

Psychiatry Service

Introduction

The Psychiatry Division of the National Cancer Center Hospital East was established in July 1996. This Division has been designed not only to manage and alleviate the emotional distress due to cancer among patients, their families, and oncology staff, but also to study the influence of psychosocial issues on patients' quality of life or survival.

Routine Activities

The Psychiatry Division consists of five adjunct psychiatrists, one staff clinical psychologist, and two clinical residents. The main clinical practice involves psychiatric consultation to assess and deal appropriately with the emotional distress and other psychological problems of cancer patients who are referred by oncologists and patients themselves. The consultation data are shown in the Table. Psychiatric diagnosis was based on the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th edition) criteria. In 2003, total of 476 referrals (33% up to 2002) were made for the psychiatric consultation. These referrals included 17 cancer patients' family members and 3 oncology staff members. Among them 76% were inpatients; The most common psychiatric diagnosis was major depression (33%) followed by adjustment disorders (23%) and delirium (19%). The most common cancer site was lung, and the next was head and neck. More than 60% of the referrals had recurrent or metastatic cancer. The most common reason for psychiatric consultation was psychiatric evaluation (42%), followed by depression (36%) and anxiety/fear (29%). Of all the referrals, more than 60% of patients had pain.

We had a liaison rounds for the newly referred inpatients on every Wednesday afternoon with the staff from the Psycho-Oncology Division, National Cancer Center Research Institute East. Before the rounds, we discuss on all currently referred cases carefully. Also, we have clinical rounds for troublesome cases on every Monday and Friday evening. We have multi-center joint clinical tele-conference with National Cancer Center Hospital, Shikoku Cancer Center Hospital, and Kyushu Cancer Center Hospital that was started in 2001 on every Thursday evening.

A research conference is held every Thursday evening for discussing on planning protocols and a journal club is held every Wednesday evening for important papers with all the members of our division, Psycho-Oncology Division in NCCRIE and Psychiatry Division of NCCH.

New developments in 2003

1. Somatic symptoms for diagnosing major depression in cancer patients

Diagnosing depression in cancer patients has been challenging because the diagnostic criteria include somatic symptoms frequently attributed to the cancer itself or its treatment. We used data from 220 cancer patients with major depression to examine the intercorrelations among the DSM-IV somatic and nonsomatic symptom criteria as well as whether the presence of an individual somatic symptom could discriminate the severity of major depression. Appetite changes and a diminished ability to think were positively associated with anhedonia. Sleep disturbance and fatigue were not significantly associated with nonsomatic symptoms. These associations were consistent after adjusting for physical functioning and pain. Only patients with appetite changes showed a higher severity of depression. These results suggest that individual somatic symptoms differ in nature and that appetite-related symptoms and a diminished ability to think may be useful for diagnosing depression in cancer patients, whereas sleep disturbances and fatigue may not be as useful.

2. Depression and psychological distress in patients during the year after curative resection of non-small-cell lung cancer

The purpose of this study was to clarify the clinical course of depression and psychological distress of such patients during the year after surgery and to identify predictors of their long-term outcome. A total of 212 patients completed assessments during a 12-month follow-up period after curative resection of NSCLC. Psychological measurements at 1, 3, and 12 months after surgery were conducted using the Structured Clinical Interview, and the Profiles of Mood States (POMS) scale. The prevalence of depression did not change during the year after curative resection (range, 4.7% to 8.0%). The total POMS score was also unaltered during the year after surgery: the anger-hostility and tension-anxiety subscale scores had increased at 12 months, but the vigor-activity subscale score had also increased. All predictors of psychological outcome at 12 months included a depression episode after the diagnosis of lung cancer or at 1 month after surgery. Less-educated status was also a significant predictor of depression at 12 months. In conclusion, these results suggest the need for psychosocial support even after curative resection of NSCLC and indicate that an approach that includes repetitive perioperative assessment of

depression and careful attention to less-educated patients might be of benefit to patients in ameliorating depression and psychological distress during the year after curative resection.

3. Suicidality in terminally ill Japanese patients with cancer

To identify factors and longitudinal changes associated with suicidality among terminally ill Japanese patients with cancer, a prospective cohort study was performed. Consecutive outpatients with cancer who registered with a palliative care unit participated. Structured clinical interviews were conducted to assess patient suicidal ideation (Ideation) and interest in requesting euthanasia (Interest) as main outcome measures of suicidality. Possible correlated factors also were investigated. The authors analyzed the data from 140 terminally ill patients with cancer at initial study participation (baseline) whose subsequent survival time was < 6 months. Of these 140 patients, 57 (40.7%) completed the follow-up assessment after admission to the unit. At baseline, 8.6% of the patients had Ideation and 5.0% had Interest. Self-reported anxiety and depression was significantly associated with Ideation.

Changes in Ideation and Interest occurred in 38.6% and 15.8% of the patients, respectively. Ideation was more likely to change than Interest. The current study did not identify factors that predict changes and occurrences of suicidal ideation and interest in requesting euthanasia. In conclusion, suicidality can change even in terminally ill patients. End-of-life care that focuses on the psychologic distress of dying individuals may be a way of preventing suicide.

4. Ongoing protocol study

Feasibility study on treatment algorithm for major depression among advanced cancer patients is ongoing. Studies on patients' preferences regarding communication of bad news and development of communication skill training program for Japanese oncologists are now ongoing. In addition, feasibility study on effectiveness of nurse-assisted psychiatric liaison program on early detection of adjustment disorders and/or major depression is ongoing.

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Table. Psychiatric consultation data (N=476, January ? December, 2003)

	No. (%)
Age (Mean(SD, yr)	58(13 (median; 61, Range; 20-83 yr.)
Gender (male/female)	248(52.1) / 228 (47.9)
Inpatient/Outpatient	361(75.8) / 115 (24.2)
Cancer site	
Lung	112 (23.5)
Head and neck	90 (18.9)
Breast	42 (8.8)
Stomach	38 (8.0)
Esophagus	34 (7.1)
Stage	Recurrent or metastatic 298 (62.6)
PS	0/1,2/3,4 87(18.3) / 258 (54.2) / 126 (26.5)
Pain	Presence 295 (66.2)
Disclosure of cancer diagnosis	
Disclosed	449 (94.3)
Reason for the consultation (multiple choice)	
Psychiatric evaluation	200• (42.0)
Depression	169 (35.5)
Anxiety/fear	140 (29.4)
Organic brain syndrome	67 (14.1)
Patient request	52 (10.9)
Psychiatric diagnosis	
Major depression	157 (33.0)
Adjustment disorders	109 (22.9)
mixed emotion	65 (13.7)
anxious mood	26 (5.5)
depressive mood	16 (3.4)
Delirium	89 (18.7)
Others	69 (14.5)
No diagnosis	52 (10.9)