

Psychiatry Division

Introduction

The Psychiatry Division was reestablished in September 1995, together with establishment of the Psycho-Oncology Division of the National Cancer Center Research Institute East (NCCRIE). One of the most important clinical activities of the Psychiatry Division is the appropriate management of cancer patients' behavioral and social problems as well as their psychological distress. Furthermore, this division's aim is to alleviate distress of patients, patients' families and oncology staffs. Research activity is focused on studying the psychosocial influence of cancer on the quality of life of patients, their families, and oncology staffs.

Routine Activities

The Psychiatry Division consists of a full time staff psychiatrist, a part-time psychotherapist and a clinical resident. The part-time psychotherapist is available four days a week. Additionally, psychiatric consultation liaison clinical nurse specialist has been involved as a member since March 2003. The division provides two major services; a clinic for outpatients (four days a week) and consultation for referred inpatients. The purpose of the psychiatric consultation is to diagnose and treat the emotional distress and cancer related psychological problems of patients who were referred by attending physicians. Since 1999, the division has played an active role as a member of the palliative care team that was established in the National Cancer Center Hospital to provide a comprehensive supportive care for patients and their families.

A range of psychiatric diagnosis is based on DSM-IV criteria (Diagnostic and Statistical Manual of Mental Disorders, 4th edition) shown on the Table. In 2003, 604 were referred for psychiatric consultation. The referrals were inclusive of those from nine cancer patients' family members and eight

oncology staffs. Thirty percent of the referrals were outpatients. The most common psychiatric diagnosis was adjustment disorder (41.4%), followed by delirium (16.4%) and major depression (7.5%), while 15.2% of the referrals had no psychiatric diagnosis. The three common mental disorders; adjustment disorder, major depression and delirium were responsible for approximately two thirds of the psychological problems. The most common cancer referrals were patients with malignant lymphoma (10.4%), followed by the leukemia (10.3%) and the lung cancer (8.8%).

Most patients (99.7%) were informed of their diagnosis of cancer, 54.3% had recurrent and/or metastatic cancer. The most frequent psychiatric consultation was psychiatric evaluation (64.9%), followed by patient's request (33.9%) and anxiety/fear (25.8%). 44.3% of the patients had cancer pain.

Clinical and research activities conference is held every Thursday evening with the staffs of the Psycho-Oncology Division, NCCRIE and Psychiatry Division, National Shikoku Cancer Center. The staffs of National Kyushu Cancer Center attend the conference every first Thursday. Difficult cases referred to the Psychiatry Division are discussed with the attendees. Ongoing and planning protocols are also discussed. Important international medical journals are reviewed together with the members of the Psycho-Oncology Division of NCCRIE. Additionally, the staff psychiatrist of the Psychiatry Division has played an active role as a leading member the palliative care team since April 2002. There is a joint meeting with members of the division and the palliative care team every Friday morning and Tuesday evening, and a weekly round every Friday afternoon.

Research Activities

We are currently working on the process of developing a screening tool for adjustment disorders

and major depression, which are common psychiatric problems in cancer patients and have a serious impact on patients' QOL. Screening adjustment disorders and major depression in patients with cancer are important because they are prevalent and often under-recognized. An ideal screening tool should also be user-friendly and acceptable to the patients. We have developed an Impact Thermometer added to the Distress Thermometer (Distress and Impact Thermometer; 2 item questionnaire) that is brief and easy for non-specialist for mental health to use, and compared the performance to detect adjustment disorders and/or major depression with the Hospital Anxiety and Depression Scale (HADS: 14-item self-report questionnaire). Two hundred ninety five patients with cancer completed the Distress and Impact Thermometer, the HADS and psychiatric

examination based on DSM-IV criteria by psychiatrist. On the optimal cutoff points, the Distress and Impact Thermometer showed 0.82 for the sensitivity and 0.82 for specificity to detect adjustment disorders and major depression. Screening performance of the Distress and Impact Thermometer was comparable to that of the HADS. Brevity and good performance suggest that the Distress and Impact Thermometer is an effective tool in routine screening in the clinical oncology setting.

We are also conducting a study on the prevalence of psychiatric problems of the patients with pancreatic cancer, and a study on the feasibility of the algorithm of pharmacotherapy for major depression among advanced cancer patients.

● T. Nakano ●

| | No.(%) | |
|--|-------------------------------------|-------------------------------|
| Age (Mean±SD, yr) | 53 ±15 (median;55, range;17-82 yr.) | |
| Gender (male / female) | 298 (49.3)/ 306 (50.7) | |
| Inpatient /outpatient | 436 (72.2)/ 168 (27.8) | |
| Cancer site | | |
| Malignant lymphoma | 63 | (10.4) |
| Leukemia | 62 | (10.3) |
| Lung | 53 | (8.8) |
| Breast | 48 | (7.9) |
| Stage | | |
| Recurrence and/or Metastatic | 328 | (54.3) |
| PS | | |
| 0/1, 2/3, 4 | 355 | (58.8)/ 176 (29.2)/ 72 (11.9) |
| Pain | | |
| presence | 257 | (36.9) |
| Reasons for the consultation (multiple choice) | | |
| Psychiatric evaluation | 429 | (61.6) |
| Patient request | 229 | (32.9) |
| Anxiety/fear | 187 | (26.9) |
| Psychiatric history-non psychotic | 125 | (18.0) |
| Depression | 102 | (14.7) |
| Psychiatric diagnosis | | |
| Adjustment disorders | 252 | (36.2) |
| Anxious mood | 136 | (19.5) |
| Mixed emotion | 88 | (12.6) |
| Depressive mood | 18 | (2.6) |
| Delirium | 100 | (14.4) |
| Major depression | 88 | (12.6) |
| No diagnosis | 113 | (16.2) |