

[Track 4: Survivor Stories: Managing Anxiety and Depression]

[Narrator]

Some degree of anxiety and depression are common reactions to a cancer diagnosis. No matter what the prognosis is, most people feel anxiety about how long or limited their life might be when they first hear they have cancer. Depression can crop up at any time. Many things, such as counseling, a support group, medicines, or exercise, can help you to cope with anxiety or depression.

Darrell's prognosis was uncertain from the time of his diagnosis with advanced lung cancer. Although he and his sister sought a second opinion and he enrolled in a clinical trial hoping for a remission, he couldn't sleep some nights when he felt anxious about the future.

[Darrell (Male #5)]

I knew from the start I was facing an uphill battle with the type of cancer I had. Even though I was able to sign onto a clinical trial and felt sure the doctors were doing all they could, I felt anxious most of the time. At night, my mind seemed to go over and over the questions no one could really answer about whether I would survive. At the clinic, one of my nurses gave me the *Cancer Survival Toolbox* and suggested I listen to it. I found the relaxation exercise in the "Living Beyond Cancer" program to be helpful. It leads you through muscle relaxation exercises – giving you instructions on how to tense and release your muscles so you can get into a relaxed physical state. Then it helps you think about a calm place. I listened to this exercise at night before I went to sleep and used it if I woke up in the night or felt nervous during the day. I could use it when I went for tests or when I was waiting for test results. It really helped.

[Narrator]

Denise is an oncology nurse who works in a community hospital and sees many people like Darrell, or their family members, who need relief from anxiety.

[Denise (Female #7)]

We get to know our patients and families pretty well because we're a small community hospital. I can often tell when they haven't been sleeping or are worrying about upcoming tests. I let people know that anxiety is normal, and that we want to help them with all their symptoms, not just the physical ones.

Sometimes talking with family members about the decisions that are creating the anxiety is the best way to relieve it. I encourage people to try various stress relieving measures such as muscle relaxation exercises because they are simple techniques that can really work. Hypnosis, visualization, yoga, exercise, and prayer are also helpful for many people. Several of us at our clinic are trained to help teach these techniques.

If anxiety continues to be a problem, there are mild anti-anxiety medicines that many of our patients find helpful. Cancer causes enough distress, so we want to help prevent suffering whenever we can. I also work closely with our clinical social worker, who is trained to help patients and families with the anxiety and depression that often occur with advanced illness.

[Narrator]

There are some reactions to learning about a life-limiting illness that almost everyone has. These include worries about what we might experience, how our family will cope, and how our finances

will be changed. Sometimes these worries, along with the losses caused by the illness, make us feel depressed.

Depression can be caused by many things. A cancer diagnosis itself can cause depression. Chemical imbalances that sometimes accompany cancer and cancer treatments can also cause depression. Most people describe themselves as depressed when they feel sad or “down,” or what some describe as “the blues.” This feeling is called “depressed mood” by mental health experts. Depressed mood is usually temporary and is common in people facing stressful situations. Sometimes, however, depression is more serious or lasts longer. When a person feels sad for part of the day every day, has changes in sleep, appetite and energy, and loses interest in daily routines, he or she may have “major depression.” This condition requires treatment when it interferes with energy, relationships, or quality of life.

Linda is a social worker at a cancer center. Let’s listen to her intervention with Sonia, who was struggling with depression.

[Linda (Female #8)]

As a social worker, my role is to help patients and families with the emotional and practical problems cancer can create. Some people with advanced cancer choose palliative care. This means the focus of care is on comfort and managing pain and other symptoms.

[Sonia (Female #9)]

When my doctor and I agreed not to do experimental surgery and instead focus on palliative care to help me with my breathing, I found myself feeling very depressed. I was worried about my husband and children and how they would cope when I grew weaker and needed more care, and I cried for the first few days after making the decision. I didn’t feel like eating and actually thought about storing up my pain pills and taking them all. My husband got really worried and talked to Linda, the social worker at our clinic. We both met with her. It was such a relief to be able to talk about what we feared most. We also learned there were aides who could come in to give my husband and daughters some relief, and a caregivers’ support group they could attend. Linda also arranged for a meeting with the team psychiatrist, who gave me a mild antidepressant. It not only helped improve my mood, but it helped with my appetite and sleep.

[Linda]

When our time to live is limited, it’s important to be able to use our energy to make the most of the time we have – so that we can spend it with the special people in our lives, and doing the activities that bring us pleasure. As a team, we work together to provide not only the right medicines to relieve physical discomfort, but the medicines and conversations to relieve emotional distress. It is possible, even during the last months of life, to live fully, and there are many ways patients and families can be helped to do this. Talking with family and healthcare providers, finding the right support services, and using the right types of medicines are all things that can help.

In the Resource Booklet, you’ll notice something called a “Distress Thermometer,” which can help you describe to your healthcare team the way you are feeling. If you use it and you find you are feeling stressed, you may want to talk to someone such as a social worker. For more information on how to find a social worker, ask your healthcare team or hospice. You can also visit www.HelpStartsHere.org, a Web site with helpful information for dealing with serious illness, as well as a list of social workers in your area.