

Psychological Aspects of Cancer Pain

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- Cancer is perceived as a very painful disease
- Pain is one of the most feared consequences of cancer
- 50-90% of cancer patients experience pain related to their disease or treatment
- Cancer-related pain can lead to poor QOL, depression, anxiety, and increases the risk of suicide

Overview

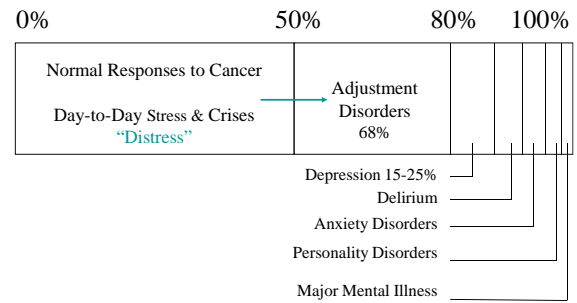
- Adjustment to cancer diagnosis
- Interaction between cancer pain and mood disturbance
- Multifactorial assessment
- Interventions targeting cancer pain
- Interventions targeting interaction between cancer pain and mood disturbance

Psychological Adjustment to Cancer

Psychological Impact of Cancer Diagnosis

- “Normal responses”
 - Phase 1 – Disbelief or denial 0 - 7 days
 - Phase 2 - Acute distress 0 - 14 days
 - Phase 3 - Adaptation 14 days on

Psychological Responses to Cancer

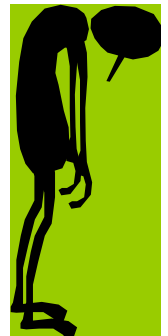


Variables Predicting Adjustment

- Disease-related
 - Site, stage, treatment, rehab
- Socio-demographics
 - Gender, age, education/income, marital/partnered status
- Psychological
 - Personality, coping resources, beliefs, social support, behavior

Risk Factors for Psychological Morbidity in Cancer Patients

- ❖ Advanced/aggressive disease
- ❖ Aggressive treatment regimen
- ❖ Symptoms & discomfort associated with disease or treatment
- ❖ Younger age
- ❖ Concurrent life stressors
- ❖ Avoidant coping
- ❖ Inadequate social support
- ❖ Mental status changes
- ❖ Hx psychiatric disorder or sub abuse



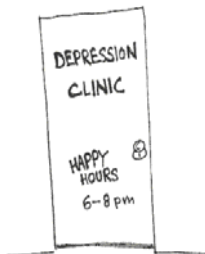
“Distress” in Cancer

- NCCN (1999)
 - Distress is a multifactorial unpleasant emotional experience of a psychological (cognitive, behavioral, emotional) social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms and its treatment. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis.

Anxiety in Cancer Patients

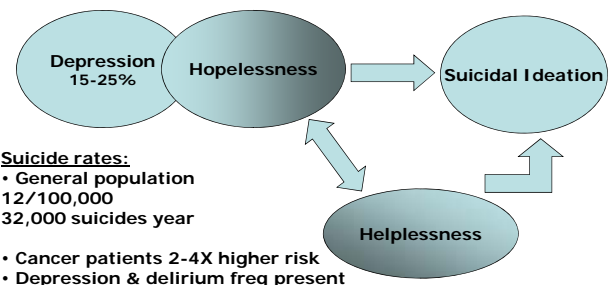
- Symptoms/Signs
 - unease/apprehension
 - restlessness
 - poor concentration
 - sleep disturbance
 - physiological arousal
- Causes
 - pre-existing/new onset
 - crises of cancer
- Medical factors
 - pain, N&V, insomnia, med side effects, (morphine, steroids, compazine, benadryl)
- Anxiety disorders
 - Adjustment disorder
 - GAD
 - phobias
 - panic attacks
 - PTSD and sub-PTSD
 - OCD

Depression in Cancer



- Depression in 25% (range 13% - 56%)
- Myths
 - “All cancer patients are depressed”
 - “Cancer patients should be depressed” (...so don't bother to treat it)
- Depression is under-diagnosed
 - Impact on adherence, delays recovery, impacts QL, mortality

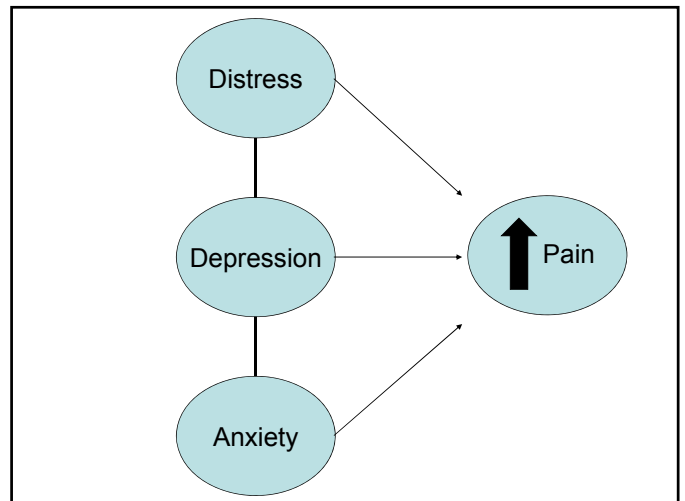
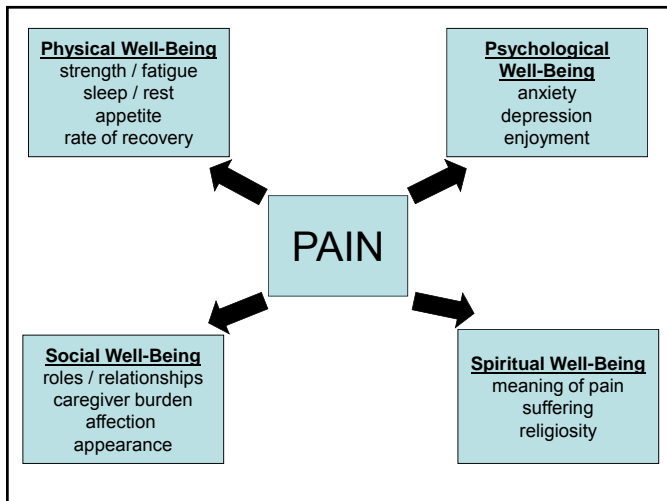
Suicide & Desire for Death in Cancer Patients

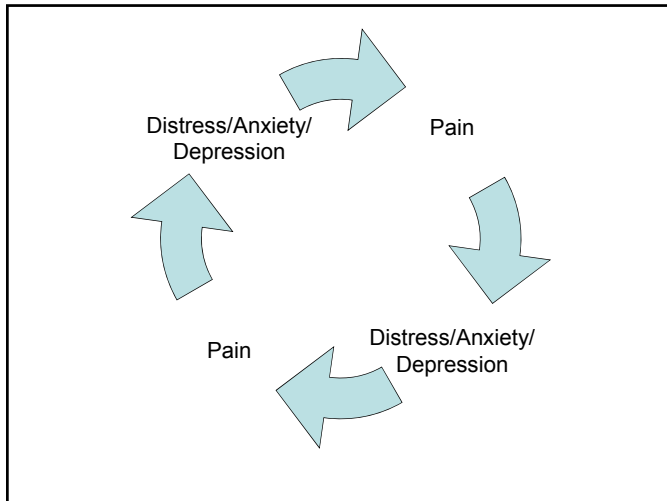


Psychological Aspects of Cancer Pain

Emotional Sequelae of CA Pain

- Functional Loss
 - Identity/roles
 - Loss of independence
 - Burden on family
 - Sleep
- Meaning of Pain
 - Sign of weakness
 - Disease progression
 - Death
 - Punishment
 - Cultural issues





Risk Factors for Poor Adjustment to CA Pain

- ❖ Advanced/aggressive disease
- ❖ Aggressive treatment regimen
- ❖ Concurrent life stressors
- ❖ Avoidant coping
- ❖ Inadequate social support
- ❖ Hx psychiatric disorder or sub abuse
- ❖ Higher levels of distress
- ❖ Mood disorder

Suicide

- Uncontrolled pain major factor – vast majority of suicides (73)
 - Pts with advanced disease at greater risk
 - Other vulnerability factors:
 - Advanced illness: poor prognosis
 - Depression: hopelessness
 - Delirium: disinhibition
 - Control: helplessness
 - Pre-existing psychopathology
 - Suicide history: personal, family

Assessment

Assessment

- Pain is underdiagnosed and underreported
 - Given and acceptable consequence
 - Other priorities to discuss with physician
- Pain experience is multifactorial → need multifactorial assessment

Multidimensional Assessment

- Pain Experience
 - Location
 - Description/Quality
 - Intensity
 - Interference with activities
 - Timing
 - Aggravating/alleviating circumstances

Adapted from NCCN Guidelines for Adult Cancer Pain

Multidimensional Assessment (cont'd)

- Psychosocial Assessment
 - Level of distress/mood disturbance
 - Psychiatric history
 - Social Support
 - Substance abuse history

Adapted from NCCN Guidelines for Adult Cancer Pain

Multidimensional Assessment (cont'd)

- Other Issues
 - Meaning for patient *and family*
 - Patient *and family* knowledge/beliefs about pain and pain management
 - Cultural beliefs
 - Religious/spiritual beliefs
 - Patient goals and expectations

Adapted from NCCN Guidelines for Adult Cancer Pain

Assessment Tools

- Brief Pain Inventory
- Impact of Pain Measurement
- Hospital Anxiety and Depression Scale (HADS)
- Beck Depression Inventory (BDI)
- Beck Anxiety Inventory (BAI)

IMPACT OF PAIN MEASUREMENT^{1,2,3}

Mark the number that describes how much, in the past [week / 24 hours] pain has interfered with you:

1. General Activity	0	1	2	3	4	5	6	7	8	9	10
Does not Interfere											Completely Interferes
2. Mood	0	1	2	3	4	5	6	7	8	9	10
Does not Interfere											Completely Interferes
3. Walking Ability	0	1	2	3	4	5	6	7	8	9	10
Does not Interfere											Completely Interferes
4. Normal Work (includes both work outside the home and housework)	0	1	2	3	4	5	6	7	8	9	10
Does not Interfere											Completely Interferes
5. Relations with other people	0	1	2	3	4	5	6	7	8	9	10
Does not Interfere											Completely Interferes
6. Sleep	0	1	2	3	4	5	6	7	8	9	10
Does not Interfere											Completely Interferes
7. Enjoyment of life	0	1	2	3	4	5	6	7	8	9	10
Does not Interfere											Completely Interferes

Adapted from Brief Pain Inventory

Treatment

General Guidelines

- Inform pt and family that emotional reactions to pain are normal and evaluated/treated
- Provide emotional support to patients and families acknowledging that pain is a problem to be addressed
- Assist in accessing treatment
- Stated that you will work with pt and family as part of treatment team to address pain
- Describe plan of action to be taken and when results can be expected
- Express commitment to staying available until the pain is better managed
- Inform pt and family that there is always something that can be done to try to adequately manage pain

Adapted from NCCN Guidelines for Adult Cancer Pain

Areas of Intervention

- Pain
- Mood disturbance
- Interaction between pain and mood
- *Multidimensional problem must be addressed with multidimensional interventions*

Behavioral Interventions Targeting Pain

- Distraction
- Music
- Relaxation
- Hypnosis
- Acupuncture
- Mindfulness/Meditation

Relaxation Exercises



"I'm learning how to relax, doctor—but I want to relax better and faster! I WANT TO BE ON THE CUTTING EDGE OF RELAXATION!"

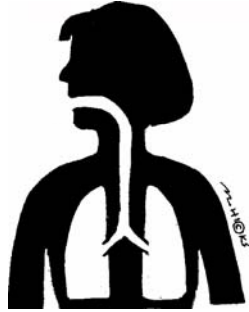
Diaphragmatic Breathing



"BREATHE IN AND OUT? WHAT OTHER WAY IS THERE?"

Diaphragmatic Breathing (cont'd)

- 1) Breathe in deeply and slowly with your nose.
- 2) While breathing in relax the abdomen so it falls outward.
- 3) Breathe out with mouth very slowly.



Muscle Relaxation

- Progressive Muscle Relaxation
 - Systematically tightening and releasing each muscle group
- Passive Muscle Relaxation
 - Targeting and releasing tension (no tightening)
- Autogenics
 - Uses suggestion (heavy and warm)

Guided Imagery

- Try to engage all 5 senses
 - “See the beautiful blue water and white sandy beach.”
 - “Feel the nice warm sun on your face and the warm sand between your toes.”
 - “You may hear the slowly waves lapping up on the shore.”
 - “If you smell deeply, you may notice those flowers in the trees.”
 - “If you lick your lips you might taste the salt water.”



Hypnosis/Hypnotherapy

- Several Definitions:
 - A state of very focused attention and concentration in which a person is more suggestible.
 - A method of helping people feel very relaxed and to respond to suggestions and ideas that are beneficial to them.

Hypnosis/Hypnotherapy (cont'd)

- Active suggestions are better than passive
- Suggestions of what will happen are better than those that will not happen
 - “You may feel more comfortable and relaxed” vs. “You won’t feel pain.”
- Wording is important
 - “If your pain returns” vs. “When your pain returns”

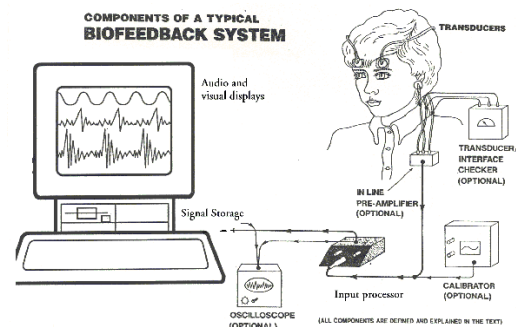
Hypnosis/Hypnotherapy (cont'd)

- Common Experiences
 - Analgesia/Anesthesia
 - Dissociation
 - Detachment from immediate environment
 - Hallucinations
 - Positive – smells, touch, sounds
 - Negative – affected body part disappears
 - Time distortion
 - Shortened or expanded

Hypnosis/Hypnotherapy (cont'd)

- The patient will NOT:
 - Lose control or suffer “mind control”
 - Be asleep or “put under”
 - Get stuck or “lost”
 - Suffer amnesia
 - Experience false memories

Biofeedback



Biofeedback (cont'd)

- By monitoring a bodily function, the patient becomes more aware of his/her body.
 - Breathing
 - Heart rate
 - Galvanic skin response
 - Blood pressure
 - EEG
 - Muscle tension

Biofeedback (cont'd)

- Age 7 and up
- Noninvasive
- Immediate feedback to patient that is easy to understand
- No side effects
- Requires practice

Cognitive Behavioral Therapy

- Thoughts determine feelings and behaviors
- Components
 - Education
 - Cognition
 - Behavior
- Collaborative
 - Increase sense of control, self-efficacy

CBT: Education

- Mood disturbance in CA setting
- CBT
- Pain
- Pain treatments
 - Fear of addiction/tolerance, concern about side effects

CBT: Cognition

The way a person thinks about their pain influences their response to any pain management treatment – even medications

CBT: Cognition (cont'd)

- Event → Thought → Emotion
- Help patient identify maladaptive thinking
- Challenge
 - Replace with adaptive thoughts
 - What's the evidence?
 - Are there alternative ways of thinking about it?
- Thought log

I'm not going to be able to cope with having cancer.	<i>I have a lot of people around me who are going to support me and teach me ways to cope. I can manage this.</i>
This is going to hurt so bad I'll never be able to handle it –or- I have no control over my pain.	<i>I'll be given appropriate medications and I can use my relaxation techniques as well.</i>
The pain must mean my cancer is progressing.	<i>My physician told me I might experience pain like this and that it does not necessarily mean progression.</i>
I'm not the same person I used to be	<i>My illness and pain can keep from doing things I used to do, but they can never change what I stand for, what's important to me, and my love for my family and friends.</i>

CBT: Cognition (cont'd)

- Positive self-talk and coping statements
- Cognitive rehearsal
- Avoid catastrophising
- Focus on what have control over

CBT: Behavior

- Activity Scheduling
- Distraction
- Relaxation

Supportive Therapy

- Outside, objective person to talk to
- Pt does not have to worry about complaining
- Provide support
- Normalize where appropriate

Antidepressant Therapy

- Many antidepressants effectively treat
 - Depression
 - Anxiety
 - Augment effects of narcotic analgesics
 - SSRIs

Summary

- Cancer pain is a common problem, which is widely feared, underreported, and undertreated
- Biological, psychological, and social factors play a role in the experience of pain and coping capacity
- Multifactorial assessment and intervention is needed
- Relaxation, education, distraction, CBT, and supportive therapy have all been shown to be effective in reducing pain and distress
- Most important is to let pts know that their pain and emotional reactions are a treatment priority, and provide them the support and tools to feel a sense of control

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Event	Thought	Feeling (0-100%)	Rational Response (Re-evaluate feeling 0-100%)

Diaphragmatic Breathing

The diaphragm is the most efficient muscle of breathing. It is a large, dome-shaped muscle located at the base of the lungs. Your abdominal muscles help move the diaphragm and give you more power to empty your lungs. Many factors may prevent the diaphragm from working effectively; from illness to stress!

Diaphragmatic breathing is intended to help you use the diaphragm correctly while breathing to:

- Elicit the relaxation response
- Strengthen the diaphragm
- Decrease the work of breathing by slowing your breathing rate
- Decrease oxygen demand
- Use less effort and energy to breathe

Diaphragmatic breathing technique

1. Lie on your back on a flat surface or in bed, with your knees bent and your head supported. You can use a pillow under your knees to support your legs. Place one hand on your upper chest and the other just below your rib cage. This will allow you to feel your diaphragm move as you breathe.



2. Breathe in slowly through your nose so that your stomach moves out against your hand. The hand on your chest should remain as still as possible.

3. Tighten your stomach muscles, letting them fall inward as you exhale through your nose or mouth. The hand on your upper chest must remain as still as possible.

When you first learn the diaphragmatic breathing technique, it may be easier for you to follow the instructions lying down, as shown on the first page. As you gain more practice, you can try the diaphragmatic breathing technique while sitting in a chair, as shown below.

To perform this exercise while sitting in a chair:

1. Sit comfortably, with your knees bent and your shoulders, head and neck relaxed.
2. Place one hand on your upper chest and the other just below your rib cage. This will allow you to feel your diaphragm move as you breathe.

3. Tighten your stomach muscles, letting them fall inward as you exhale through your nose or mouth. The hand on your upper chest must remain as still as possible.

Note: You may notice an increased effort will be needed to use the diaphragm correctly. At first, you'll probably get tired while doing this exercise. But keep at it, because with continued practice, diaphragmatic breathing will become easy and automatic.

How often should I practice this exercise?

At first, practice this exercise 5-10 minutes about 1-4 times per day. Gradually increase the amount of time you spend doing this exercise.

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