

SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Ferrara



UNIVERSITÀ DEGLI STUDI DI FERRARA
- EX LABORE FRUCTUS -



La cultura dell'accoglienza
del paziente oncologico

Stato dell'arte della ricerca in Psiconcologia

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*Clinica Psichiatrica - Dipartimento Scienze Biomediche e Chirurgico
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*UO Psichiatria Ospedaliera - Dipartimento Assistenziale Integrato Salute
Mentale e Dipendenze Patologiche - AUSL Ferrara*

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Negrar, Verona

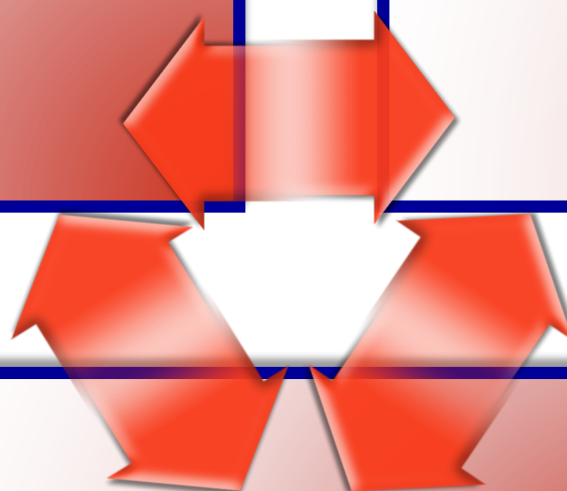
mariagiulia.nanni@unife.it
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Livelli integrati di cura

**LIVELLO
CLINICO**

**LIVELLO
FORMATIVO**

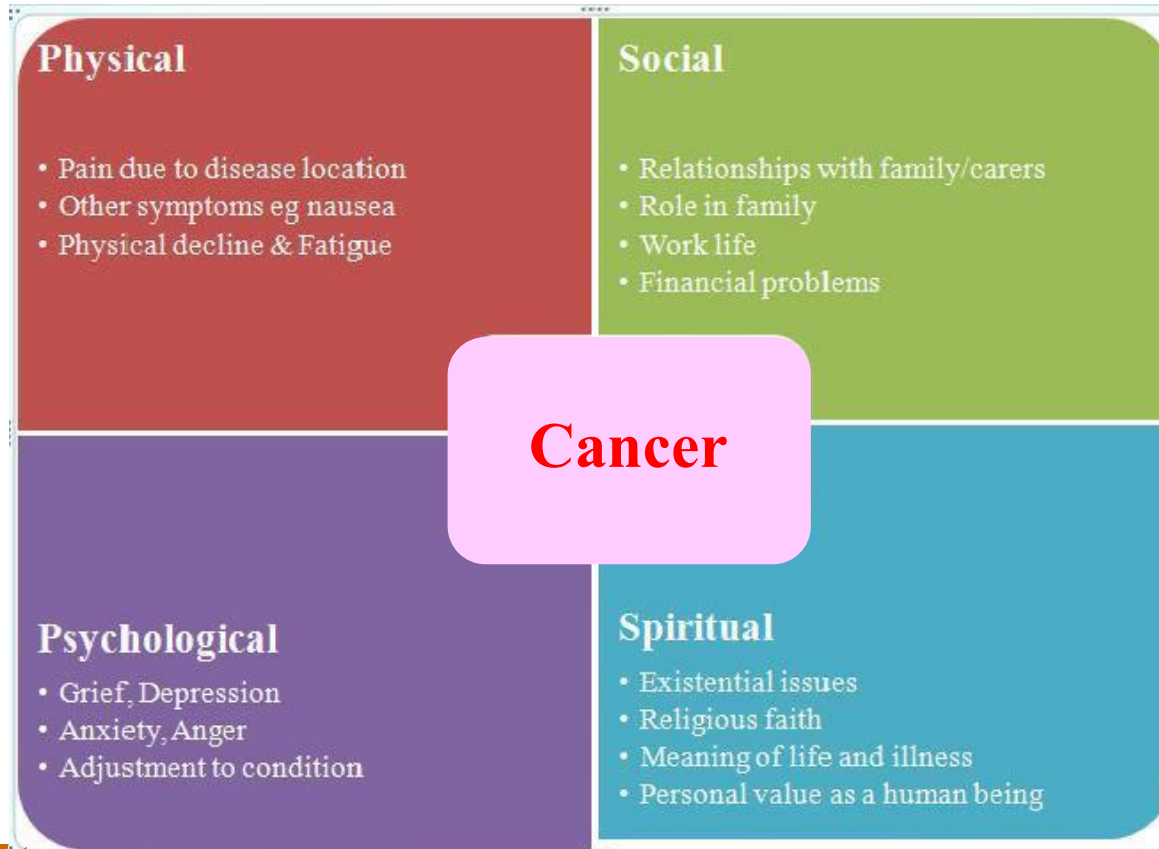
**LIVELLO
RICERCA**



Livelli integrati di care



Umwelt



Mitwelt

Eigenwelt

Überwelt

Arthur Sutherland (1910-1971)



Vol. 67. No. 11. November 1952

Public Health Reports

Psychosocial Aspects of Cancer

Psychological Impact of Cancer Surgery

By **ARTHUR SUTHERLAND, M.D.**

Communication Between the Doctor and the Cancer Patient

Arthur M. Sutherland, M.D.

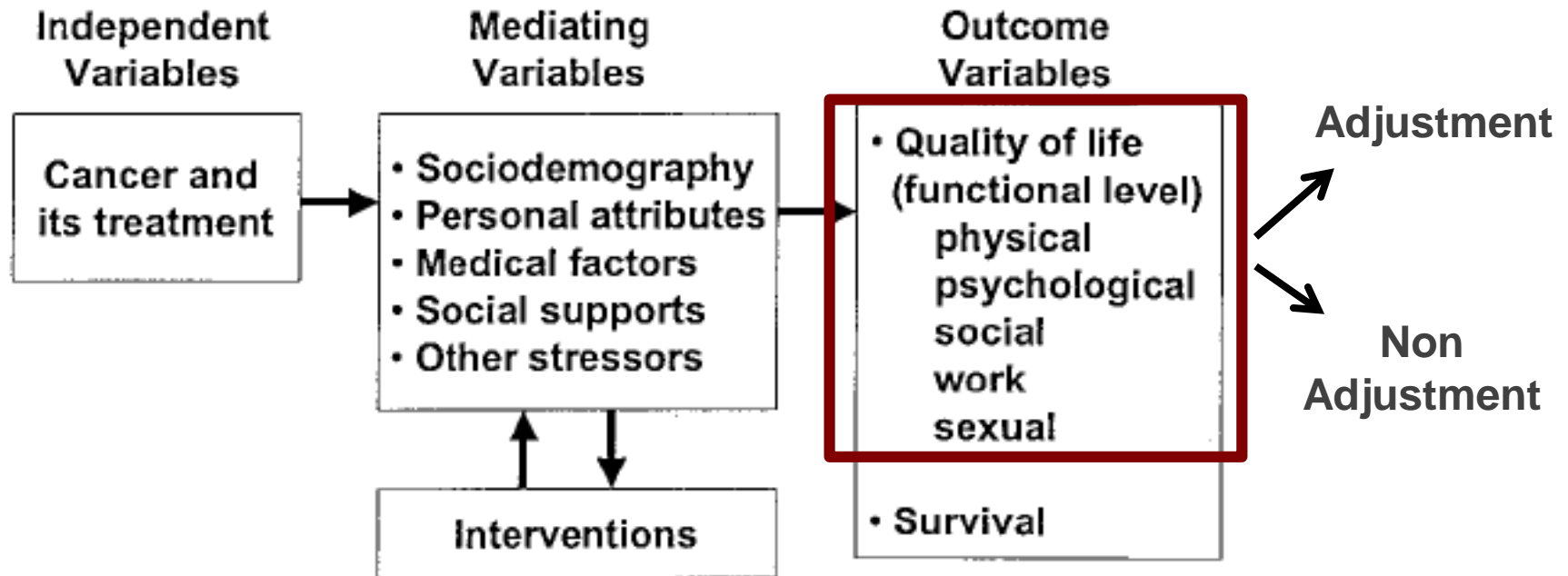
Classics in Oncology

Psychological Impact of Cancer and Its Therapy

Arthur M. Sutherland, M.D.

Modelli della Ricerca

RESEARCH MODEL FOR PSYCHIATRIC & QUALITY OF LIFE RESEARCH IN ONCOLOGY



Psychosocial Morbidity

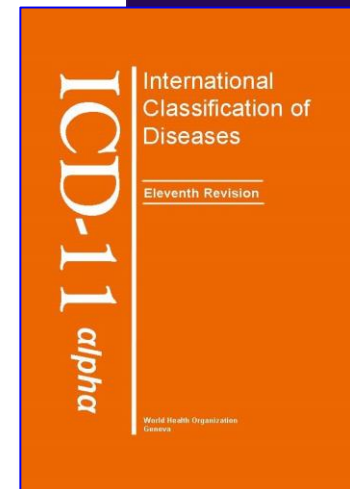
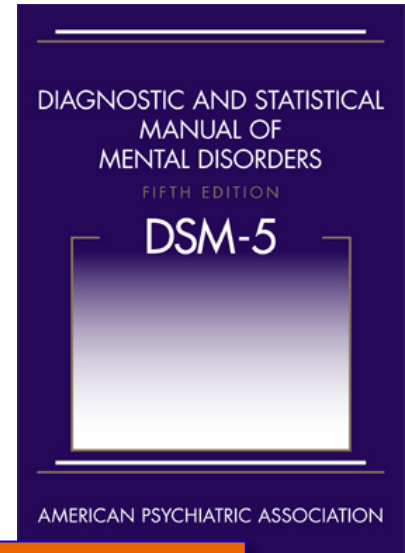


Lancet Oncol 2011; 12: 160-74

Alex J Mitchell, Melissa Chan, Henna Bhatti, Marie Halton, Luigi Grassi, Christoffer Johansen, Nicholas Meader

Prevalence of depression, anxiety, and adjustment disorder in oncological, haematological, and palliative-care settings: a meta-analysis of 94 interview-based studies

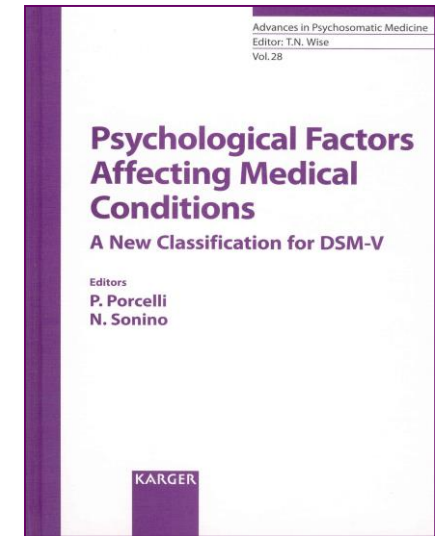
- Morbilità psichiatrica o psicosociale (“caseness”) = **35-40%** delle persone con cancro e nei loro familiari
- **Impatto negativo** su qualità della vita, aderenza alle cure, riabilitazione, sopravvivenza



DCPR in oncologia



- **15-25%** pazienti senza diagnosi **DSM-IV** presenta almeno una condizione DCPR
 - Demoralizzazione
 - Ansia per la Salute
 - Umore Irritabile
- Impatto presenza DCPR su QoL
- Necessità di
 - Screening per distress
 - Assessment fattori di rischio
 - Sviluppo di linee-guida
 - Ricerca su efficacia interventi



NCCN® Guidelines

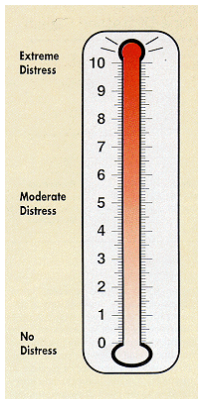


Figure 4: The Distress Thermometer, developed at Memorial Sloan-Kettering, is a rapid screening test to evaluate distress in cancer patients. Patients rate their distress at each clinic visit from 0 to 10. Studies show that those with a mark above 6 on the scale have symptoms indicating a need for intervention.

NCCN Practice Guidelines for the Management of Psychosocial Distress

1997



2013

National
Comprehensive
Cancer
Network®

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

Distress Management

Version 2.2013
NCCN.org

Continue

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National
Comprehensive
Cancer
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NCCN Guidelines Version 2.2013
Distress Management

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[Distress Management TOC](#)
[Discussion](#)

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.

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	Practical Problems	YES	NO	Physical Problems
<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"/>	Treatment decisions	<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"/>	Dealing with children	<input type="checkbox"/>	<input type="checkbox"/>	Fevers
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with partner	<input type="checkbox"/>	<input type="checkbox"/>	Getting around
<input type="checkbox"/>	<input type="checkbox"/>	Ability to have children	<input type="checkbox"/>	<input type="checkbox"/>	Indigestion
<input type="checkbox"/>	<input type="checkbox"/>	Family health issues	<input type="checkbox"/>	<input type="checkbox"/>	Memory/concentration
			<input type="checkbox"/>	<input type="checkbox"/>	Mouth sores
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	<input type="checkbox"/>	Fears	<input type="checkbox"/>	<input type="checkbox"/>	Nose dry/congested
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	Pain
<input type="checkbox"/>	<input type="checkbox"/>	Sadness	<input type="checkbox"/>	<input type="checkbox"/>	Sexual
<input type="checkbox"/>	<input type="checkbox"/>	Worry	<input type="checkbox"/>	<input type="checkbox"/>	Skin dry/itchy
<input type="checkbox"/>	<input type="checkbox"/>	Loss of interest in usual activities	<input type="checkbox"/>	<input type="checkbox"/>	Sleep
			<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	<input type="checkbox"/>	Spiritual/religious concerns	<input type="checkbox"/>	<input type="checkbox"/>	Tingling in hands/feet

Other Problems: _____

Italian Society of Psycho-Oncology DT Study



Original Article

Screening for Distress in Cancer Patients

A Multicenter, Nationwide Study in Italy

Luigi Grassi, MD¹; Christoffer Johansen, MD²; Maria Antonietta Annunziata, PhD³; Eleonora Capovilla, PhD⁴; Anna Costantini, PhD⁵; Paolo Gritti, MD⁶; Riccardo Torta, MD⁷; Marco Bellani, MD⁸; on behalf of the Italian Society of Psycho-Oncology Distress Thermometer Study Group

BACKGROUND: Routine screening for distress is internationally recommended as a necessary standard for good cancer care, given its high prevalence and negative consequences on quality of life. The objective of the current study was to contribute to the Italian validation of the Distress Thermometer (DT) to determine whether the single item DT compared favorably with referent criterion measures. **METHODS:** In total, 1108 outpatients with cancer were recruited from 38 representative oncology centers in Italy. Each participant completed the DT and a list of 34 possible cancer-related problems (the Problem List), the Hospital Anxiety and Depression Scale (HADS), the 18-item Brief Symptom Inventory (BSI-18), and a short visual analog scale to determine the understandability of the tools. **RESULTS:** Receiver operating characteristic analysis revealed that DT cutoff scores ≥ 4 and ≥ 5 had optimal sensitivity and specificity relative to both HADS and BSI-18 cutoff scores for general caseness and more severe psychological distress, respectively. Patients with DT scores ≥ 4 (cases) were more likely to be women; to have had psychological problems in the past; to report more stressful events in the last year; and to currently have more family, emotional, and physical problems related to cancer or cancer treatment. Patients indicated that the DT was easier to fill out and to understand than the HADS, but not the BSI-18. **CONCLUSIONS:** The DT was identified as a simple and effective screening instrument for detecting distress in Italian cancer patients as a first step toward more properly referring those in need to psychosocial intervention. *Cancer* 2013;119:1714–21. © 2013 American Cancer Society.



Biopsychosocial Concomitants in Cancer



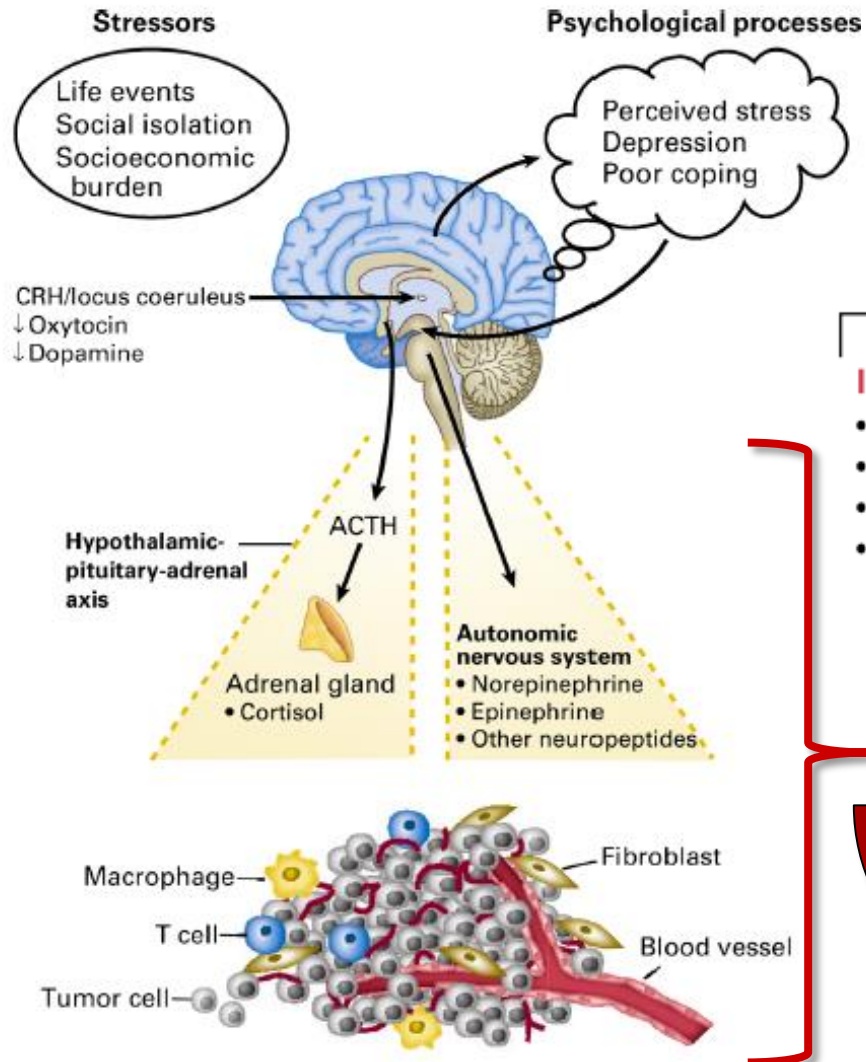
VOLUME 28 • NUMBER 26 • SEPTEMBER 10 2010

JOURNAL OF CLINICAL ONCOLOGY

REVIEW ARTICLE

Host Factors and Cancer Progression: Biobehavioral Signaling Pathways and Interventions

Susan K. Lutgendorf, Anil K. Sood, and Michael H. Antoni



Tumor microenvironment

Immune and stromal cells

- ↓NK function
- ↓T-cell activity
- ↑T-regs
- ↑TAM (MMPs and inflammatory cytokines)

Cancer cells

- ↑Migration and invasion
- ↑Production of angiogenic factors (VEGF, IL-6, STAT3)

- Influence cancer growth and progression
- Alter QOL

Biopsychosocial Concomitants in Cancer

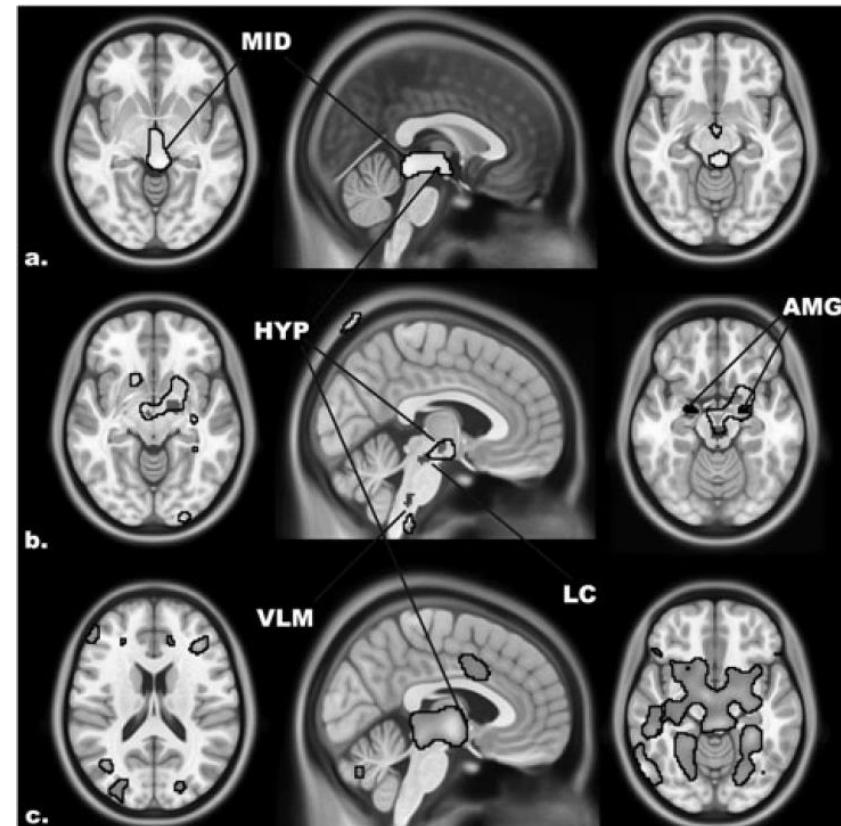


RESEARCH ARTICLE

The Neurobiological Basis of the Distress Thermometer: A PET Study in Cancer Patients

L. Castelli^{1,5†}, D. Tonello^{1†}, F. D'Agata^{2*†}, P. Caroppo², B. Baudino³, M. Zotta³, S. Cauda³,
L. Pinessi², P. Mortara², L. Grassi⁴, G. Bisi³ & R. Torta^{2,5}

- DT and Problem List associated w/ subcortical areas activity (part of midbrain, hypothalamus, limbic forebrain and brainstem).
- The results highlighted that the DT scores correlated with the activity of brain areas typically involved in stress response.
- Hypothalamus metabolism was found to be the best predictor of distressed patients



Coping e Spiritualità



- **79.3%** indicate to be strongly supported by the faith or their own values
- **Spirituality** is related to
 - **Lower Depression** and **Hopelessness**
 - **Higher Fatalism**
 - **Higher Fighting Spirit**
 - **Higher dignity**



COMMENTARY

JAMA, May 28, 2008—Vol 299, No. 20

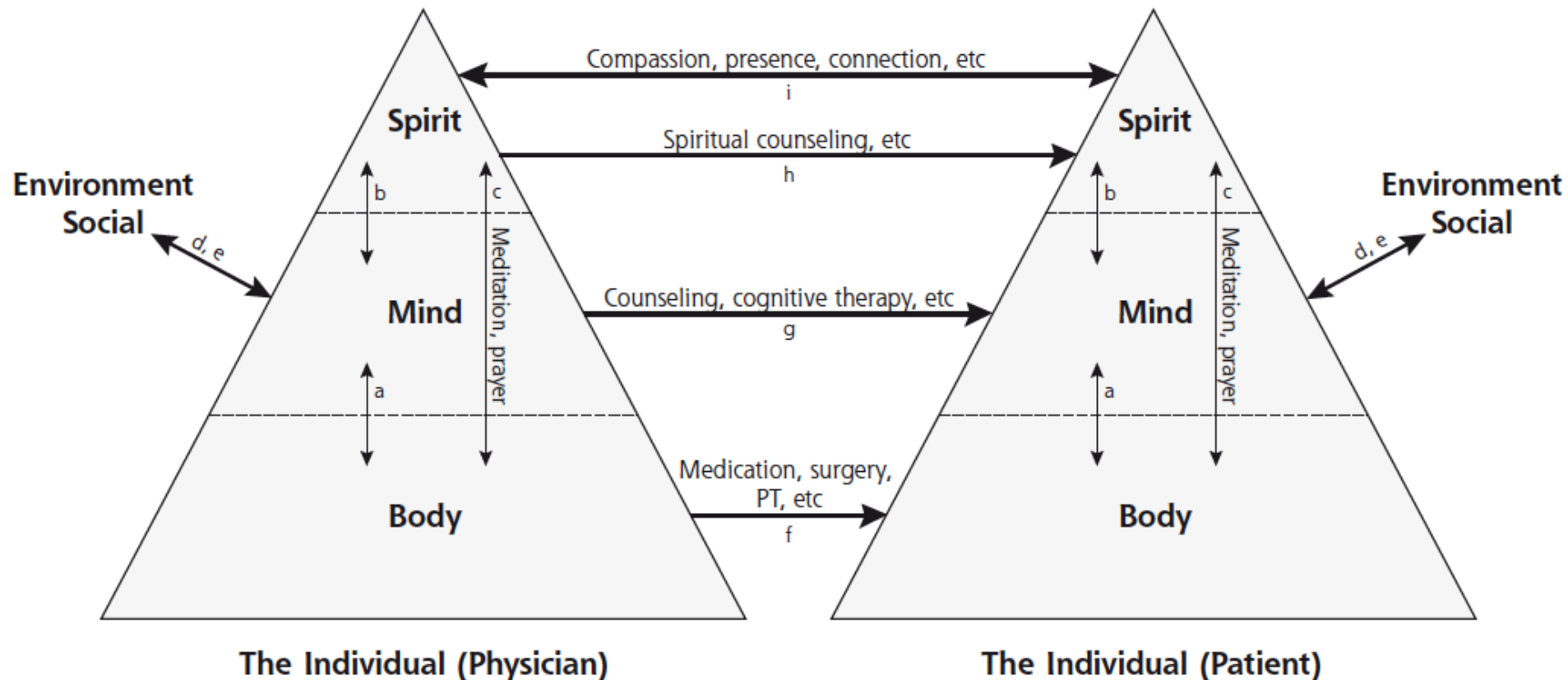
Jay M. Milstein, MD

Introducing Spirituality in Medical Care

Transition From Hopelessness to Wholeness

Intersoggettività, *cure* e *care*

Doctor/Nurse – Patient Relationship



Burn-out



JAMA. 1988;259(22):3296–3298.

Doctors Have Feelings Too

William M. Zinn, MD, MPH

JAMA[®]
The Journal of the American Medical Association

The Inner Life of Physicians and Care of the Seriously Ill

Diane E. Meier, MD

Anthony L. Back, MD

R. Sean Morrison, MD *JAMA*, December 19, 2001—Vol 286,

Self-care of Physicians Caring for Patients at the End of Life

“Being Connected . . . A Key to My Survival”

Michael K. Kearney, MD

Radhule B. Weininger, MD, PhD

Mary L. S. Vachon, RN, PhD

Richard L. Harrison, PhD

Balfour M. Mount, MD *JAMA*. March 18, 2009—Vol 301. No. 11

Burn out



Compassion fatigue
Secondary or vicarious
traumatization.

La Formazione

- Disagio psicologico, sofferenza e distress degli operatori di area oncologica: **25-30%**
 - Ricaduta negativa su assistenza e QoL di pazienti e famiglie



Communication training in oncology: results of intensive communication workshops for Italian oncologists

R. LENZI, MD, U.T. M. D. Anderson Cancer Center, Gastrointestinal Medical Oncology, Houston, Texas, W.F. BAILE, MD, The University of Texas M.D. Anderson Cancer Center, Behavioral Science, Houston, Texas, USA, A. COSTANTINI, PHD, Sant'Andrea Hospital, Sapienza University of Rome, Psychoncology, Rome, L. GRASSI, MD, University of Ferrara, Section of Psychiatry, Ferrara, Italy, & P.A. PARKER, PHD, The University of Texas M.D. Anderson Cancer Center, Behavioral Science, Houston, Texas, USA

Dignity and Meaning Therapy



VOLUME 30 • NUMBER 12 • APRIL 20 2012

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Handbook of Psychotherapy in Cancer Care

Edited by Maggie

Dignity Therapy



FINAL WORDS
for FINAL DAYS

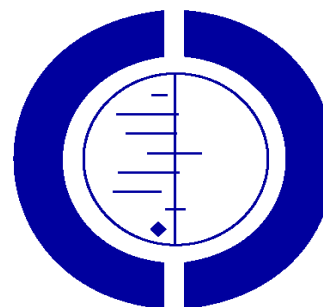
Harvey Max Chochinov

Pilot Randomized Controlled Trial of Individual Meaning-Centered Psychotherapy for Patients With Advanced Cancer

William Breitbart, Shannon Poppito, Barry Rosenfeld, Andrew J. Vickers, Yuelin Li, Jennifer Abbey, Megan Olden, Hayley Pessin, Wendy Lichtenthal, Daniel Sjoberg, and Barrie R. Cassileth

Psychotherapy for depression among incurable cancer patients (Review)

Akechi T, Okuyama T, Onishi J, Morita T, Furukawa TA



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LA **PSICO**
ONCOLOGIA
che verrà

