

# 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.

## 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. 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 2004, five hundred and seventy-three patients were referred for psychiatric consultation. The referrals were inclusive of those from nine cancer patients' family members and two oncology staffs. Thirty-six percent of the referrals were outpatients. The most common psychiatric diagnosis was adjustment disorder (42.2%), followed by delirium (17.5%) and major depression (10.6%), while 8.0% of the referrals had no psychiatric diagnosis. The three common

mental disorders; adjustment disorder, major depression and delirium were responsible for over two thirds of the psychological problems. The most common cancer referrals were patients with breast cancer (15.5%), followed by the lung cancer (13.8%) and the gastric cancer (10.3%).

Most patients (97.2%) were informed of their diagnosis of cancer, 59.9% had recurrent and/or metastatic cancer. The most frequent psychiatric consultation was psychiatric evaluation (44.7%), followed by patient's request (35.8%) and anxiety/fear (32.1%). More than half of the patients (54.5%) had no cancer pain.

Clinical and research activities conference is held every Thursday evening with the staffs of following institutes; the Psycho-Oncology Division, NCCRIE : Psychiatry Division, National Hospital Organization Shikoku Cancer Center : Psychiatry Division, National Hospital Organization Hokkaido Medical Center : Psycho-oncology Division, National Hospital Organization Kyusyu Cancer Center : Psychiatry Division, National Hospital Organization Kure Medical Center : Division of Palliative Medicine, Shizuoka Cancer Center. Difficult cases referred to the Psychiatry Division are discussed with the attendees. Important international medical journals are reviewed together with the members of the Psycho-Oncology Division of NCCRIE and ongoing and planning protocols are also discussed. Additionally, 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 conducted a study of suicidal ideation in terminally ill cancer patients. To identify factors and longitudinal changes associated with suicidality among terminally ill Japanese patients with cancer, a prospective cohort study was performed. Structured

interviews were conducted for consecutive outpatients with cancer who registered with a palliative care unit participated. Patient suicidal ideation (Ideation) and interest in requesting euthanasia (Interest) were main outcome measures of suicidality. Possible correlated factors also were investigated. Participants were 140 at baseline and 57 at 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 study did not identify factors that predict changes and occurrences of suicidal ideation and interest in requesting euthanasia.

We are working on the process of developing a

screening tool for adjustment disorders and major depression, which are common psychiatric problems in cancer patients. We have developed an Impact Thermometer added to the Distress Thermometer (2 item questionnaire) that is brief and easy for non-specialist for mental health to use, and the performance to detect adjustment disorders and/or major depression was comparable with the one of Hospital Anxiety and Depression Scale (14-item self-report questionnaire).

We are also working on 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.

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	No. (%)
Age (Mean ± SD, yr)	56 ± 14 (median; 58, range; 17-90 yr.)
Gender (male/female)	267 (46.6)/306 (53.4)
Inpatient/outpatient	368 (64.2)/205 (35.8)
Cancer site	
Breast	89 (15.5)
Lung	79 (13.8)
Stomach	59 (10.3)
Stage	
Recurrence and/or Metastatic	343 (59.9)
PS	
0/1,2/3,4	125 (21.8)/317 (55.4)/131 (22.9)
Pain	
presence	222 (38.8)
Reasons for the consultation (multiple choice)	
Psychiatric evaluation	256 (44.7)
Patient request	205 (35.8)
Anxiety/fear	184 (32.1)
Depression	104 (18.2)
Insomnia	91 (15.9)
Psychiatric diagnosis	
Adjustment disorders	242 (42.2)
Anxious mood	117 (20.4)
Mixed emotion	109 (19.0)
Depressive mood	12 (2.1)
Delirium	100 (17.5)
Major depression	61 (10.6)
No diagnosis	46 (8.0)