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Psychological aspects of cancer care

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As advances in medical treatment extend life with cancer, converting it in many cases from a terminal to a chronic illness, problems in coping with the disease and its treatment become more important. Finding means of helping people live with a chronic life threat, cope with the side effects of arduous treatments, and manage the personal, social and vocational consequences of disease-related disability is of growing importance. Psychosocial problems include fears of recurrence or death, family stresses, social isolation, energy reduction, alterations in body image, unanticipated demands on time, and financial burden. While any of these problems can be stressful, their co-occurrence and chronicity can produce serious adjustment problems, including depression, anxiety, and family and vocational disruption. Recent studies indicate that psychiatric co-morbidity, including depression and post-traumatic stress symptoms, complicate medical treatment because of increased demand for care, decreased satisfaction with it, and poor adherence.

There is a growing body of evidence that suggests that educational, supportive, and psychotherapeutic interventions for the medically ill can have a variety of positive effects, including distress reduction, improved coping, enhancing interaction with family and friends, and improving interactions with health care professionals and adherence to treatment. These interventions are safe and inexpensive. Additionally, there is some evidence that such interventions may have effects on disease course as well. Studies of these outcome effects will be reviewed. Possible mechanisms linking psychosocial intervention with effects on disease course will be described. They include stress-mediated effects on the endocrine and immune systems, as well as health behavior and adherence to medical treatment. Such therapeutic techniques have shown themselves to be humane, effective, and cost-efficient.