Psychosocial Interventions for Patients with Melanoma

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Spectrum of Psychosocial Issues in Melanoma Survivors

Clinical Depression and Anxiety

Existential Concerns

“Organic” Mental Syndromes
Depression: Medical Model

PSYCHONEUROIMMUNOLOGY

BRAIN - IMMUNE SYSTEM LINK

"STRESS" IMPAIRS IMMUNE FUNCTION

PERSONALITY/COPING INFLUENCES RISK

PSYCHOSOCIAL INTERVENTIONS MODIFY OUTCOME

Stronger Evidence

Weaker Evidence
Response to Adversity

Adapted from O’Leary and Ickovics 1994; Carver 1998
Response to Adversity

Adapted from O’Leary and Ickovics 1994; Carver 1998
Resilience (Recovery)
Survival with Impairment

Adapted from O’Leary and Ickovics 1994; Carver 1998
Response to Adversity

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Psychological Concerns

• Unique and historically determined
• Time and context sensitive
• Guilt, demoralization, anger, denial, and embarrassment are common
• Death and dying
• Sexuality
• Loss and mourning…and worry…
# Late/Long Term Effects

<table>
<thead>
<tr>
<th>System</th>
<th>Effects</th>
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<tbody>
<tr>
<td>All</td>
<td>Second cancers</td>
</tr>
<tr>
<td>Bone/soft tissue</td>
<td>Atrophy, fibrosis, necrosis</td>
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<tr>
<td>Cardiovascular</td>
<td>Pericarditis, Myocarditis, Congestive Heart Failure</td>
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<tr>
<td>Oral health</td>
<td>Caries, dry mouth</td>
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<tr>
<td>Endocrine</td>
<td>Hormone dysfunctions, hypothyroid, diabetes, infertility, premature menopause, testosterone deficiency</td>
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<tr>
<td>GI</td>
<td>Malabsorption, obstruction, motility disorders, liver function impairment</td>
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<tr>
<td>GU</td>
<td>Bladder scarring, hemorrhagic cystitis</td>
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<tr>
<td>Immune</td>
<td>Impaired or suppressed function</td>
</tr>
<tr>
<td>Lymphatic</td>
<td>Lymphedema</td>
</tr>
<tr>
<td>Neuro</td>
<td>Cognitive impairment, peripheral neuropathies, hearing loss</td>
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<tr>
<td>Ophthalmic</td>
<td>Cataracts, dry eyes, visual impairment</td>
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<tr>
<td>Pulmonary</td>
<td>Pnuemonitis, plueral effusion, decreased capacity</td>
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<tr>
<td>Renal</td>
<td>Impaired function</td>
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</table>
“Will My Cancer Come Back?”

“SIPRESS

“There is no cure, Mrs. Handler. That’s because there’s nothing wrong with you.”
“Will My Cancer Come Back?”

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“There is no cure, Mrs. Handler. That’s because there’s nothing wrong with you.”
“Will My Cancer Come Back?”

Dose-response Curve

Magnitude of effect (response) vs. Exposure concentration (Delivered dose)
“Will My Cancer Come Back?”

RESPONSE
worry about recurrence
“Will My Cancer Come Back?”

RESPONSE
worry about recurrence

DOSEResponse
nature of malignancy; cumulative toxicity; adverse effects of medications; test result ambiguity; psychological factors (propensity to “somatize” and “catastrophize”); clinician factors?
Closing the Data-Practice Gap

• Screening for psychosocial distress
  – IOM Report:
    • Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs (2008)
  – Multiple instruments available:
    • PHQ-9; SF-36; BDI; CES-D; BSI; cancer-specific tools
    • Distress Thermometer

Closing the Data-Practice Gap (cont)

- Collaborative care models (versus usual care)
  - Key components:
    - Designation of allied health professionals
    - Consultation by psychiatrist
  - Key findings:
    - Increased adherence to antidepressants
    - Improved depression outcomes
    - Increased patient and provider satisfaction

Gilbody et al. *Arch Intern Med*, 2006; Katon et al