


Comparing and Contrasting Psychological Assessment and Social Support in Older Patients:LMIC and the West

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Background




- ▶ As per world population aging 2019 report there were 703 million persons aged 65 years or over in the world
- ▶ The majority of the older population resides in low- and middle-income countries (LMICs), where the population is predicted to grow by 250% by 2050 compared with 71% in high-income countries

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- ▶ Advancing age is a high risk factor for cancer, with persons over 65 accounting for 60% of newly diagnosed malignancies and 70% of all cancer deaths, mainly prostate, bladder, colon, uterus, pancreas, stomach, rectum, and lung cancer
 - ▶ The incidence of cancer in those over 65 is 10 times greater than in those younger than 65 and the cancer death rate is 16 times greater in patients over 65 compared to younger patients



- The older age is characterized by the increase of frailty, physical co morbidities, functional limitations, cognitive deficits and inabilities to perform activities of daily living
- ▶ Cancer brings some changes in elderly in terms of psychosocial issues
- ▶ In elderly cancer patients there is a significant correlation between somatic disease, functional limitations and psychological distress

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- ▶ Mental health and well-being are as important in older age as at any other time of life
 - ▶ Approximately 15% of adults aged 60 and over suffer from a mental disorder
 - ▶ Prevalence of depression among elderly cancer patients is 3 to 31%

Challenges of elderly people with cancer


- ▶ Co morbidities
- ▶ Frailty
- ▶ Low socio economic status
- ▶ Financial burden
- ▶ Feeling of burden on caregivers
- ▶ Lack of awareness about cancer
- ▶ Inadequate social support
- ▶ Distress
- ▶ Dementia
- ▶ Depression
- ▶ Poor quality of life

Important aspects in psychological assessment in elderly patients

- ▶ Distress evaluation
- ▶ Psychiatric evaluation
- ▶ Cognitive evaluation
- ▶ Quality of life assessment
- ▶ Psychosocial issues
- ▶ Coping style

Psychological assessment tools

- ▶ Distress Thermometer and problem list
- ▶ Generalize Anxiety Disorder GAD-7
- ▶ Geriatric Depression Scale
- ▶ Patients Health Questionnaire PHQ –9
- ▶ Beck Depression Inventory
- ▶ MMSE/HMSE
- ▶ Addenbrooke's Cognitive Examination (ACE)

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- ▶ Psychological assessment is pivotal part of comprehensive geriatric assessment
 - ▶ Psychological assessment focuses on distress, anxiety and depression, psychosocial issues to understand psychological needs
 - ▶ There are some reasons why elderly cancer patients are at risk for psychological distress.

Changes in social support, treatment related short term-long term toxicity , increase co morbidity during treatment and adverse effect of therapy -These factors can contribute to psychological distress in elderly cancer patients.

Many Psychological issues are apparently common in LMICs and West


- ▶ Distress is common in both the groups but factors associated with distress are different
- ▶ The ability to meet basic needs is still proving to be problematic in low- and middle-income countries
- ▶ Financial burden is the biggest challenge in LMICs as compared to HIC in terms of health system
- ▶ Feeling of burden on caregiver is a source of distress for patients specially in Indian setting where as in other countries tangible

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- ▶ Social stigma is another important barrier in LMIC like India which get affected the treatment strategy
 - ▶ Lack of awareness about importance of mental health care varies in LMICs and west specially in rural part of country
 - ▶ Some studies reported the availability of the sources of social /tangible support and has positive impact on outcomes of cancer treatment in developed countries


Few studies




- ▶ Distress is common phenomenon in patient with cancer in all socio economic strata ,however, the associated factors related to distress differ
- ▶ 245 elderly cancer patients participated in one study in New York. Distress has been measured by Distress Thermometer. Significant distress was identified in 41% of older patients with cancer. Perceived distress was associated with patient's increased need for assistance for their daily activities and poor physical function



Patients age ≥ 65 years were recruited in Memorial Sloan-Kettering Cancer Center's (New York, NY) . The goal of this study was to determine the prevalence of distress in a cohort of older adults with cancer by using the Distress Thermometer. In this study cohort of older adults with cancer, significant distress (score ≥ 4 on the Distress Thermometer) was identified in 41% of patients. The study results also help to pinpoint the unique causes of distress was loss of independence .


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- ▶ A study done in Africa in 2013 on 60 elderly hospitalized cancer patients. Geriatric depression scale (GDS) used to assess the depressive symptoms. Study results showed the prevalence of depression was 48 %. Depression significantly associated with marital status. Widower subjects were more depressed
 - ▶ One study conducted on 1721 elderly cancer patients at 2 Japanese cancer center. The study report showed 73.4 % patients had DSM IV psychiatric diagnosis, in which 34 % were diagnosed with adjustment disorder, 17% delirium and 14% were of major depression

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- ▶ Analyzing the social support of elderly patients is crucial for long-term management.
 - ▶ Several studies argued good social support ensures better treatment adherence and reduced hospitalization
 - ▶ Developed countries have well acknowledged the importance of social support in geriatric patient's cancer care and made available the resources for patients whereas low and middle income country like India lacking opportunity due to low national spending on elderly health

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- ▶ In western world social support has been provided through digital media and patients are well aware and well equipped to get the services as compare to patients in LMICs
 - ▶ Loss of independence is a contributing factor to distress and it get impacted on treatment care for most of the patients in west whereas patients in LMICs like India have feeling of burden on family

My experience with my patients

- ▶ Financial difficulties followed by emotional distress
- ▶ Many elderly patients want to complete their unfinished business before they go
- ▶ They don't want their children to fall responsibilities on their shoulder related to health cost
- ▶ Many patients denied treatment with the fact that they have lived sufficient life .

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- ▶ Some patients live with an assumption that cancer won't cure in older age leads denial of treatment
 - ▶ Financially quipped elderly patients have feeling of burden on their caregiver for tangible support
 - ▶ Many patients don't express their concerns in front of family and vice versa

Future Implications



- ▶ Need of thorough psychological assessment to improve coping of elderly cancer patients and caregiver
- ▶ Recognizing psychological needs and awareness of mental health care
- ▶ Psychological intervention for encouraging social support and improve quality of life throughout the cancer journey and after treatment
- ▶ Caregiver assessment and intervention is equally needed

Thank You