a special treatment process can be offered.

With most of the cancer patients a psychopharmacological attitude is indicated and due to different phenomena the topic "pharmaceuticals" is a very sensitive one, especially with this clientele. It should be tried to communicate the absolute necessity of anti-depressive medication by a few examples.

Particular attention should be given to the effects the medication has, possible side-effects as well as dose rate and duration of intake.

"The better the psychooncologist succeeds in establishing a mutual foundation of trust, the better the patient's compliance will be."

Different combinations of symptoms with cancer patients

The extremely high amount of patients taken care of especially suffered from a depressive – anxious – symptomatic. Very often additional phenomena like agitation and sleep disorders occurred.

Especially listlessness and diminished appetite (serotonin), by lots of the patients associated with adynamia and senselessness, are said to be the core symptoms. It would go beyond the scope of this article to fully describe the psychological strain cancer patients have.

Psychopharmacological therapy options with (depressive) cancer patients

Concerning the medicamentous treatment of cancer patients there can be said that currently the modern, anti-depressive acting psychotropics, which positively influence the serotonin metabolism (like SSRIs), are unrivaled. By milder forms of depressive models the administration of herbal antidepressants (especially the preparation St. John's wort) can be useful. Very often one has to consider the administration of tranquillizers, especially at the beginning of an anti-depressive, medicamentous therapy, to reduce agitation and sleep disorders – as already mentioned earlier in this article.

Pharmaceutical forms, dose rates and duration of treatment

Due to the special psychological condition of cancer patients the administration of anti-depressive acting substances is seen as very successful. Apart from an absolutely comprehensible psychological effect by intravenous application these substances normally take hold pretty quick. Thereby the diminished appetite, which is a very encumbering additional symptom with cancer patients, can also be influenced positively. In practice it has shown that a "creeping" dosage (intravenous as well as oral administration) is very beneficial for the further progress.

Concerning the patient's sleeping architecture the treatment possibilities through soporific antidepressants have to be mentioned as being very progressive. With regard to the duration of the treatment, the patient should be motivated to take in the administered psychotropics for another six months after having finished his/her chemotherapy. To prevent the patient from undesirable side-effects that can occur when taking in psychotropics a "creeping" process especially at the beginning of a therapy is justified. Equally, an anti-depressive therapy should be tapered cautiously.

Side-effects, placebo effect

The side-effects of psychotropics are an enormously important subject matter. In practice, synthetic antidepressants do have very little side-effects. Primarily, symptoms like temporary fatigue, agitation, reduction of libido, increased sweating, weight reduction, as well as influence on dejection and urination do occur.

To my mind the better you explain the pharmacological medication to the patient the better the compliance will be. A good "psychological" ability of the specialist can by all means be part of a pharmacological effect.

Additional treatment strategies and methods that can be combined with medication

Concerning the psychosocial support of cancer patients the psychotherapy is a very important factor. Due to the different psychodynamic conditions and consequences after the diagnosis "cancer", which by the way not only affects that patient him-/herself but also his/her social environment (family, friends, etc.), it is essential to deal with the patient's personal and individual activities as well as his/her psychological strain. Here we have to differentiate between deeper and lower-threshold therapy options.

As a consequence there is an additional requirement for support of the members (psychosocial management) what has to be offered and implemented by the psychooncologist.

Depending on the different possibilities of how the patient's psychological strain developed, additional or alternative interventions, like natural medicine, application of St. John's wort, light therapy or recreation techniques, can be discussed.

To conclude I would like to stress the importance of a pharmacological treatment, especially with new and modern synthetic antidepressants that are available today. With this "double-tracked" treatment strategy (psychosocial support of the cancer patient) it is possible to establish an equilibrium between the psychological, physical and mental conditions and to bring harmony into the environment of the person concerned – this way the therapeutic aim – improving the patient's life quality – can be reached.

1. Body and soul of a human being are an inseparable unit.
2. The relationship between body and soul is known only to some extent; albeit this is why a human being always reacts physically and mentally at the same time when being healthy / sick.
3. Based on these facts science develops empirically rational methods to recognize, treat and prevent people from diseases.

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