

The psychological impact of cervical cancers

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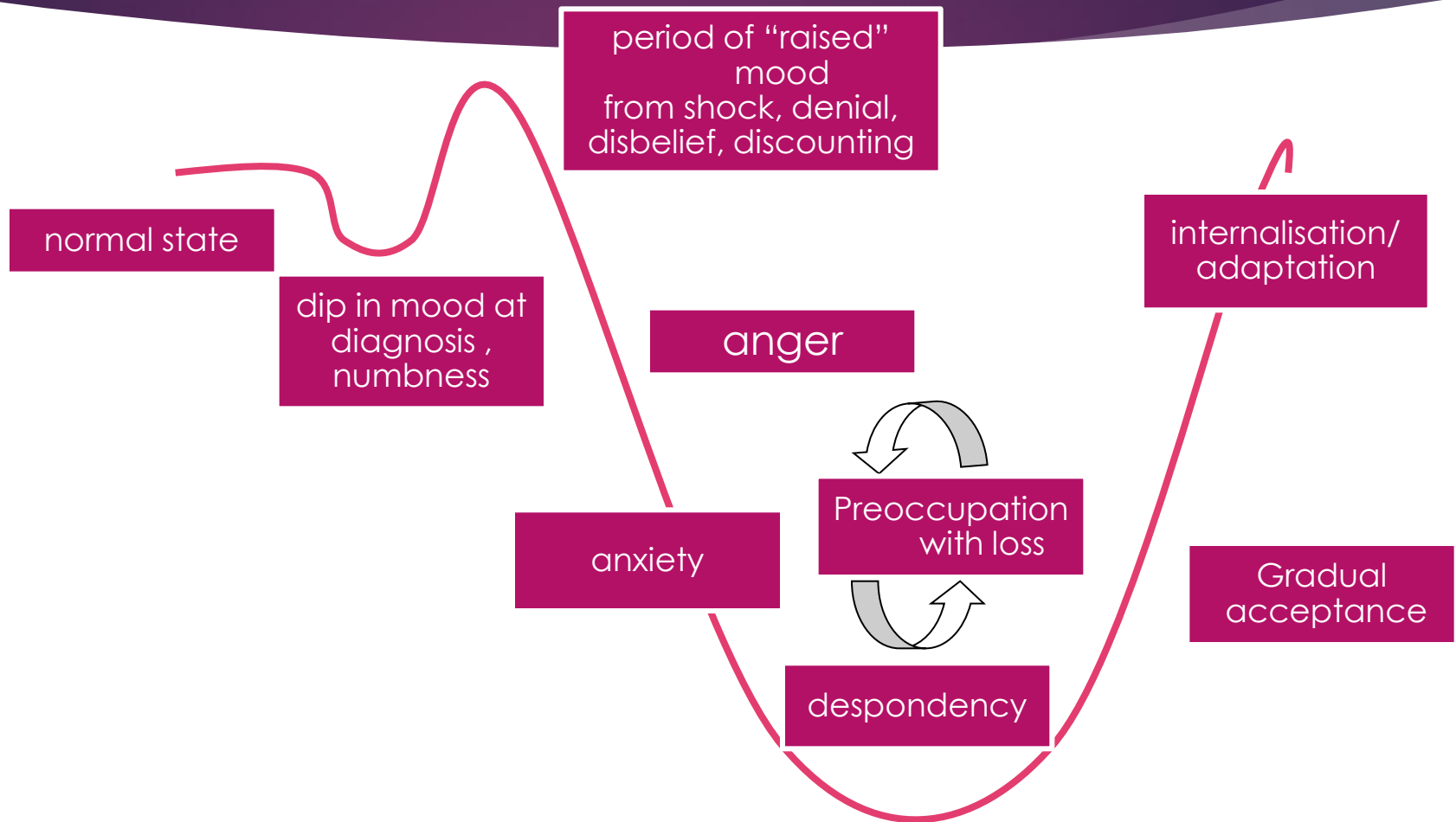
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Psychological model of Adjustment (Jones 1995)



The psychological impact of cancer

1. The existential threat of the disease.
2. Its psychosocial consequences: such as the potential effects on employment, family role and social life
3. The physical consequences of the disease process, such as pain, fatigue and shortness of breath.
4. The treatment and its effects, such as nausea, hair loss, body changes resulting from surgery, or loss of fertility.

What is psychological distress?

“An unpleasant experience of an emotional, psychological, social, or spiritual nature that interferes with the ability to cope with cancer treatment. It extends along a continuum from common normal feelings of vulnerability, sadness and fears, to problems that are disabling such as true depression, anxiety, panic and feeling isolated or in a spiritual crisis” (NICE 2004)

More severe psychological distress

- At diagnosis – around 50% have depression/anxiety severe enough to impact negatively on their daily lives.
- About 25% continue to experience distress during the following 6 months
- > year post diagnosis, around 10-15% of patients experience symptoms severe enough to warrant intervention by Clinical Psychologists.
- Up to x 2 more likely to commit suicide.
- < 10% detected by health care providers.
- If undetected = untreated = could progress / entrenched.

WHY ARE CERVICAL CANCERS UNIQUE?

- ▶ Female cancer patients report experiencing more distress than male cancer patients per se
- ▶ Cervical cancer is seen as a largely preventable cancer (Blame)
- ▶ There is widely available screening (Personal Responsibility)
- ▶ It is associated with a sexually transmitted virus (Shame and Guilt)

Impact of the Diagnosis & Treatment

SURGERY +/- CHEMO RADIATION

- ▶ Often Immediate concern for survival
- ▶ Fear of recurrence (regardless of prognosis)
- ▶ Infertility
- ▶ Sexual dysfunction (often chronic)
- ▶ Bladder dysfunction
- ▶ Lymphedema
- ▶ Altered Body image
- ▶ Chronic Pain
- ▶ Menopausal Symptoms
- ▶ Vaginal Stenosis
- ▶ Severe bladder and bowel complications (ostomies- a further assault to body image).

Common Emotional Responses

- ▶ **Self blame**
- ▶ **Guilt and shame based difficulties**
- ▶ **Isolation and loneliness (stigmatising)**
- ▶ **Loss (actual (fertility) threatened (certainty))**
- ▶ **Anger/Injustice**
- ▶ **Anxiety**
- ▶ **Depression**
- ▶ **Adjustment Disorders (PTSD)**

Psychosexual Dysfunction

- ▶ 50% of women with a cervical cancer diagnosis will have either temporary or persistent sexual difficulties
- ▶ Sexual function and enjoyment are important components of survivorship and Quality of life
- ▶ FUNCTION - Dyspareunia (usually organic)
 Vaginismus
- ▶ DESIRE - Libido (menopause vs
 psychogenic)
 Arousal

Complicating Factors

- ▶ **Age and Life Stage (impact on fertility)**
- ▶ **Relationship Status**
- ▶ **Pre-morbid Mental Health concerns (Depression, Anxiety, BDD (eating disorders))**
- ▶ **History of (sexual) abuse and or domestic violence**
- ▶ **Family Dysfunction**
- ▶ **Financial Concerns**
- ▶ **Previous illness (cancer) experience**
- ▶ **Personality Factors (control beliefs and responsibility)**

INTERVENTIONS OFFERED

Evidence Based and Focused

- ▶ Cognitive Behavioural Therapy for procedural anxiety (+/- Relaxation, Mindfulness, Hypnosis, Education etc) and complex psychosexual dysfunction. Individual or couples based.
- ▶ Compassion Focussed Approaches (facilitating acceptance and adaptation)
- ▶ Existential Approaches (survivorship, fear of recurrence, death and dying)
- ▶ 8 week Mindfulness Based Stress Reduction course for staff and patients.



**Please feel free to contact me directly for a reading list
and/or references.**

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Thank you