

Psycho-Oncology and Palliative Care

APM Resident Education Curriculum

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Palliative Care and Psychosomatics

- Hospice began in France in 1840s
- Involves all stages of life-threatening illness
- Includes psychological, social, spiritual, and cultural issues
- Palliative care
 - Affirms life and regards dying as normal
 - Neither hastens nor postpones death
 - Provides relief from pain and other symptoms
 - Integrates the psychological and spiritual
 - Offers support system to help patient live life actively
 - Helps family cope
 - Utilizes a multidisciplinary

James L. Levenson, M.D., 2005.

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The goal of palliative care is to treat symptoms and improve quality of life for the duration of the illness, not hasten death.

Psychiatry and Palliative Care

Working Together Towards a Common Goal

- Palliative care's goal is to relieve symptoms and suffering and improve the patient's quality of life
- Palliative informs psychiatry
 - Assessment and treatment of pain
 - Bereavement
 - Anticipatory loss
- Psychiatry informs palliative care
 - Assessment of psychiatric illness and mental status changes
 - Evaluation of capacity
 - Psychiatric treatment
 - Insight into personality structure and communication issues
 - Conflict resolution

Common Psychiatric Disorders In the Palliative Care Population

- Anxiety
- Bereavement
- Depression
- Delirium

James L Levenson, M.D., 2005,
Wyszynski, 2005

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Anxiety in Palliative Care

- Ranges from 15-28% and is most often comorbid with depression
- Prevalence increases with advanced disease and decline in physical status
- Includes fears of clinical course, treatment outcomes, death, social stigma, and/or physical symptoms (such as dyspnea or pain)

James L Levenson, M.D., 2005,
Wyszynski, 2005, LW Roberts
2004

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