EDITORIAL

Cancer – Application of CBT to Treatment

Increasing medical advances mean that more people are treated and cured of cancer than ever before. People with cancer are now tending to live longer than previously. These changing circumstances mean that cancer is increasingly being conceptualised as a chronic illness. Cancer is a range of illnesses and diseases, each with a different aetiology, treatment regime and prognosis. Almost everyone who is told that they have cancer will experience a period of psychological distress. For some, this will be a self-limiting experience, one which does not cause any lasting psychological problems and can be understood as a normal adjustment reaction. However, there are some people who will experience psychological problems which significantly interfere with their quality of life and ability to function on a day-to-day basis. These clinically significant psychological problems usually occur as part of an adjustment disorder, major depressive disorder or an anxiety disorder. The cancer-related psychological problems which are commonly treated using cognitive behaviour therapy (CBT) in cancer care settings are listed below:

- Anxiety associated with clinic attendance and treatment sessions
- Depression which interferes with demands of treatment
- Inability to get out of the house because of fears of meeting people
- Avoidance of discussion about cancer and its impact
- Anger and irritability with staff and family members
- Depression relating to negative thoughts about self-worth and appearance
- Depression about prognosis
- Problems with maintenance of daily routine because of physical debility
- Sexual problems

An early study in the eighties found that non-physical side effects of treatment such as anger, anxiety or apprehension are rated by patients as being more severe than physical side effects such as nausea or hair loss.[1] Another study found that patients may drop out of treatment because of psychological problems.[2] Some treatment procedures such as bone marrow transplantation result in psychological problems because of the demands involved. In other cases, patients may have to face treatment regimes that are difficult to tolerate, or which may involve behavioural demands such as frequent hospital visits and levels of motivation which may be difficult to generate or sustain. Advances in drug therapies have resulted in a reduction in the incidence of nausea and vomiting associated with chemotherapy. However, conditioned nausea and vomiting do still occur and aversions to food and other elements of the cancer experience can also develop. Even after cancer treatment, patients lives may be affected throughout the follow-up period, as they attend appointments to determine whether the cancer has returned.

Of late there has been much research into psychological aspects of cancer. Progress in cancer genetics, for example, has resulted in increased awareness that there is a possibility of negative psychological reactions to increased genetic predisposition for cancer.[3] There

has been research into the way patients manage uncertainties, make decisions about treatment and how beliefs about a genetic risk of cancer can trigger or mediate psychological problems.

Psychological models of adjustments and principles for psychological management of the problems associated with cancer are now emerging. Cognitive behavioural intervention and therapies have been shown to be effective when applied to the psychological issues and problems experienced by cancer patients.[4] Cognitive oriented interventions have been shown to be effective in improving anxiety and depression symptoms in cancer patients. These therapies have been found to be significantly superior to supportive counseling.[5] Work has also started on exploring thoughts and images associated with cancer experiences [6] and cognitive processes in depression associated with cancer has been reported.[7]

Much work still needs to be done in this area of research. As cancer is a very popular area of research in our faculty, it is hoped that a group will also look into the psychological aspects of cancer, especially the cognitive processes and behavioural trends of patients in our locality. There might be differences between our patients and western patients due to different cultural beliefs and genetic make-up. These differences, if not established, can have an effect on psychological sequelae and will result in significant differences in response to therapy, maintenance treatment, or prognosis.

REFERENCES

[1] Coates A, Abraham S, Kaye SB, Sowerbutts T, Frewin C *et al*. On the receiving end ˇ patient perception of the side effects of cancer chemotherapy. European Journal of Cancer and Clinical Oncology 1983; 19(2): 203-208

[2] Gilbar O, De-Nour K. Adjustment to illness and dropout of chemotherapy. Journal of Psychosomatic Research 1989; 33(1): 1-5

[3] Cull A, Anderson EDC, Campbell S, Mackay J, Smyth E *et al*. The impact of genetic counseling about breast cancer risk on women s risk perceptions and levels of distress. British Journal of Cancer 1999; 79(3/4): 501-508

[4] Meyer TJ, Mark MM. Effects of psychosocial interventions with adult cancer patients: a meta-analysis of randomised experiments. Health Psychology 1995; 14(2): 101-108

[5] Moorey S, Greer S, Bliss J, Law M. A comparison of adjuvant psychological therapy and supportive counseling in patients with cancer. Psycho-Oncology 1998; 7: 218-228

[6] Manson H, Manderino MA, Johnson MH. Chemotherapy: thoughts and images of patients with cancer. Oncology Nursing Forum 1993; 20(3): 527-532

[7] Brewin C, Watson M, McCarthy S, Hyman P, Dayson D. Memory processes and the course of anxiety and depression in cancer patients. Psychological Medicine 1998; 28: 219-224

Azhar MZ
Department of Psychiatry, Faculty of Medicine & Health Sciences
Universiti Putra Malaysia