# Psychosocial Considerations

## Session 3: Psychosocial and Socioeconomic Consequences and Data Needs

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## Addressing the Adverse Consequences of Cancer Treatment
A National Cancer Policy Forum Virtual Workshop

# Americans Living with Cancer

- 2010: 13.7 million
- 2020: @ 18 million
- 2030: > 20 million

# A Reasonable Start: 12 Core Symptoms

| Mostly Physical | Mixed | Mostly Psychosocial |
|---|---|---|
| Pain | Fatigue | Cognitive problems |
| Anorexia | Insomnia | Anxiety |
| Dyspnea | | Depression |
| Nausea | | |
| Neuropathy | | |
| Constipation | | |
| Diarrhea | | |

Reeve et al, JNCI 2014; 106(7)

**~32% of Cancer Patients Meet Criteria for a Mental Health Disorder**

**Anxiety & Adjustment Disorders Most Common**

**Interferes with Tx adherence**

**Adds to symptom burden**

**Reduces Tx satisfaction**

Menhert et al., J Clin Oncol; 2014

**Table 2.** Prevalence of Mental Disorders (4-week CIDI-O) for the Total Sample (N = 2,141)

| Mental Disorder | 4-Week Prevalence (%) | 95% CI (%) |
|---|---|---|
| Any mental disorder | 31.75 | 29.75 to 33.76 |
| Any anxiety disorder | 11.45 | 10.19 to 12.85 |
| Adjustment disorder | 11.07 | 9.73 to 12.41 |
| Any mood disorder† | 6.48 | 5.51 to 7.45 |
| Any somatoform/conversion disorder/syndrome‡ | 5.27 | 4.29 to 6.24 |
| Nicotine dependence | 4.50 | 3.63 to 5.37 |
| Any mental disorder resulting from general medical condition | 2.28 | 1.68 to 2.87 |
| Alcohol abuse/dependence | 0.33 | 0.09 to 0.56 |
| No. of comorbid mental disorders with dependence§ | | |
| One summary mental disorder | 23.91 | 22.07 to 25.76 |
| Two summary mental disorders | 6.27 | 5.29 to 7.26 |
| ≥ Three summary mental disorders | 1.57 | 1.08 to 2.05 |
| No. of comorbid mental disorders without dependence‖ | | |
| Any mental disorder without dependence | 29.15 | 27.20 to 31.10 |
| One summary mental disorder | 22.79 | 20.99 to 24.59 |
| Two summary mental disorders | 5.36 | 4.44 to 6.28 |
| ≥ Three summary mental disorders | 1.01 | 0.62 to 1.39 |

NOTE. On the basis of the 2,141 CIDI-O interviews, prevalence estimates were calculated for the total sample of 4,020 patients with weights for compensation of the oversampling of patients with PHQ ≥ 9.

# Prevalence Estimates Vary Widely

..but center around:

15% for major depression
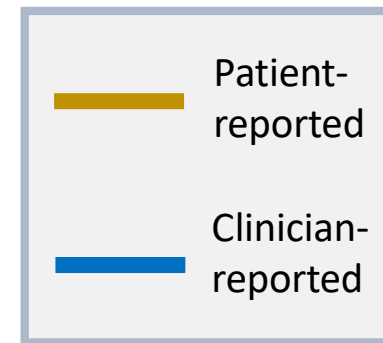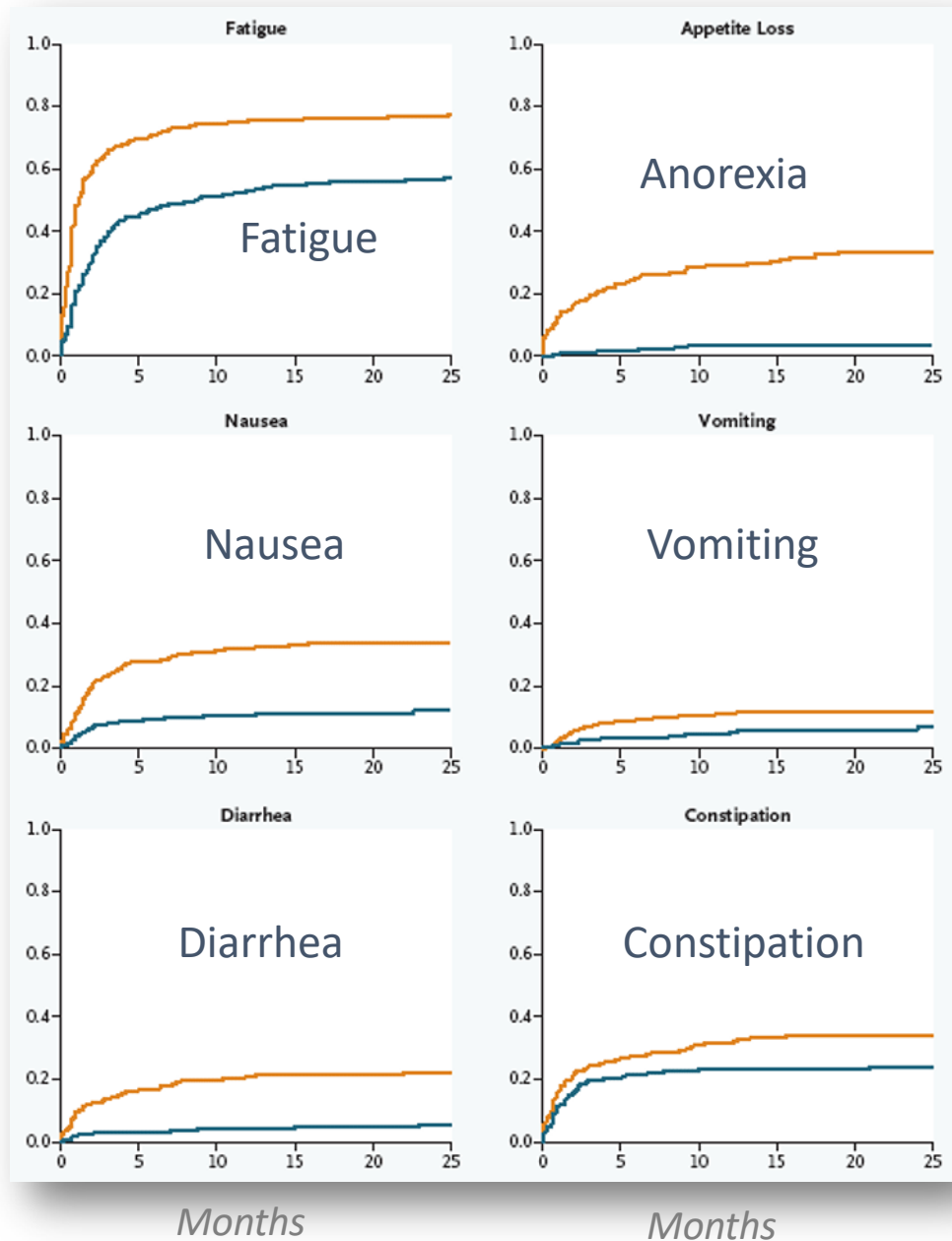10% for major anxiety disorders

Add 20% for minor depression and anxiety-based adjustment disorders

30-40% for any mood disorder

Mitchell et al, Lancet Oncol; 2011
Walker et al, Ann Oncol; 2013
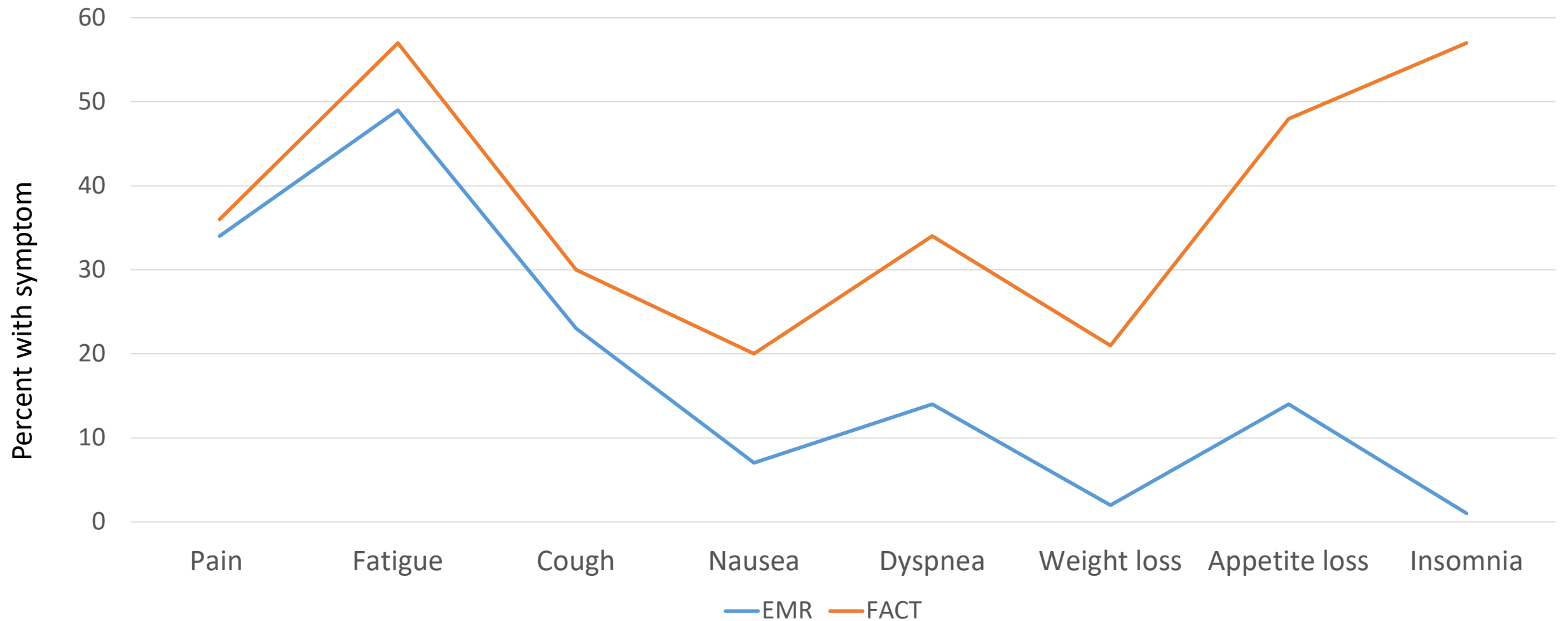
# Lung Cancer Symptoms: EMR v FACT

Percent with symptom

| Pain | Fatigue | Cough | Nausea | Dyspnea | Weight loss | Appetite loss | Insomnia |

— EMR — FACT

Overall concordance (Cohen's kappa) <0.40

Fares et al, Clin Ca Informatics 2018

# Lung Cancer Depression and Anxiety: EMR v PRO
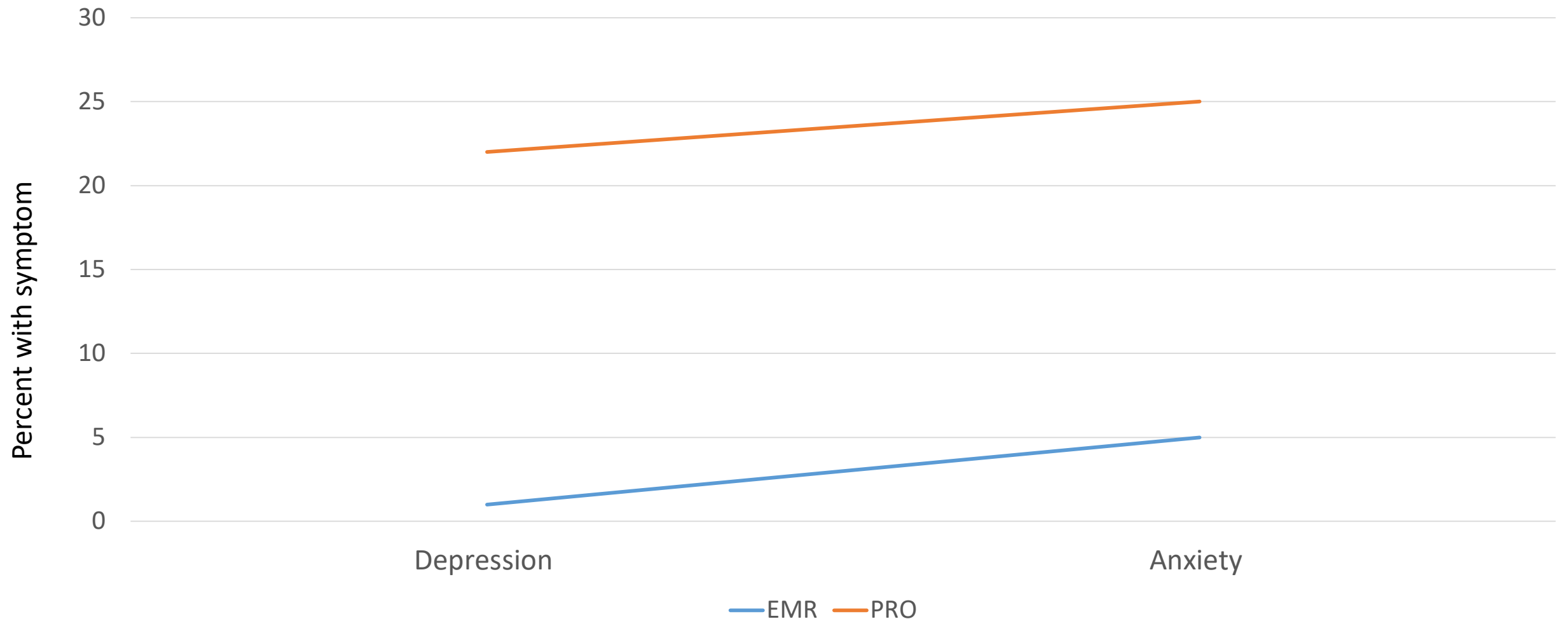


Depression measured with CES-D
Anxiety measured with DSMv5 PTSD Checklist

Fares et al, Clin Ca Informatics 2018

# Survival may be improved

- RCT: Routine weekly PRO collection vs usual care
- Worsening symptoms triggered nurse alert 77% of alerts led to a clinical intervention

- 5.2 mo median survival difference (31 v 26 mo)
- 5-year absolute survival benefit of 8%



HR=0.83; 95% CI= 0.696-0.995

Self-Report

Standard Care

P= 0.03

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Total | 766 | 554 | 415 | 344 | 308 | 288 | 237 | 115 | 60 |
| Self-Report | 441 | 331 | 244 | 207 | 190 | 181 | 148 | 65 | 33 |
| Standard | 325 | 223 | 171 | 137 | 118 | 107 | 89 | 50 | 27 |

Basch et al. JAMA; 2017
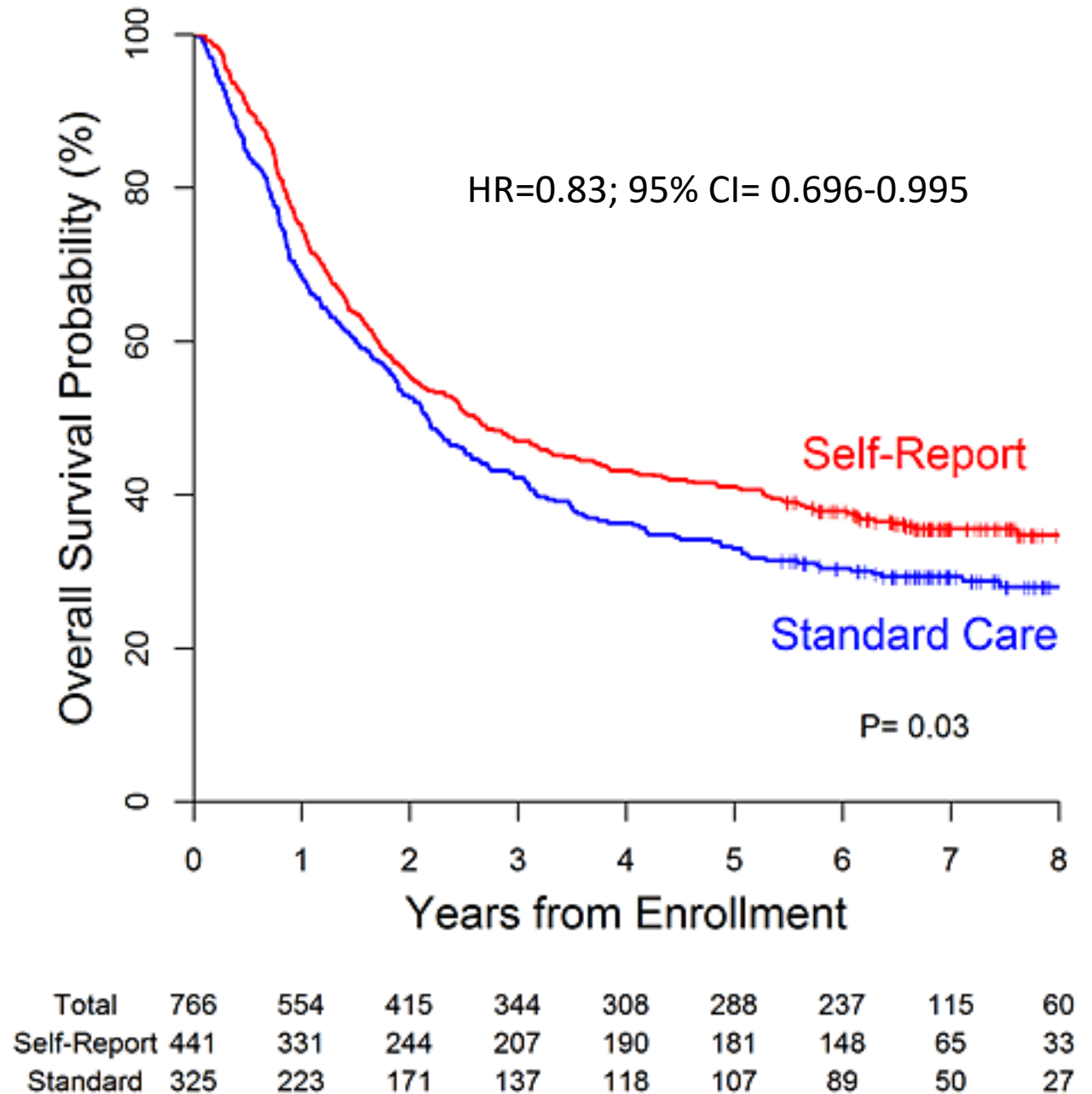
# Goal 1: Increase clinician awareness of patient symptoms at point of care and beyond

- We need <u>explicit</u> detection (direct patient report)

# TAILORING PSYCHOLOGICAL INTERVENTIONS ACROSS THE CANCER DISTRESS CONTINUUM



**Normal Adjustment Reactions**

Psychoeducational Approaches, Open Support Groups & Information Provision

**Adjustment Disorder**

Brief Individual & Group Psychotherapy

**Subclinical Symptoms of Severe Distress**

Individual & Group Psychotherapy, Full Psychiatric Evaluation

**Severe Emotional Reactions & Mental Health Disorders**

Individual & Group Psychotherapy, Evaluation for Pharmacologic Treatment

~ 30%

- Transient feelings of distress such as fear & anxiety

- Functional impairments limited to disease-specific functioning

- Mild symptoms of distress such as fear & anxiety

- Impairment in several general & disease-specific functioning areas

- Moderate to severe symptoms of distress that do not meet criteria for a mental disorder

- **Symptoms of distress are debilitating and impact multiple functioning domains**

- **Diagnosed mental health disorder**

- **Symptoms are severe and significantly impact multiple areas of functioning**

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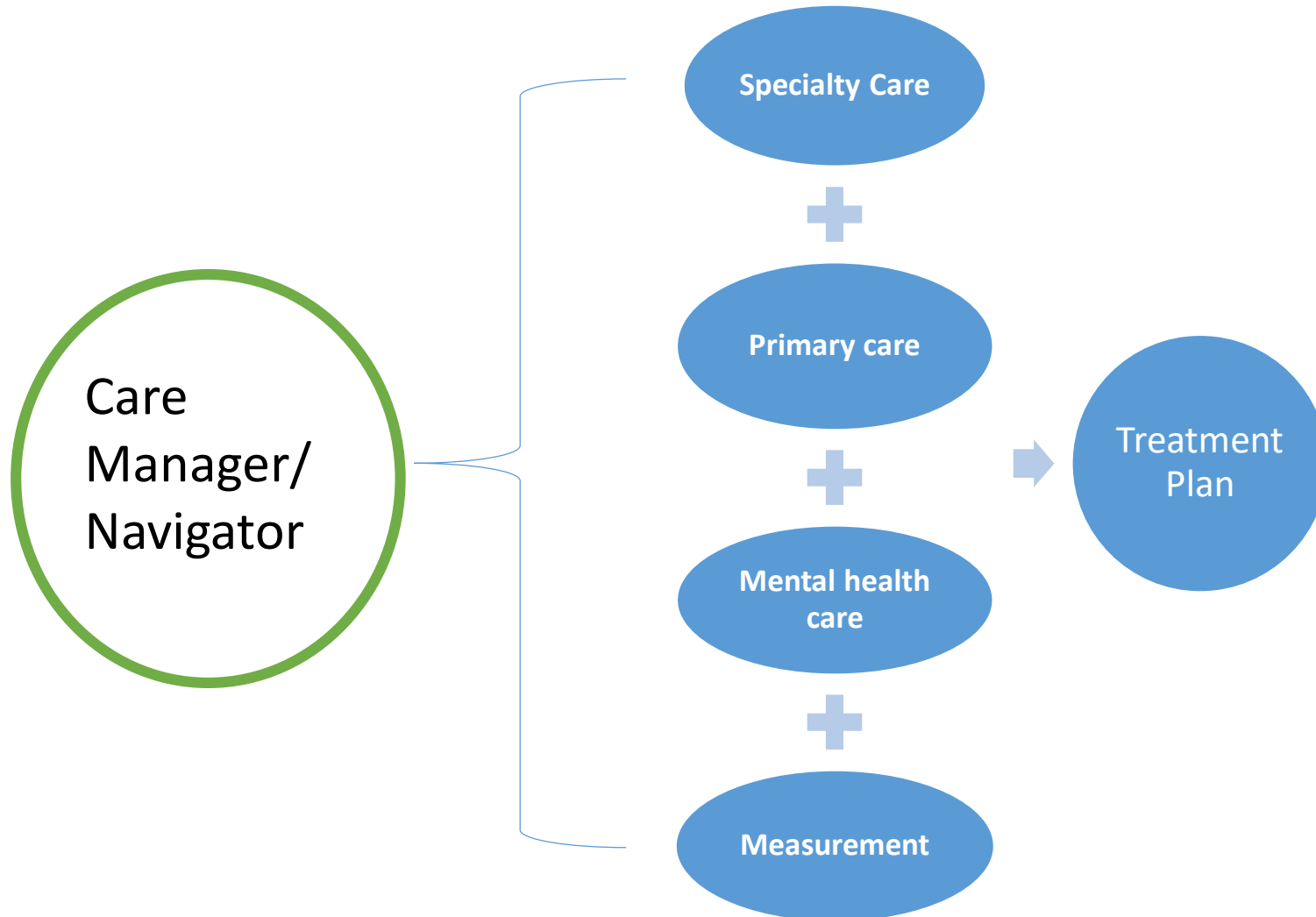
Benedict & Penedo, 2013

# Point 2: We have the tools and treatments

- Distress screening
- Survivorship care
- Collaborative care model

Have Distress Screening and Survivorship Care Plans made a Difference?

- Mental health shortages (access)
- Mental health reimbursement
- SCP: Implementation before efficacy?

# A Collaborative Care Model

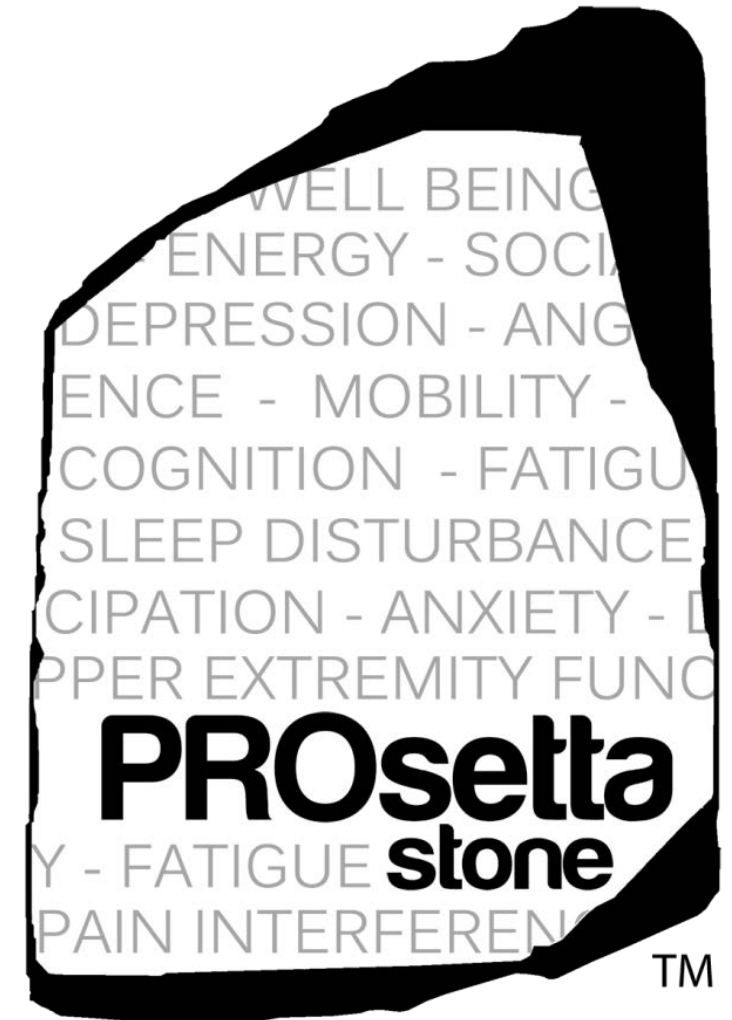# Why Collaborative Care for Depression?

- Pharmacologic tx only has short-term efficacy
  - Benefit diminishes by one year
- Psychological tx also has short-term efficacy with decline at 1 year
- Collaborative care benefit is maintained at one year
  - Hypothesis: CC targets the health system as well as the patient

Li et al, Psycho-Oncology; 2017

# Screening for Distress

- 63 studies; 19 depression measures!  (Mitchell et al, J Affect Dis; 2012)

- We need more consistency for reporting and tracking

# PROsetta Stone® : A Rosetta Stone for Linking Patient-Reported Outcome Measures

- 53 tables that link one questionnaire to another

- 18 domains of physical, mental, and social health

WELL BEING
ENERGY - SOCI
DEPRESSION - ANG
ENCE - MOBILITY -
COGNITION - FATIGU
SLEEP DISTURBANCE
CIPATION - ANXIETY - D
PPER EXTREMITY FUNC

**PROsetta stone**

Y - FATIGUE
PAIN INTERFEREN

™

www.prosettastone.org

# Goal 2: Empower and engage patients in collaborative care

- Shared responsibility and shared decisions
- Technology enhancements and enablers
- Positive social networking

# Point 3: We have areas of neglect and disparity

- Racial/Ethnic disparities
- Caregiver burden

# More depression in cancer relative to GP; Differentially worse for non-whites
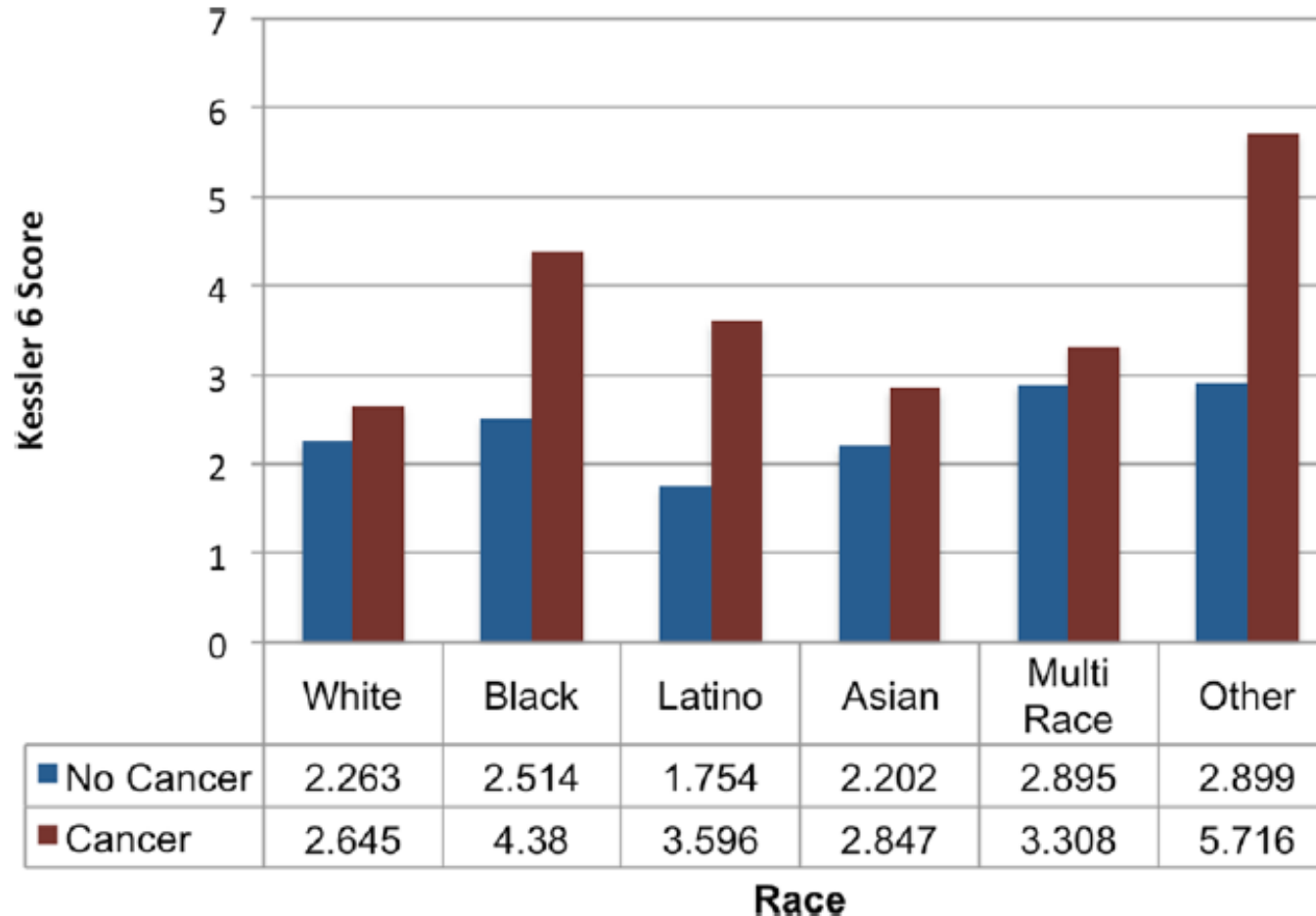
Adult California Health Interview Survey (n=42,879)



**Figure 2** Estimated Kessler 6 (K6) score by race/ethnicity and cancer status.

Alcala et al, BMC Pub Hlth; 2014

# Psychological Morbidity in Hispanics

- Systematic review and meta-analysis

- 21 articles (18 datasets)

- Latinx disparities
  - Distress              (es 0.37)
  - Depression           (es 0.23)
  - Social life quality    (es 0.45)
  - Overall life quality   (es 0.49)

Luckett et al, Lancet Oncology, 2011

# Cancer Care Partner Distress

- Meta-analyses to obtain pooled estimates of <u>depression and anxiety</u>
- 30 studies; 21,149 caregivers
- Prevalence
  - Depression: 42%
  - Anxiety: 47%
- Quality of life scores very low
- Risk factors
  - Patient's condition, partner sleep quality, poor health, avoidance, burden, duration, financial burden, unemployment, female sex, spouse status

Geng et al, <u>Medicine</u>; 2018

# Goal 3: Address care partners and attend to inequity

# Summary: The case for action

- Psychosocial symptoms have an adverse impact on
  - life quality
  - healthcare utilization
  - clinical outcomes
- We have brief, clinically-useful screening instruments (too many)
- Ample evidence for the efficacy of treatments for depression and anxiety in the general population and people with cancer
- High-level evidence guidelines for management of depression and anxiety (e.g., ASCO)
- Evidence-based approach to implementing depression care in cancer (collaborative care model)
- NCI call for Information Technology to improve depression screening for cancer patients: https://grants.nih.gov/grants/guide/pa-files/PA-18-493.html

# Thank you, and acknowledging

- Cindy Barnard
- Ethan Basch
- Kristina Davis
- Sofia Garcia
- Paul Jacobsen
- Sheetal Kircher
- Paul Kluetz

- Lori Minasian
- Tim Pearman
- Frank Penedo
- Annette Stanton
- Lari Wenzel
- Ashley Wilder Smith