

Non-Pharmacological Management of Anxiety in Cancer Patients



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Background

Generalized anxiety disorder (GAD), panic disorder, and adjustment disorder with anxiety are among the common anxiety disorders often depicted in cancer care. Cancerspecific anxiety-related clinical conditions such as fear of progression (FoP), fear of cancer recurrence (FCR), and death anxiety are significant and common concerns of current and past cancer patients. Excluding GAD, panic disorder, and adjustment disorder, these conditions are not formal psychiatric diagnoses, but depending on the level of anxiety, stress, or worry that they produce, patients may experience compromised psychological functioning and decreased quality of life (QoL), sleep disturbances, and an increased risk of depression. Medications commonly used for anxiety often have drug interactions with cancer medications or have adverse effects. To increase the quality of life and minimize adverse effects, alternative therapies should be considered with or without pharmacologic therapy to treat anxiety due to cancer.^{2,3}

Treatment Process

- Upon diagnosis, patients should have their anxiety assessed by their medically integrated team by:
- Identifying and screening patients with risk factors
- Using self-reporting tools for mood, anxiety, social and emotional well-being, and depression
- Finding and treating the cause of the anxiety disorder
- Pain not controlled by medication, other medical problems, certain tumors, certain medication side effects, and/or drugs that cause withdrawal
- Continuing to assess and screen for anxiety throughout cancer treatment, upon completion, and on follow-ups
- If a patient referral for the treatment of anxiety is needed, discussing with the patient the reason(s) for the referral as well as potential benefits
- Assessing the patient's compliance with the referral and treatment progress or outcomes2
- Patient-Centered Activities
- Counseling the patient on signs and symptoms of anxiety
- Complementary and alternative medicine (CAM) therapy

Risk Factors

General Risk Factors

- More advanced and longer duration of disease
- More physical symptoms
- Younger age
- Precancer history of anxiety
- Communication with healthcare providers being less than satisfactory unemployment, lower income,
- Impaired social and cognitive functioning
- Insecure attachment style
- Chemotherapy (ChT) treatment
- Unemployment
- Pancreatic and lung cancer (but can be present in other cancers as well)
- Diagnosis of depression (Depression and anxiety are usually diagnosed together)

Patient-Centered Activities

- Counseling the patient on signs and symptoms of anxiety
- - o Counseling (individual, couple and family, crisis, group therapy, self-help, cognitive behavioral therapy)14
 - Mindfulness-based therapy¹⁵
 - Music therapy¹⁶
 - Chiropractic and relaxation exercises^{3,17,18}
 - Low-to-moderate exercise resistance training program tailored to the individual.
 - There is statistically significant evidence this is effective for older adults with cancer.
 - o Aromatherapy massages with essential oils (preferably lavender) are proven effective for short periods of time (<4 weeks) but may not be as effective as cancer progresses.
 - Inhalation is another option, but there are few studies and do not appear as effective.³
 - Herbal medicine: Below are recommendations from an herbal meta-analysis, 19 For these and other herbals, it is suggested that clinicians utilize the MSK resource¹⁹ for their herbal inquiries when covering a patient's medication list and their potential interactions.
 - Saffron, kava kava, lavender, passionflower extract, Asian ginseng, red clover pratense capsules, valerian root extract, sage, and gotu kola extracts

Signs and Symptoms

· Panic attacks

Sweating

- Tachypnea • Trembling
 - Tachycardia
 - Palpitations
- Sweaty palms
- Impairment to daily living
- Diarrhea¹

Self-Reporting Tools

- Hospital Anxiety and Depression Scale (HADS): Score > 8 on either depression or anxiety scales is indicative of a disorder4
- Generalized Anxiety Disorder-7 questionnaire (GAD-7): Score of ≥11 = GAD^{1,5}
- Spielberger State-Trait Anxiety Inventory (STAI): Qualitative information to determine how the patient feels on a regular basis, score of ≥ 39 = clinically significant anxiety symptoms^{1,6,7}
- Specific tools for evaluating cancer-related anxiety
- o Cancer-related distress: The Edmonton Symptom Assessment System
 - (ESAS) score⁸ or the Distress Thermometer rating scale⁹
- FCR or FoP: FCR Inventory^{10,11}; FoP-Q-12^{1,12,13}

Supplemental Information

- Exercise: Exercise lowers inflammation and also affects how the brain processes sensory responses. This can affect a person's mood.
- Aromatherapy: Small lipid soluble molecules from essential oils are absorbed into the bloodstream through the skin.3
- Massage: This relaxes the skin and mechanically stimulates the lymphatic system to decrease cortisol, reduce nervousness, and increase serotonin and dopamine. This improves mood and relaxation.3

Other Risk Factors

received ChT or radiotherapy.

experienced treatment failure

less preparation for the end of

• FCR: female sex, younger,

• Death Anxiety: female sex,

life