

# Spectrum of psycho- oncology

## 心理腫瘤學的範疇

三總精神部

曾念生醫師

# 全球癌症統計

Cancer death: 7.500.000 /yr (2005) WHO report 2005

-70% in developing countries

-43% due to tobacco, foods, and infections

>>>preventable

-half of the rest is treatable

>>>surgery, radiation and chemo-therapy

-another half of the rest is manageable

>>>psychosocial, supportive and palliative

care

癌症臨床階段;  
病人與家屬

Death 死亡

Disease  
Advancing  
病情進展

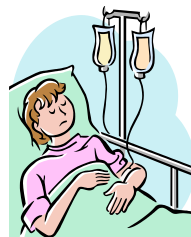
Recurrence  
復發

Treatment  
治療

Diagnosis  
診斷



“I am dying.”



“I will likely die”  
-depressed; anxious

“I have survived -- will it Return?”



“I could die from this.”



“I am searching for my husband”<sub>3</sub>

# 心理腫瘤醫學



Jimmie C. Holland, MD



- Multidisciplinary subspecialty of oncology concerned with the emotional responses of patients at all stages of disease, their families and staff: Goal is **quality of life**
- The psychological, social and behavioral risks that influence cancer incidence

# 緩和醫學

# 心理腫瘤醫學

-1900	Asylum	Asylum
1900- Univ.	St. Joseph's Hospice	Psychiatry, Johns Hopkins
1940-		→Psychosomatic Medicine
1967	St. Christoffer Hospice, UK →Independent→Home care →Palliative Care Team(1976)	→Liaison Psychiatry
1977		Psychiatry Service, MSKCC, USA
1984		The International Psycho-Oncology Society (IPOS) founded
1986	WHO 3-step ladder	Japan POS founded
1992		1 <sup>st</sup> . Congress of IPOS
2007		IPOS Federation of national societies
2008		1st. Congress of East-Asia POS
2009		1st. Congress of Taiwan POS

# 發展心理腫瘤醫學的阻礙

- Fear of truth-telling Practice (No more) :
- Lack of knowledge & interest:

Physician's side

症狀控制 Symptom management

溝通技巧 Communication skills

Psychiatrist's side



# 全球心理腫瘤醫學發展的策略

1. Education & Training
2. Clinical Activities
3. Research Activities

# 腫瘤學家告知癌症診斷: 1984 vs 1995

1984 (n=90)		1994 (n=1407)	
Low < 40%	High > 80%	Low < 50%	High > 90%
France	Austria	Nepal	Canada
Hungary	Denmark	Syria	Denmark
Iran	Finland	Greece	Switzerland
Kenya	Netherlands	Croatia	Finland
Panama	Norway	Turkey	United States
Spain	Switzerland		Australia
	Sweden		Germany
			Netherlands

Psycho-Oncology, edition by Holland,  
1998



# 日本在癌症病情告知的趨勢

1992 Bereaved Family Caregiver Survey: 18.2% Informed.

1994 : 28.6% Informed.

2002 Shift to the full disclosure after the strict regulation of hospital stay due to economical depression.

(Aging issue of 'Baby-boomer Generation')

## The length of stay at National Cancer Center Hospital East

1992 : 40 days

2005 : 16 days

2015 : 5 days?



# 何謂癌症醫療中的壞消息

所謂「壞消息」，指可能使病人對未來的預期徹底轉為否定態度之狀態。

**Buckman 1984**

初診斷且難  
治  
的癌症

癌症的  
復發·惡化

停止積極性抗  
癌  
治療



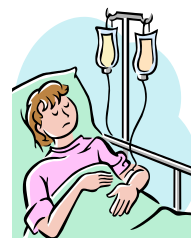
台灣的數據  
日本的數據



7萬人/年  
52萬人/年



抗癌病人50萬人  
抗癌病人300萬人



4萬人/年  
32萬人/年



行政院衛生署2008; 國民健康局 2010  
Fallowfield & Jenkins 2004

# 日本癌症病人情緒障礙的比率

癌症種類	時期	憂鬱症	適應障礙	
頭頸部癌	治療前	4%	13%	<i>Kugaya et al., 2000</i>
早期肺癌	治療後	4%	5%	<i>Uchitomi et al., 2000</i>
惡化性肺癌	診斷1個月後	5%	14%	<i>Akechi et al., 2001</i>
乳癌	治療後	5%	18%	<i>Akechi et al., 2001</i>
乳癌復發	18個月內	7%	35%	<i>Okamura et al., 2000</i>
乳癌復發	3個月內	2%	20%	<i>Okamura et al., 2005</i>
停止抗癌治療		7%	16%	<i>Akechi 2004., et al</i>

# 日本癌症病人自殺的危險性

時期	與一般人口的比較 (95%CI)
癌症診斷後 3-5個月內	4.35 倍 (1.87-8.58)
癌症診斷後 5年內	
男性	1.62 倍 (1.03-2.43)
女性	2.13 倍 (1.22-3.47)
50歲以上	1.93 倍 (1.19-2.95)
遠端轉移	4.66 倍 (2.12-8.84)
女性生殖器癌症	3.58 倍 (1.54-7.06)
男性生殖器癌症	5.86 倍 (1.58-15.05)

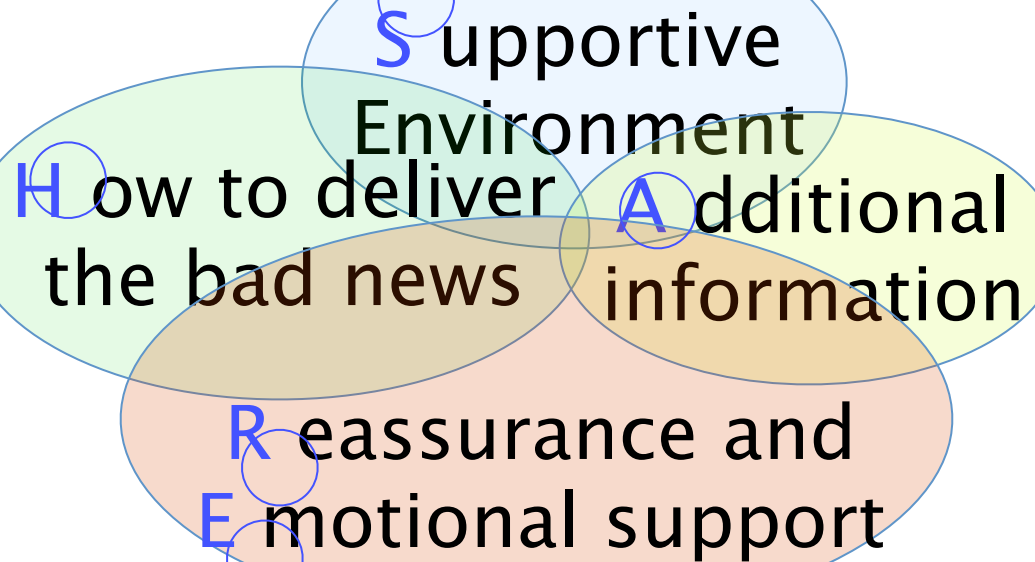
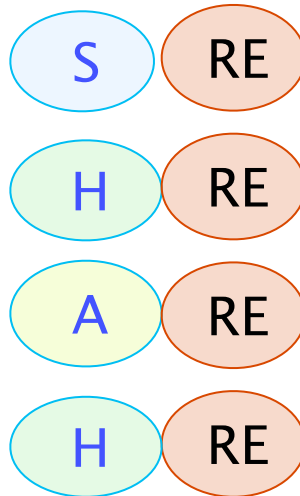
Tanaka et al., 1999

# 台灣癌症病人自殺的危險因子

- 在台灣，2002-2004年1866位出院的癌症病人，追蹤研究有關出院後自殺的危險因子。
- 出院 一年內自殺死亡的癌症病人
  - 平均在出院後40天發生
  - 有46%自殺發生於出院三個月內
- 出院後自殺的危險因子與一年內的住院次數和病人是否有職業最有相關；住院次數較少及無業者 Lin H, Wu C, & Lee H (2009) Risk factors for suicide following hospital discharge among cancer patients. Psychooncology 為自殺的危險因子。

# 告知的歷程與要素

起  
承  
轉  
合



# 1. 教育&訓練

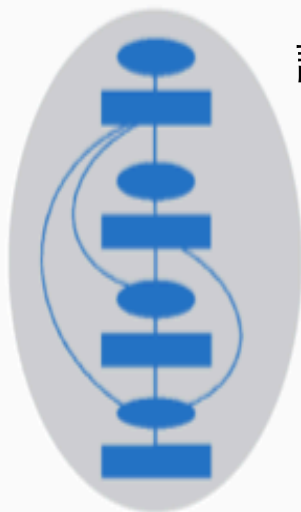


European School  
of Oncology

- IPOS Academy presents pre- and post-congress Workshop
  - Psychiatric symptom management
  - Communication
  - Family Grief Therapy
  - Psychosocial Group Intervention.....etc
- IPOS/ESO Online Curriculum

# Improving Supportive and Palliative Care for Adults with Cancer

The Manual



促進支持性及緩和照顧於罹患癌症的成人

Figure 5.1

**Recommended model of professional psychological assessment and support**

Level	Group	Assessment	Intervention
1	All health and social care professionals	Recognition of psychological needs	Effective information giving, compassionate communication and general psychological support
2	Health and social care professionals with additional expertise	Screening for psychological distress	Psychological techniques such as problem solving
3	Trained and accredited professionals	Assessed for psychological distress and diagnosis of some psychopathology	Counselling and specific psychological interventions such as anxiety management and solution-focused therapy, delivered according to an explicit theoretical framework
4	Mental health specialists	Diagnosis of psychopathology	Specialist psychological and psychiatric interventions such as psychotherapy, including cognitive behavioural therapy (CBT)

Self help and informal support





# 評估步驟

Existential and spiritual issue 存在/靈性 : meaning?  
dignity?  
意義/尊嚴

Psycho-social issues 心理社會: coping? family relations?  
communication with doctor? 因應 家庭關係 醫病溝通

Social and economical issues: money? insurance? old  
family care-giver? 社會經濟因素 照顧者年齡

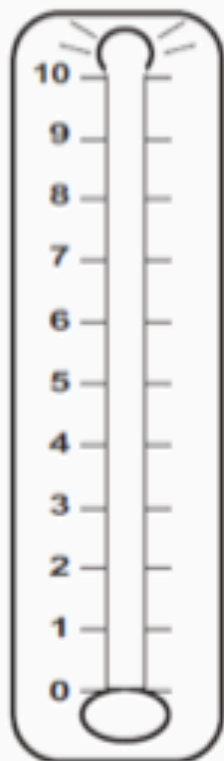
Psychiatric symptoms 精神症狀 : delirium 譫妄? depression  
憂鬱?

Physical symptoms 身體症狀 : pain 疼痛? fatigue 疲倦?

SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress



No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

- | YES                      | NO                       | <u>Practical Problems</u> | YES                      | NO                       | <u>Physical Problems</u> |
|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Child care                | <input type="checkbox"/> | <input type="checkbox"/> | Appearance               |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing                   | <input type="checkbox"/> | <input type="checkbox"/> | Bathing/dressing         |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance/financial       | <input type="checkbox"/> | <input type="checkbox"/> | Breathing                |
| <input type="checkbox"/> | <input type="checkbox"/> | Transportation            | <input type="checkbox"/> | <input type="checkbox"/> | Changes in urination     |
| <input type="checkbox"/> | <input type="checkbox"/> | Work/school               | <input type="checkbox"/> | <input type="checkbox"/> | Constipation             |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea                 |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Eating                   |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Fatigue                  |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Feeling Swollen          |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Fevers                   |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Getting around           |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Indigestion              |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Memory/concentration     |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Mouth sores              |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Nausea                   |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Nose dry/congested       |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Pain                     |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Sexual                   |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Skin dry/itchy           |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Sleep                    |
|                          |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Tingling in hands/feet   |

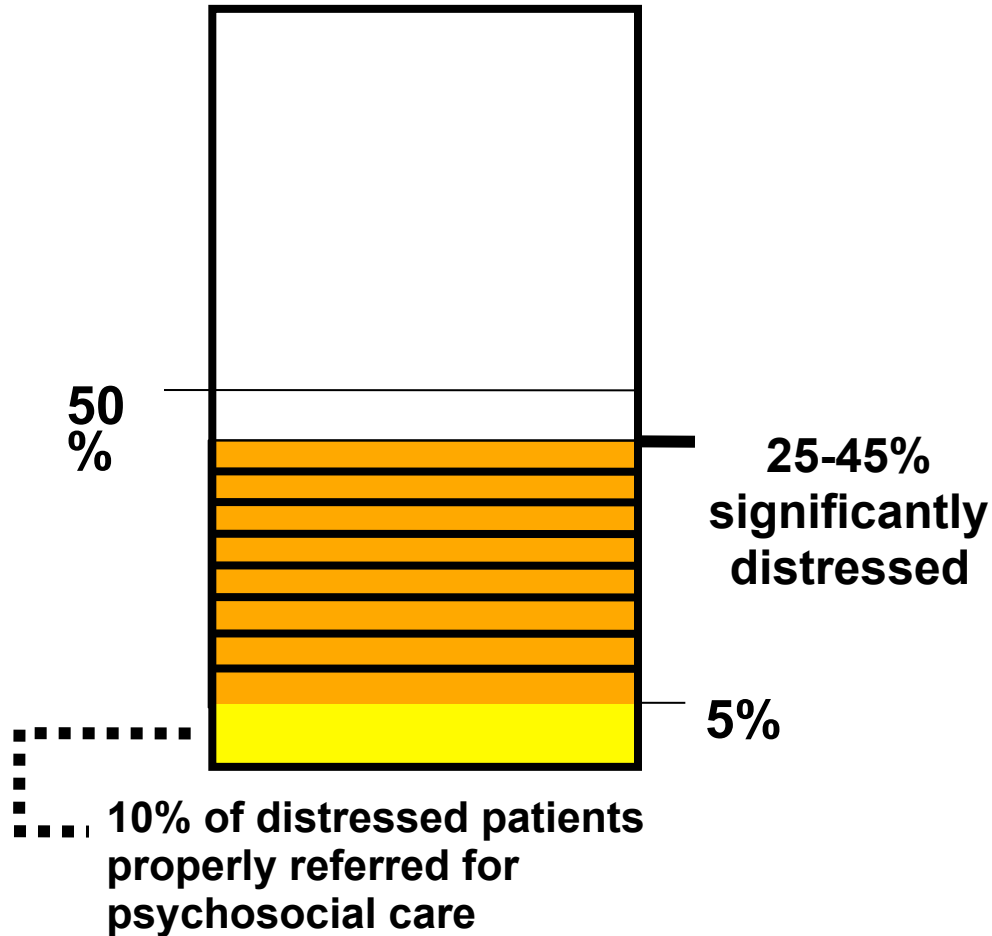
Other Problems: \_\_\_\_\_  
\_\_\_\_\_

# 需求

Jimmie C. Holland, 2003

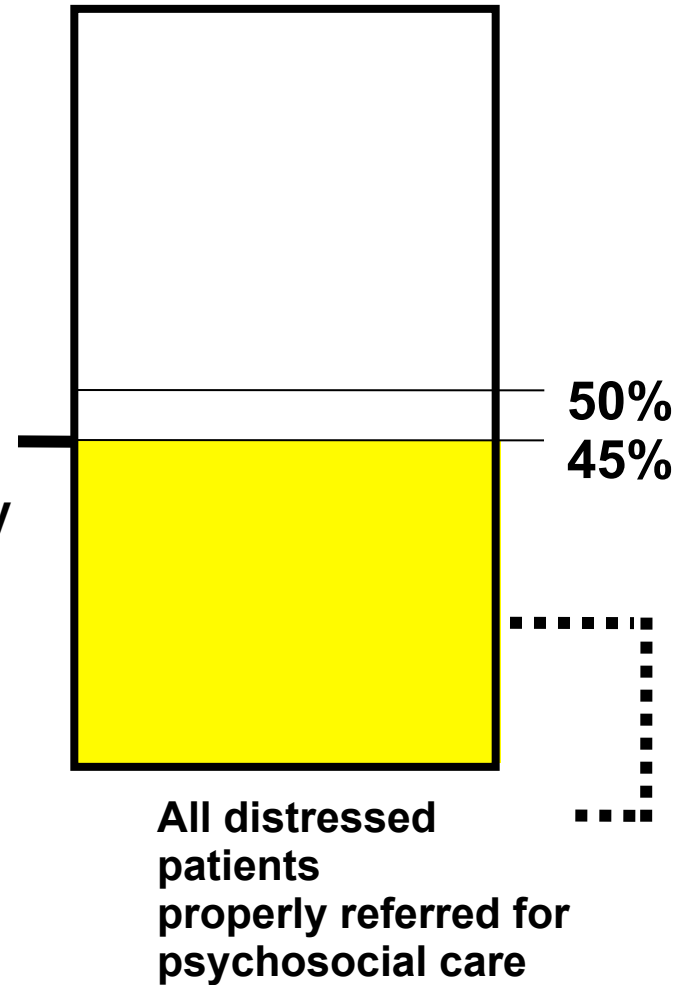
## The Current Situation

All Cancer Patients

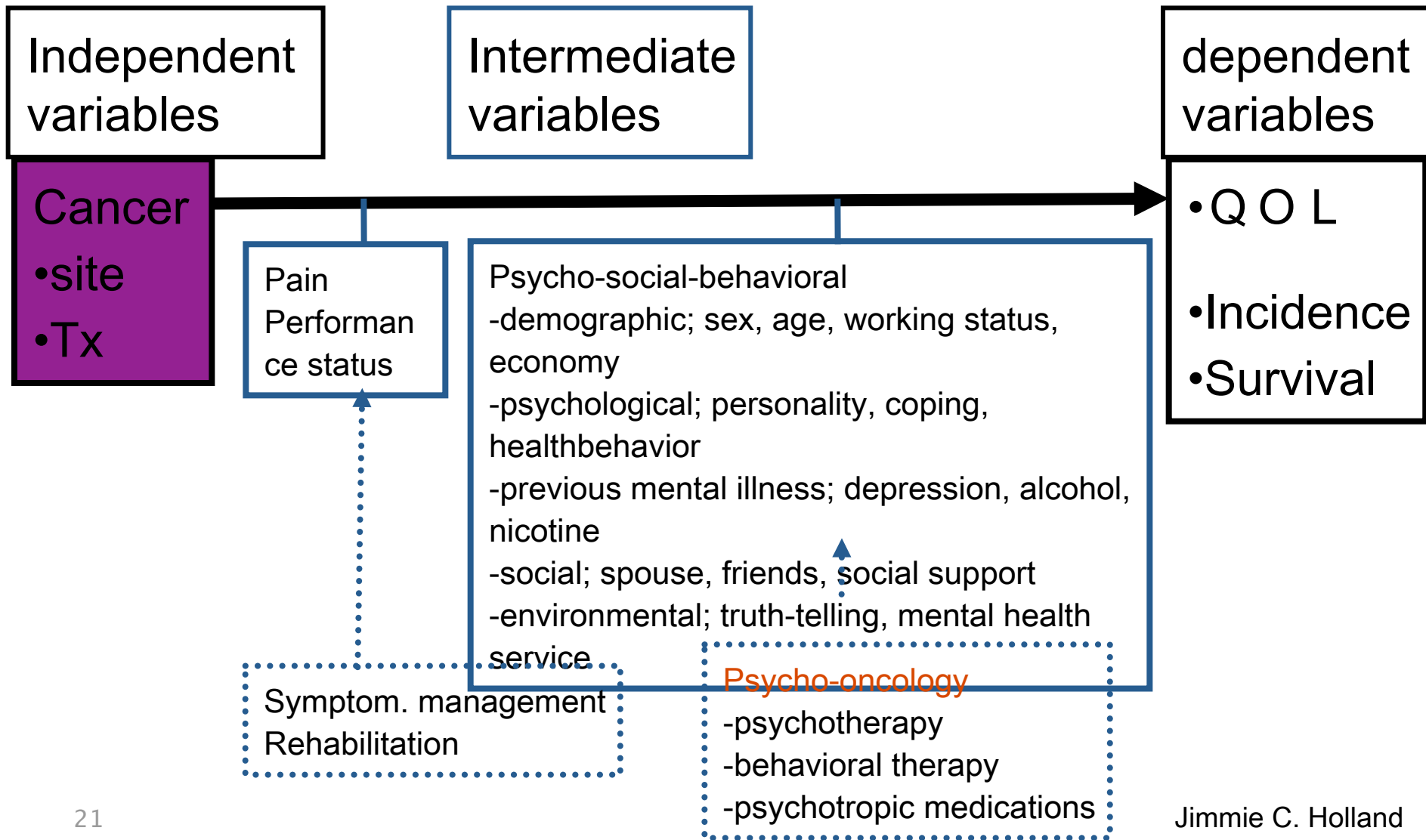


## The Goal

All Cancer Patients



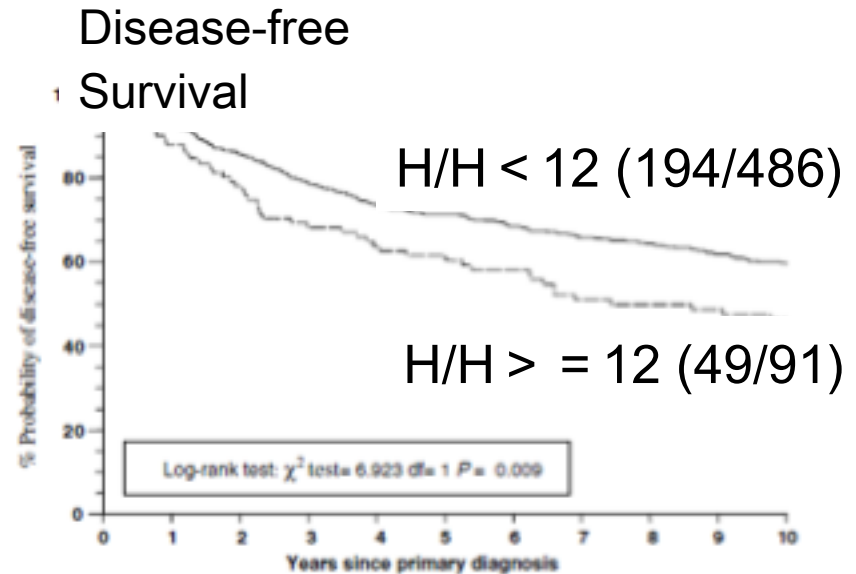
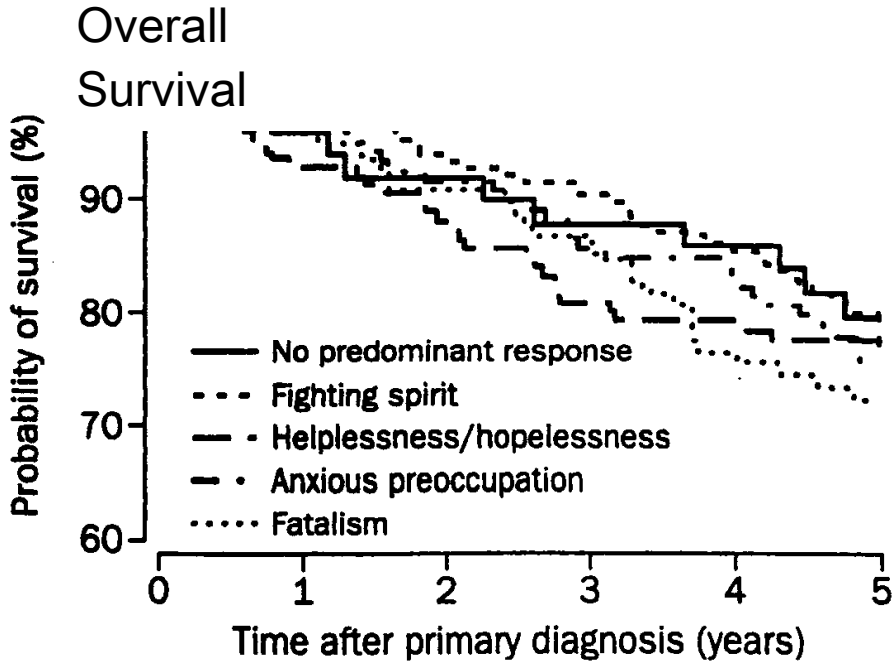
# 心理腫瘤醫學之研究模式



# Fighting spirit, helpless/hopeless(H/H) and survival

對抗心靈      無助/無望 (n=578)

Watson et al, Lancet, 1999  
Watson et al, EJC 2005.



Conclusion: no more particular coping styles toward cancer survival. Careful attention to helpless/hopeless coping and depression.

## 社會心理介入對於癌症倖存者的影響

author (y)	n	cancer site	
● Spiegel D (1989)	86	metastatic breast ca	positive
Richardson C (1990)	94	blood cancer	positive
Grossarth-Maticek (1989)	50	terminal breast ca	positive
McCorkle R (2000)	375	old mixed ca	positive
▲ Fawzy F (1993), (2003)	68	early malignant melanoma	positive
Kuchler (1999), (2007)	271	GI ca	positive
Linn M (1982)	120	end-stage mixed ca	negative
Ilnyckj A (1994)	199	mixed ca	negative
Cunningham C (1998)	66	metastatic breast ca	negative
Edelman (1999)	121	metastatic breast ca	negative
● Goodwin PJ (2001)	235	metastatic breast ca	negative
Kissane DW (2004)	303	early breast ca	negative
● Kissane DW (2007)	485	advanced breast ca	negative
● Spiegel D (2007)	125	metastatic breast ca	negative
▲ Boesen E (2007)	262	early malignant melanoma	negative
<sup>23</sup> Ross L (2009)	249	colorectal ca	negative

# 心理腫瘤醫學:係以希望為導向的一門醫學

