

Adaptive and maladaptive emotions in patients with cancer

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Cancer



- ▶ Strong emotional responses
 - Fear, anxiety, depression, anger, guilt ...
- ▶ Improving psychosocial care
 - Strong emancipatory movement
- ▶ Current approach
 - Empirical inconsistencies

Inconsistencies



- ▶ Mental disorder

- ~ 1 in 3 patients

Mehnert et al, JCO, 2014

- ▶ Uptake of mental health care

- ~1 in 10 patients

Clover et al, Psycho-oncology, 2013

Dekker et al, JCO, 2015

Further inconsistencies



- ▶ *Lower* in studies that recruited patients scoring *above* the cut-off for distress, compared to studies that recruited unselected patients
- ▶ *Lower* if the study offered *definitive* psychological intervention (e.g. a study comparing two different interventions), compared to studies that carried the chance of assignment to a non-intervention condition (e.g. usual care)

Brebach et al, Psychooncology 2016



- ▶ How to explain these inconsistencies ?

Emotions



- ▶ Adaptive value
 - Signal important events
 - Alert, motivate and prepare us to deal with these events

Frida, The Emotions, 1986

Adaptive value – examples

▶ Fear

- Attention towards event
- Fight or flight
- Physiological changes (heart rate, respiratory rate)

▶ Sadness

- Attention inwards, acceptance
- Expression of sadness elicits social support
- Decreased physiological arousal, reflection

Mental disorder



- ▶ Clinically significant disturbance in an individual's cognition, emotion regulation, or behavior

APA, DSM-5, 2013

Emotions and mental disorders

- ▶ Patients with mental disorders
 - Emotional states that linger and perpetuate over time ('emotional inertia')
 - Excessive emotions ('emotional variability', 'emotional instability')
- ▶ Mentally healthy people
 - Emotional responses, but not extreme
 - Adaptive emotions

Adaptive emotions

“Adaptive emotional functioning (...) <is> reminiscent of, for instance, the smaller back and forth jumps a tennis player makes when preparing to counter a serve, or the constant small adjustments we make to remain standing upright.”

Houben et al, Psychol Bull, 2015



Cancer



▶ Current approach

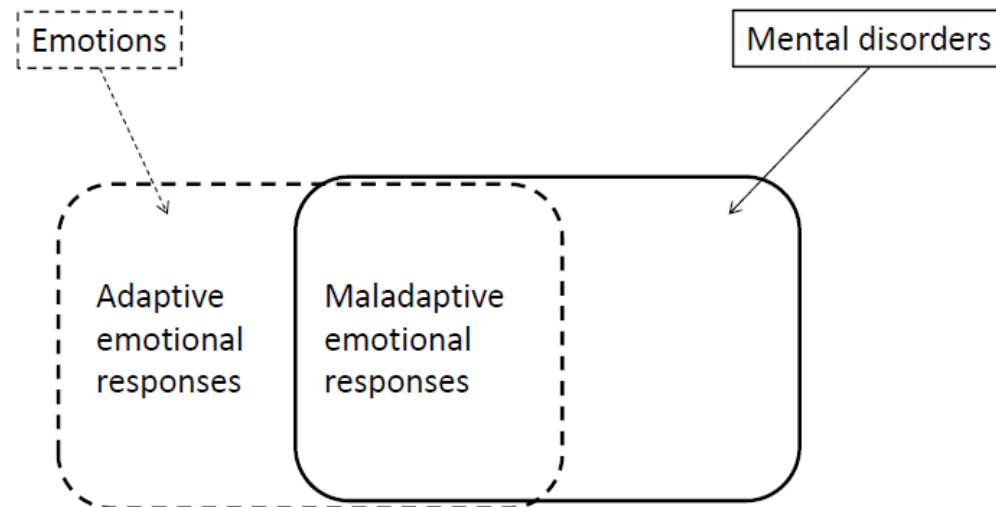
- Emotions should be ‘treated’
- *‘Distress should be recognized, monitored, documented and treated promptly at all stages of disease and in all settings’*

NCCN , 2016

Cancer

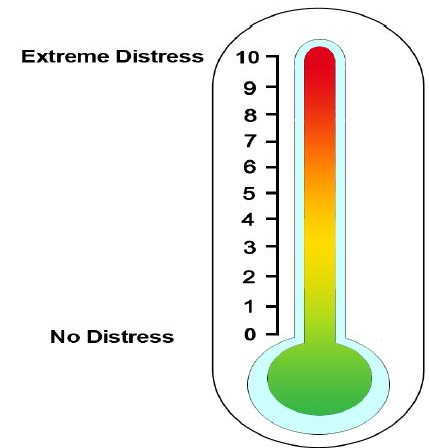


- ▶ New approach
 - Distinction between adaptive and maladaptive emotional responses



Implications – Measurement

- ▶ Current approach
 - Distress thermometer
 - ‘Less emotion is better’
- ▶ New approach
 - Distinction between adaptive and maladaptive emotions
 - Criteria: emotional inertia, emotional excess, inability to cope with cancer



Implications – Interventions

- ▶ New approach
 - Interventions need to be tailored to the nature of emotional responses

Adaptive emotional responses

- Emotional support
(caregivers, relatives)
- Self-management support
- Emotion coaching

Maladaptive emotional responses

- Psychotherapy
- Pharmacotherapy
- Acute psychiatric care



- ▶ *Q: 'Nice theory, any evidence ?'*
- ▶ *A: 'First results. We are getting started. Join us. Time for a paradigm shift .'*

Clinical evaluation



- ▶ Literature
 - ‘Clinical evaluation of emotional responses by doctors and nurses is suboptimal’

- ▶ Sensitivity of the detection of emotional distress
 - 0.09 – 0.12 – Individual symptoms
 - 0.21 – 0.74 – Items of Beck Depression Inventory
 - 0.64 – Distress Thermometer

Gouveia et al, BMC Psychol. 2015

Werner et al, Psychooncology 2012

However, ...



- ▶ Well-trained and experienced doctors and nurses may differentiate between emotional responses that do or do not necessitate professional care
 - Adaptive *versus* maladaptive emotional responses
- ▶ Clinical evaluation may be more accurate than previously concluded

Aim



- ▶ To evaluate the diagnostic accuracy of clinical evaluation of emotional responses compared to two reference standards
 - (i) Emotional distress
 - (ii) Need for care related to emotional problems

Design



- ▶ Consecutive series of patients at Department of Medical Oncology, VUmc ($n = 185$)
- ▶ Three months after starting treatment
 - Clinical evaluation of emotional responses
 - All notes in the file by doctors and nurses on emotional responses and associated referrals
 - Two reference standards
 - Emotional distress, as assessed with the Distress Thermometer
 - Need for emotional care, as expressed by the patient on the Problem List

Results



- ▶ Clinical evaluation (notes, referral): 42 %
- ▶ Emotional distress: 36 %
- ▶ Need for emotional care: 11 %

Results



- ▶ Sensitivity of clinical evaluation of emotional responses higher with need for emotional care as reference, as opposed to emotional distress

Conclusion

- ▶ Clinical evaluation of emotional responses is quite sensitive, with need for emotional care as reference, as opposed to emotional distress
- ▶ Doctors and nurses seem to differentiate between emotional responses that do or do not necessitate professional care

Research agenda

- ▶ Developing criteria for adaptive and maladaptive emotional responses
 - Emotional inertia, emotional excess, inability to cope with cancer
- ▶ Tailoring interventions to the nature of emotional responses



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