
Postgraduate Certificate in Psycho-Oncology

Psychiatric Disorders in Cancer Patients

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Cancer and psychiatric disorders often co-occur, and the diagnosis and treatment of these disorders can be complex. In this explanation, we will discuss key terms and vocabulary related to psychiatric disorders in cancer patients in the context of the Postgraduate Certificate in Psycho-Oncology.

Anxiety Disorders

Anxiety disorders are characterized by excessive and persistent worry, fear, or anxiety that interferes with daily activities. In cancer patients, anxiety disorders may be triggered by the diagnosis, treatment, or fear of recurrence.

Generalized Anxiety Disorder (GAD) is characterized by excessive and uncontrollable worry about everyday things for at least six months. In cancer patients, GAD may be triggered by concerns about treatment, prognosis, or the impact of cancer on daily life.

Panic Disorder is characterized by recurrent and unexpected panic attacks, which are sudden episodes of intense fear or discomfort that reach a peak within minutes. Cancer patients may experience panic attacks due to fear of treatment, fear of pain, or fear of death.

Post-Traumatic Stress Disorder (PTSD) may develop after a traumatic event, such as a cancer diagnosis or treatment. PTSD is characterized by intrusive thoughts, avoidance, negative changes in thoughts and mood, and changes in physical and emotional reactions.

Depressive Disorders

Depressive disorders are characterized by persistent feelings of sadness, hopelessness, or loss of interest or pleasure in activities. In cancer patients, depressive disorders may be triggered by the diagnosis, treatment, or fear of recurrence.

Major Depressive Disorder (MDD) is characterized by persistent feelings of sadness, hopelessness, or loss of interest or pleasure in activities for at least two weeks. In cancer patients, MDD may be triggered by the diagnosis, treatment, or fear of recurrence.

Persistent Depressive Disorder (PDD) is a chronic form of depression that lasts for two years or more. In cancer patients, PDD may be triggered by the ongoing stress of living with cancer.

Bipolar Disorder is characterized by episodes of depression and mania or hypomania. Cancer patients with

bipolar disorder may experience mood swings that interfere with treatment and quality of life.

Delirium

Delirium is a serious disturbance in mental abilities that results in confused thinking and reduced awareness of the environment. Delirium is common in cancer patients, particularly those who are hospitalized or receiving palliative care. Delirium may be caused by medication side effects, infection, or other medical conditions.

Hypoactive Delirium is a form of delirium characterized by reduced motor activity and alertness. Hypoactive delirium may be mistaken for depression or sedation.

Hyperactive Delirium is a form of delirium characterized by agitation, hallucinations, and delusions. Hyperactive delirium may be mistaken for psychosis.

Mixed Delirium is a form of delirium that includes both hypoactive and hyperactive symptoms.

Cognitive Impairment

Cognitive impairment is a decline in cognitive function, such as memory, attention, and executive function. Cognitive impairment is common in cancer patients, particularly those who receive chemotherapy or radiation therapy.

Chemotherapy-Induced Cognitive Impairment (CICI) is a decline in cognitive function that occurs after chemotherapy. CICI may be caused by direct toxic effects of chemotherapy on the brain or by indirect effects, such as inflammation or changes in brain chemistry.

Radiation-Induced Cognitive Impairment (RICI) is a decline in cognitive function that occurs after radiation therapy. RICI may be caused by direct toxic effects of radiation on the brain or by indirect effects, such as inflammation or changes in brain chemistry.

Suicide

Suicide is the intentional taking of one's own life. Cancer patients have an increased risk of suicide, particularly those with advanced cancer or those who receive a poor prognosis.

Suicide Ideation is the presence of thoughts about, or a preoccupation with, suicide. Suicide ideation is a risk factor for suicide.

Suicide Planning is the development of a plan for suicide. Suicide planning is a risk factor for suicide.

Suicide Attempt is a deliberate act of self-harm with the intent to die. A suicide attempt is a risk factor for suicide.

Treatment

Treatment for psychiatric disorders in cancer patients may include psychotherapy, medication, or a combination of both.

Psychotherapy is a type of treatment that involves talking with a mental health professional. Psychotherapy may be used to treat anxiety disorders, depressive disorders, and adjustment disorders.

Medication may be used to treat anxiety disorders, depressive disorders, delirium, and cognitive impairment. Medications used to treat psychiatric disorders in cancer patients may include selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), benzodiazepines, antipsychotics, and cholinesterase inhibitors.

Challenges

There are several challenges in the diagnosis and treatment of psychiatric disorders in cancer patients. These challenges include:

1. Stigma: Stigma surrounding psychiatric disorders may prevent cancer patients from seeking help.
2. Overlapping Symptoms: Psychiatric disorders and cancer symptoms may overlap, making it difficult to distinguish between the two.
3. Limited Research: There is limited research on the effectiveness of treatments for psychiatric disorders in cancer patients.
4. Limited Access to Mental Health Services: Cancer patients may have limited access to mental health services due to geographic location, insurance coverage, or other barriers.
5. Limited Training: Healthcare providers may have limited training in the diagnosis and treatment of psychiatric disorders in cancer patients.

Conclusion

Psychiatric disorders are common in cancer patients and can significantly impact quality of life. Healthcare providers should be aware of the key terms and vocabulary related to psychiatric disorders in cancer patients and should be prepared to provide appropriate diagnosis and treatment. Addressing psychiatric disorders in cancer patients requires a multidisciplinary approach that includes mental health professionals, oncologists, and other healthcare providers. By working together, healthcare providers can help cancer patients manage psychiatric disorders and improve their overall quality of life.

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