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QUT Improving Health Outcomes for People

Psychosocial Impact of Gynaecological Cancer

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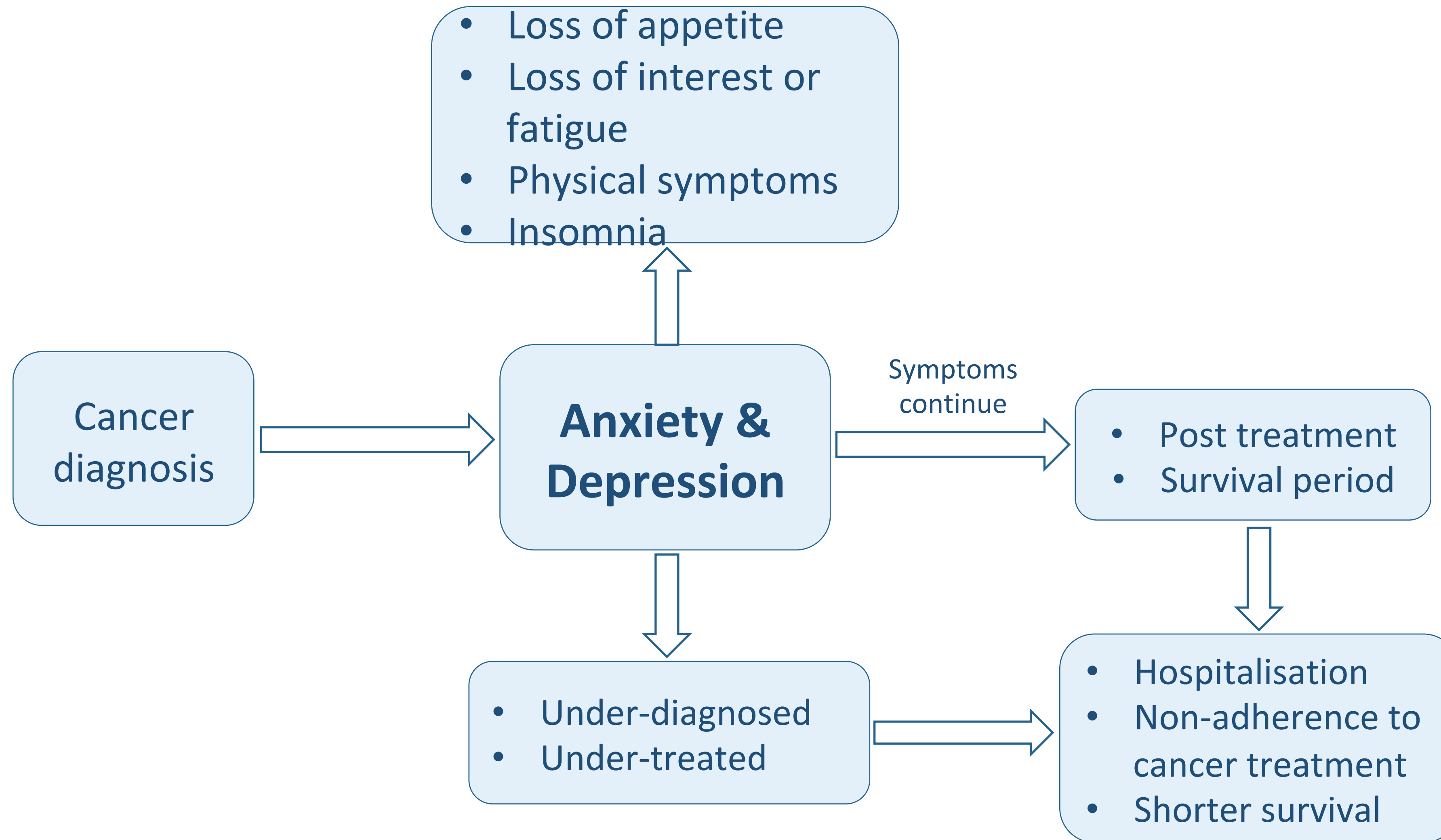
ANXIETY AND DEPRESSION DURING CANCER SURVIVORSHIP



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Spiegel, 1996; NHMRC, 2013 ; McDaniel et al 1995
Pasquini and Biondi, 2007; Kissane, 2009; Massie et al ,1994

Female genital organs (n = 183)		
Any mental disorder	36.07	28.94 to 43.21
Any mental disorder resulting from general medical condition	3.21	0.54 to 5.88
Alcohol abuse/dependence	0	—
Nicotine dependence	5.36	1.95 to 8.77
Any mood disorder†	7.50	3.95 to 11.05
Any anxiety disorder‡	12.05	8.59 to 17.83
Any somatoform/conversion disorder/syndrome§	5.71	2.24 to 9.19
Adjustment disorder	13.21	8.32 to 18.11
No. of comorbid mental disorders with dependence‖		
One summary mental disorder	26.43	19.90 to 32.96
Two summary mental disorders	7.86	4.14 to 11.58
≥ Three summary mental disorders	1.79	−0.05 to 3.63
No. of comorbid mental disorders without dependence¶		
Any mental disorder without dependence	33.21	26.29 to 40.14
One summary mental disorder	25.36	19.00 to 31.71
Two summary mental disorders	6.79	3.37 to 10.20
≥ Three summary mental disorders	1.07	−0.49 to 2.63

Mehnert et al, 2014: J Clin Oncol 32:3540-3546.

Cross-sectional comparison of depression in gynaecological cancer patients – general population

- 4020 cancer patients - 5018 people from the general population
- Assessed using the PHQ-9, a short and reliable measure of depression
- General population – 6% depressed
- Cancer patients 24% depressed (29% women, 19% men)

T.J. Hartung et al. European Journal of Cancer 72 (2017) 46e53

Cross-sectional comparison of depression in gynaecological cancer patients – general population

- General population 6%
- Across cancer types 24%

- 317 gynaecological cancer patients, 29% depressed
- Compared to the general population: Odds of 7.2 (95%CI 5.4 to 9.7 <0.001) to be depressed

T.J. Hartung et al. European Journal of Cancer 72 (2017) 46e53

Prevalence of distress in gynaecological cancer patients

T.J. Hartung et al. / European Journal of Cancer 72 (2017) 46e53

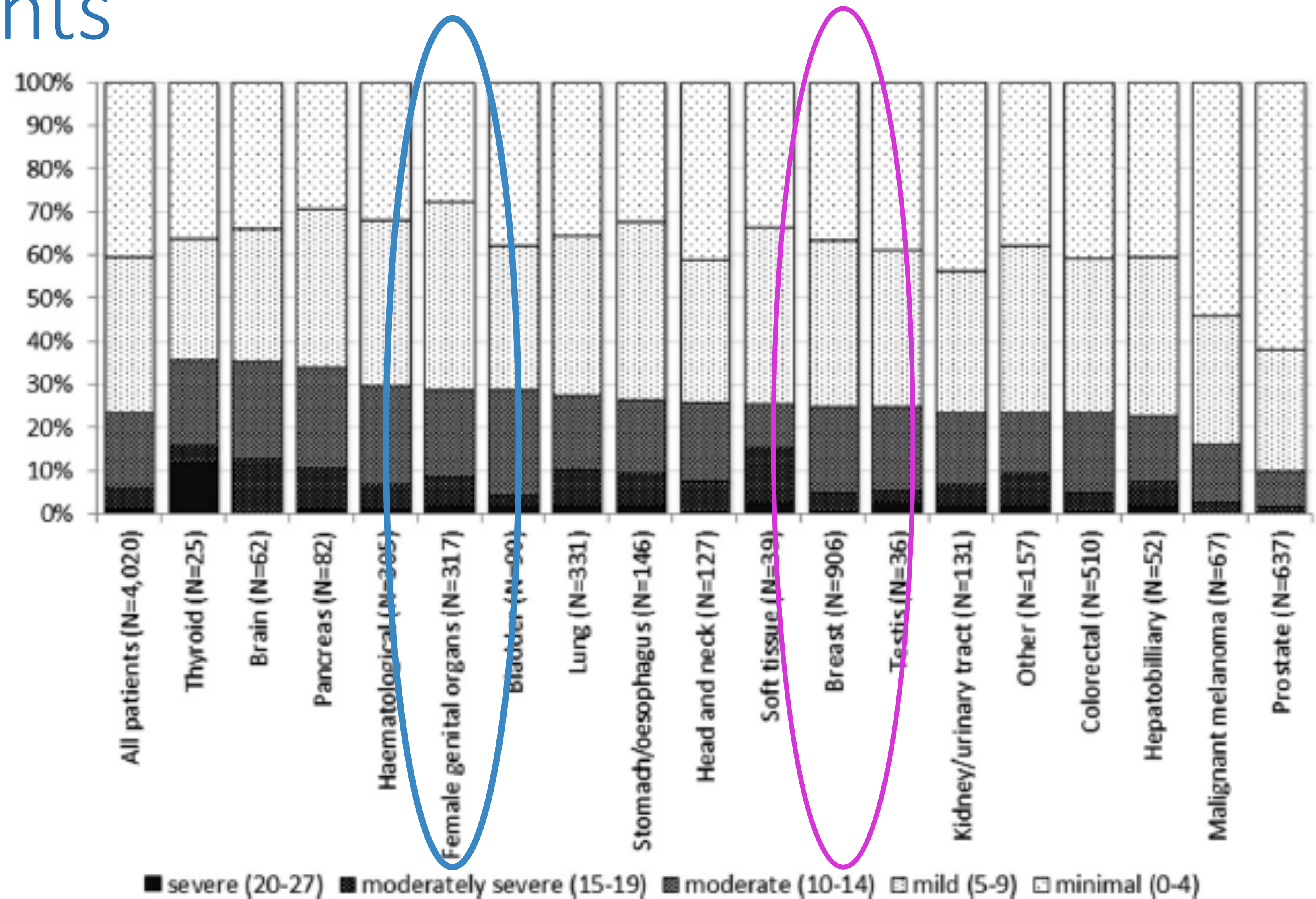


Fig. 1. Severity of depressive symptoms (PHQ-9 scores) by cancer type in Germany. PHQ-9, Patient Health Questi

Quality of life gynaecological cancer patients

- Overall, functioning subscales, physical symptoms worse than breast cancer patients
- Greater symptoms of anxiety and depression
- Lower quality of life in women with younger age and those with higher education

- Overall, 40% of women with gynaecological cancer felt they needed psychosocial support.

Faller et al. Patient Educ Couns (2017)

Unmet psychosocial needs: do patients with breast or gynaecological cancer differ?

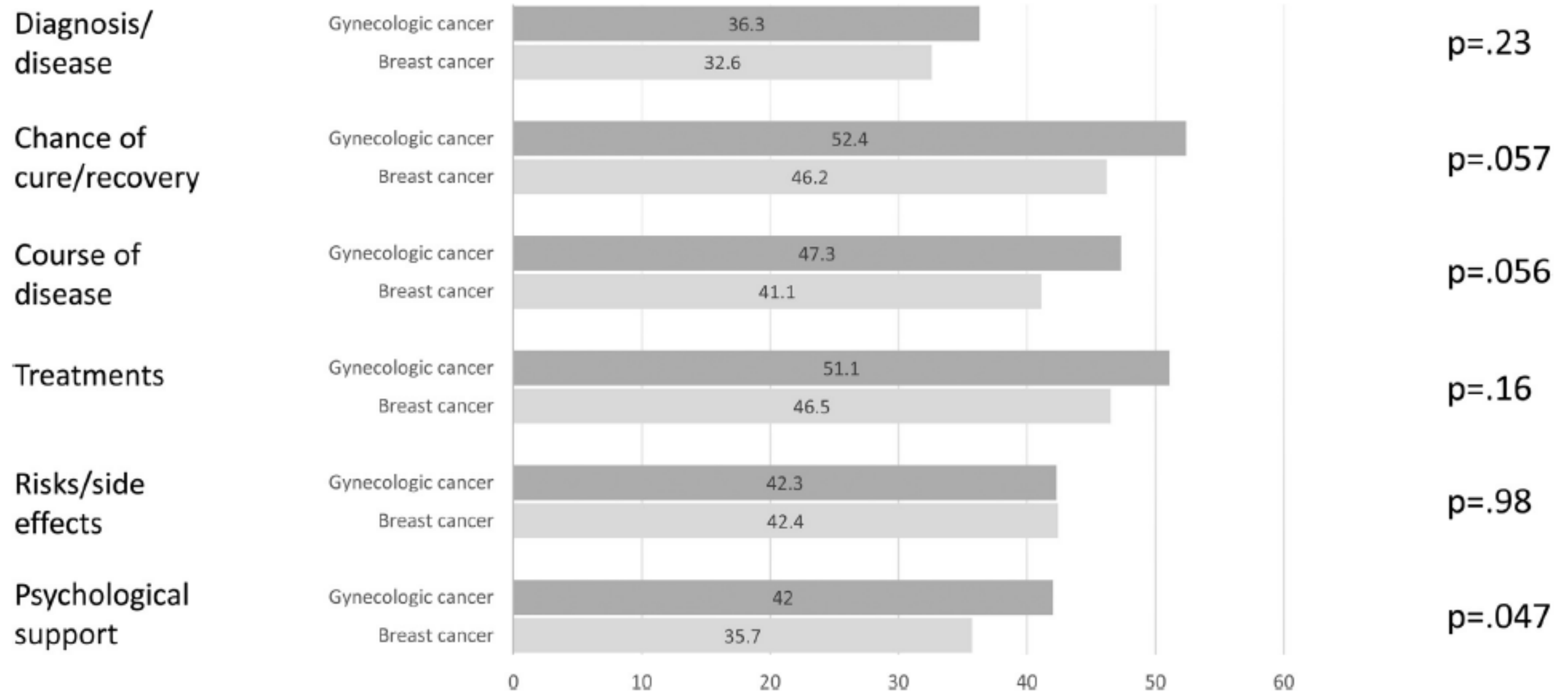


Fig. 2. Proportion of patients reporting unmet needs for information about various aspects of their disease by cancer type. Note: Numbers represent percentages. P-values are from chi^2-tests.

Faller et al. Patient Educ Couns (2017)

Supportive care needs- QLD data

2004

43% at least one unmet supportive care need

5 highest ranking needs

- Fear of recurrence
- Concerns about those close to them
- Uncertainty about future
- Fatigue
- Not being able to do things they used to do

- Psychooncology. 2010 Jan; 19(1):54-61.

2010

51% at least one unmet supportive care need

5 highest ranking needs

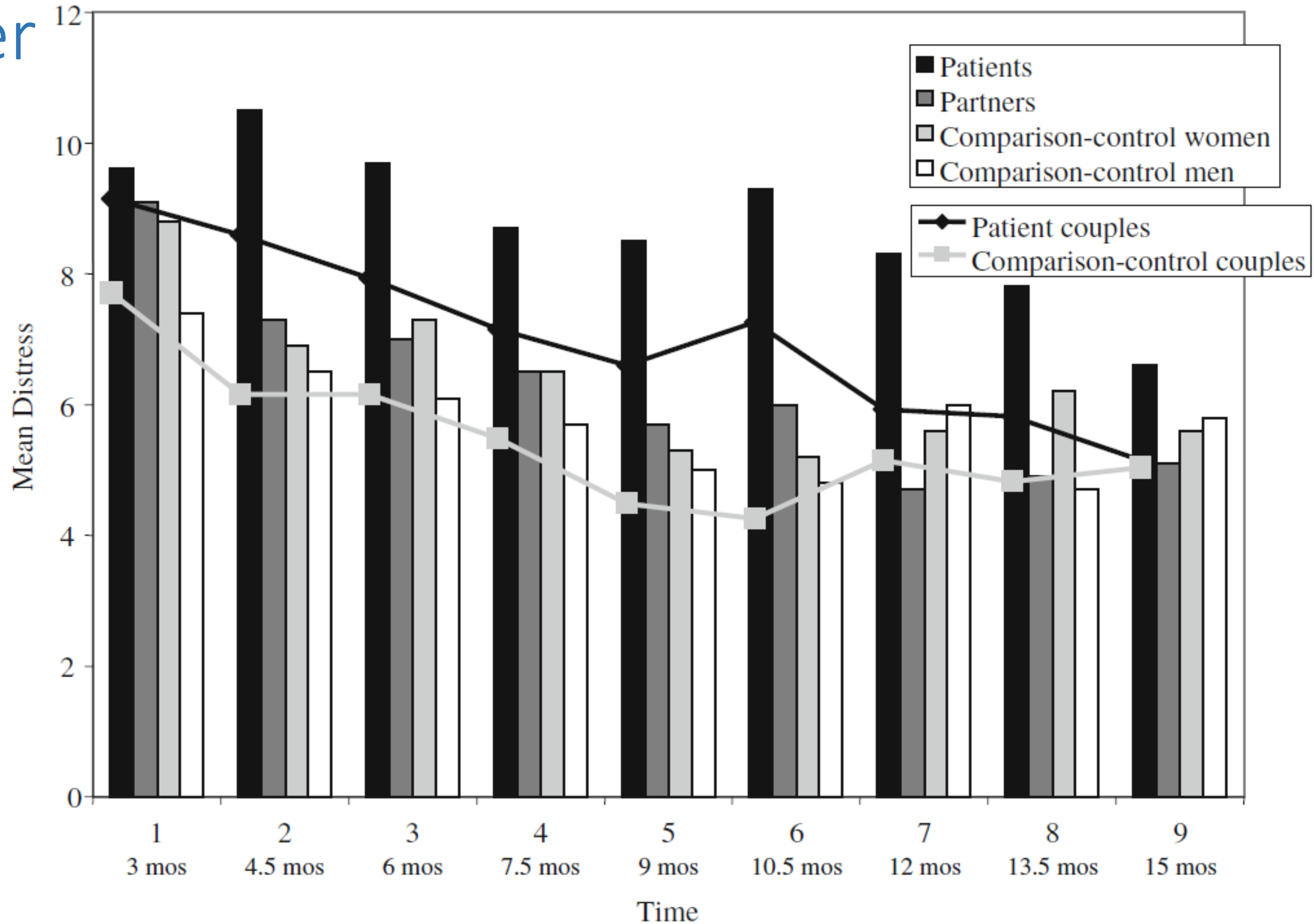
- Fear about cancer spreading
- Not being able to do things I used to do
- Uncertainty about future
- Fatigue
- Anxiety

- J Community Support Oncol. 2015 Feb;13(2):55-61

Factors associated with higher unmet supportive care needs

Physical Daily living		Living alone	Caring for children	
Psychological		Living alone	Caring for children	
Sexuality	Younger age			No regular GP
Supportive care				
Health system/ Information				No regular GP

Distress over time in breast cancer patients



Hinnen et al. ann. behav. med. (2008) 36:141–148

Contributing Factors

Maintenance Cycle

Predisposing factors
History of anxiety or trauma
Avoidant coping style
Social isolation
Life roles (eg, caregiver)

Cancer-related fears
Situational (treatments, procedures, etc.)
Existential (uncertain disease course, suffering, death)

Disease & treatment factors
Medication side effects, metabolic disorders, CNS metastasis, cardiac and pulmonary symptoms, substance withdrawal

Comorbid symptom burden
Pain, fatigue, dyspnea, insomnia, depression

Anxiety

Monitoring
Scanning for threats
Narrowing attention to warning signs and signals

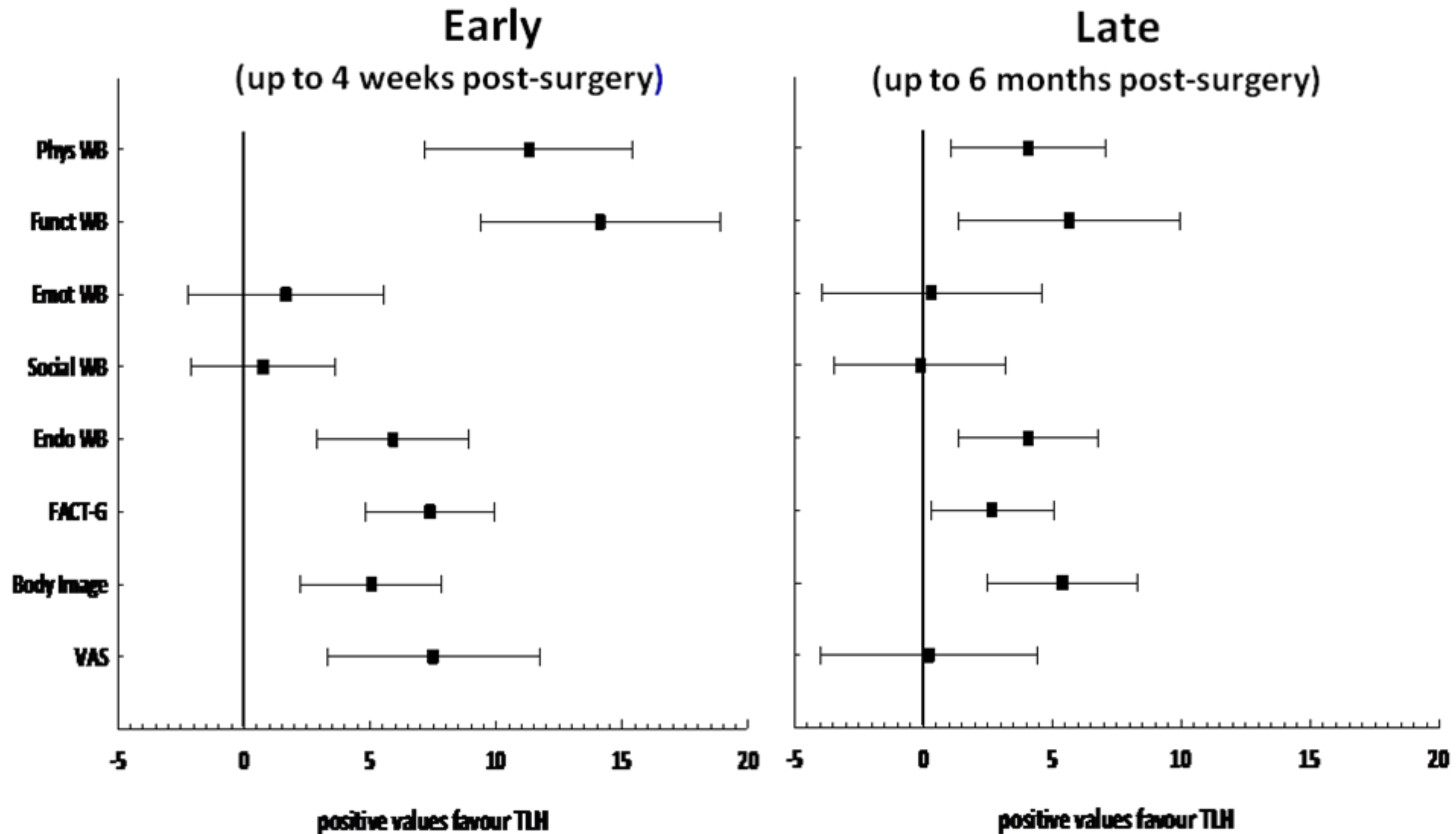
Coping
Escape, avoidance, efforts to increase safety/security

Long-term outcome: reinforce sense of threat

Short-term outcome: emotional relief

Traeger et al. J Clin Oncol 30:1197-1205.

Less invasive surgery

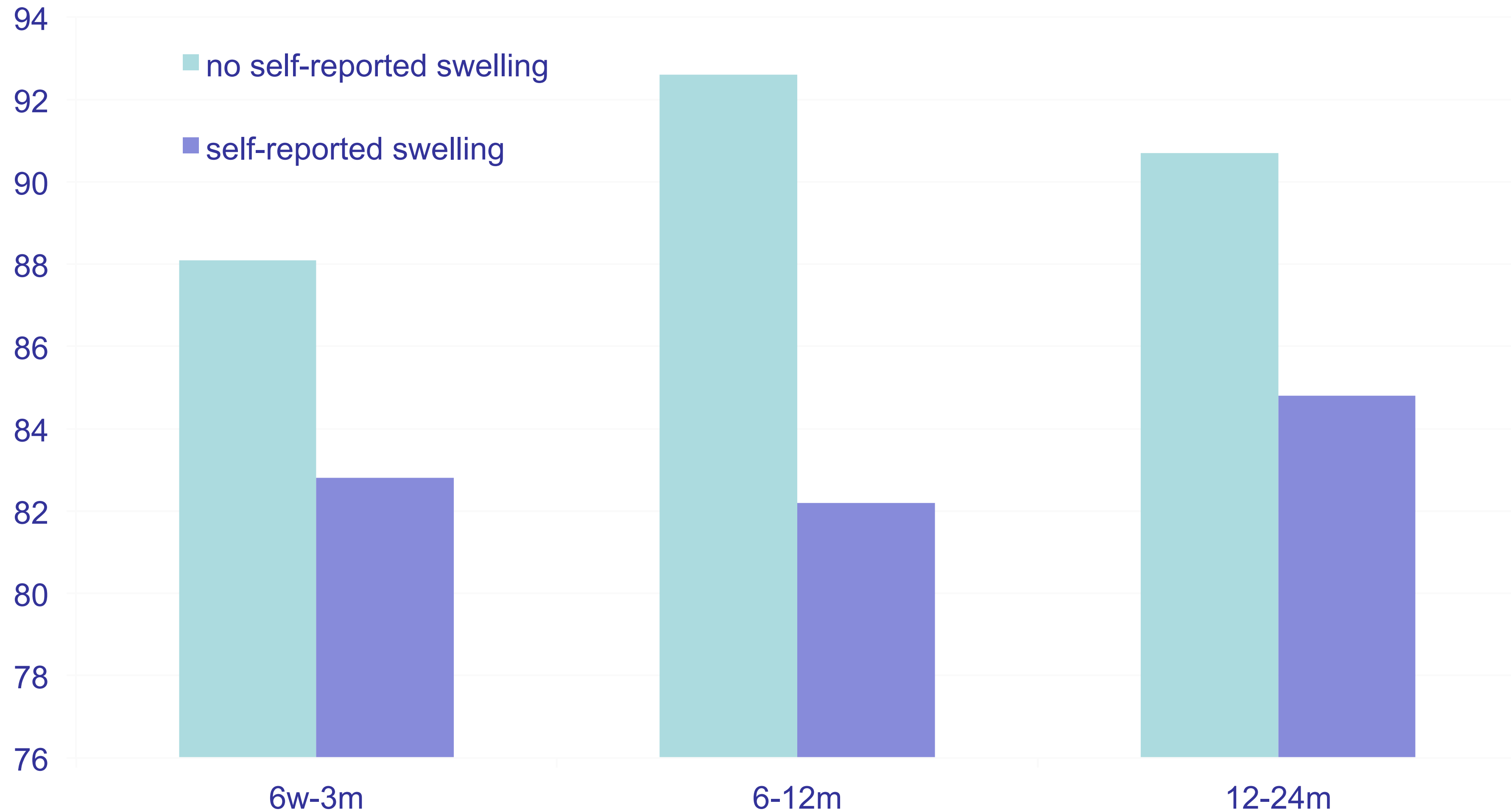


Janda et al. Lancet Oncology 2010

LEGS Study

- **Prospective, longitudinal cohort study** with a two year follow-up period
- Women > 18 years, newly diagnosed with gynaecological cancers in Qld
- Participants: 546 women (408 cancer, 138 benign)
- Inclusion criteria:
  - No pacemaker; no adhesive allergy or internal metal plates
  - Can give informed consent
  - Are likely to return to hospital for follow-up

Quality of life impact of self-reported swelling of the legs (FACT-G) (cancer patients only)



Lymphoedema may impact women's ability to use psychosocial services

Factors associated	Needed but not used services	Impact of distress
• living alone • being unemployed • being retired	• Psychologists (23%) • Pain specialists (21%) • Psychiatrists (18%)	Women with higher distress were more likely not to use needed services.

- J Community Support Oncol. 2015 Feb;13(2):55-61

Can depression in cancer patients be effectively treated?

Integrated collaborative care for comorbid major depression in patients with cancer (SMaRT Oncology-2): a multicentre randomised controlled effectiveness trial

Michael Sharpe, Jane Walker*, Christian Holm Hansen, Paul Martin, Stefan Symeonides, Charlie Gourley, Lucy Wall, David Weller, Gordon Murray, for the SMaRT (Symptom Management Research Trials) Oncology-2 Team*

Findings 500 participants were enrolled between May 12, 2008, and May 13, 2011; 253 were randomly allocated to depression care for people with cancer and 247 to usual care. 143 (62%) of 231 participants in the depression care for people with cancer group and 40 (17%) of 231 in the usual care group responded to treatment: absolute difference 45% (95% CI 37–53), adjusted odds ratio 8·5 (95% CI 5·5–13·4), $p<0·0001$. Compared with patients in the usual care group, participants allocated to the depression care for people with cancer programme also had less depression, anxiety, pain, and fatigue; and better functioning, health, quality of life, and perceived quality of depression care at all timepoints (all $p<0·05$). During the study, 34 cancer-related deaths occurred (19 in the depression care for people with cancer group, 15 in the usual care group), one patient in the depression care for people with cancer group was admitted to a psychiatric ward, and one patient in this group attempted suicide. None of these events were judged to be related to the trial treatments or procedures.

Interpretation Our findings suggest that depression care for people with cancer is an effective treatment for major depression in patients with cancer. It offers a model for the treatment of depression comorbid with other medical conditions.

CLINICAL GUIDELINE FOR TREATMENT OF ANXIETY AND DEPRESSION IN ADULT PEOPLE WITH CANCER IN AUSTRALIA

Butow, 2015

Step 1: Minimal-mild	Step 2:Mild-moderate	Step 3: Moderate	Step4:Moderate-severe
Type of intervention			
-Patient education - Emotional support	-Psycho-education -Group therapy	-Coping skill training/ psychological therapy -Mindfulness -Pharmacotherapy	- Psychological therapy -Pharmacotherapy
Professional recommended to deliver and review treatment			
-General practitioner	-General practitioner -Social worker -Psychologist	-General practitioner -Social worker -Psychologist - Psychiatrist	-Psychologist -Psychiatrist with general practitioner
Progress review			
-2-4 weeks	-6-8 weeks	-10-12 weeks	-10-24 weeks
If not improved			
Follow step 2	Follow step 3	Follow step 4	

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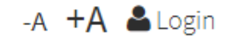
How do gynaecological cancer patients approach supportive services

- 43% information/internet support
- 30% psychosocial services
- 27% functional/practical services

Can this be done online?

Online assessment and treatment for anxiety and depression



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I Need Urgent Help

Home | Why MindSpot? | Conditions We Treat | Assessments | Our Treatment Courses | Health Professionals | Contact Us

About Us

The MindSpot Clinic is a free telephone and online service for Australian adults troubled by symptoms of anxiety or depression.

We provide free Online Screening Assessments to help you learn about your symptoms, free Treatment Courses to help you to recover, or we can help you find local services that can help.

Learn more about the MindSpot Clinic

Start Your **Online Assessment**

Log In For **Treatment**

How MindSpot Works In 3 Easy Steps

Can we bring the service home to women?

Echo trial

- Ovarian cancer patients
- Offering exercise intervention vs control for
  - Quality of life
  - Chemotherapy Completion
  - Anxiety and Depression

Summary

- Need to know prevalence and risk factors
- Need to test evidence based programs and make them available
- Personalised referrals – link the right woman with the optimal program
- Continue to evaluate and update regularly