Oncology Clinical Challenges: Caring for Patients With Preexisting Psychiatric Illness

Kate Thomson, BSN, RN, OCN®, and Barb Henry, MSN, APRN-BC

People with severe mental disorders (SMDs) have a higher mortality rate and reduced life expectancy compared to the general population. Factors that contribute to higher mortality rates include a higher rate of smoking and increased incidence of obesity from lifestyle, diet, or medication side effects. Cancer treatment may exacerbate mood and psychotic symptoms in patients with SMD. Some of the medications used in cancer treatment or the medications used to alleviate the side effects of cancer treatment can have adverse reactions with psychotropic medications. This article examines problems that patients with SMD encounter with their cancer diagnosis and treatment. Oncology nurses in any clinical setting play a pivotal role in identifying the special needs of a patient with SMD and must become familiar with psychosocial issues, psychotropic medications, and SMD to educate and advocate for these patients and their families. Collaborating and coordinating care between oncology and psychiatry providers is needed for optimal patient outcomes.

Kate Thomson, BSN, RN, OCN®, is an ambulatory oncology nurse at Texas Oncology–Austin Central, and Barb Henry, MSN, APRN-BC, is an advanced practice nurse in adult psychiatry at Melvin Gale, MD, and Associates in Cincinnati, OH. The authors take full responsibility for the content of the article. The authors were participants in the Clinical Journal of Oncology Nursing (CJON) Writing Mentorship Program. Henry received honorarium from the Oncology Nursing Society for her role as a mentor in the CJON Writing Mentorship Program. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. Thomson can be reached at kkt1955@hotmail.com, with copy to editor at CJONEditor@ons.org. (First submission August 2011. Revision submitted December 2011. Accepted for publication December 14, 2011.)

Digital Object Identifier:10.1188/12.CJON.471-480

An estimated 26% of all Americans aged 18 years or older, or about 5.7 million people, suffer from a diagnosable mental disorder in any given year (Kessler, Chiu, Demier, & Walters, 2005). About 1.6 million new cases of cancer are expected to be diagnosed in 2012 (American Cancer Society, 2012), but few statistics are kept on people with SMD who are diagnosed with cancer. When people with SMD and their families are given a life-threatening diagnosis of any type of cancer, oncology nurses must pay special attention to the unique problems associated with SMD and target interventions to meet these needs. Three specific types of SMD will be reviewed here: major depressive disorder, bipolar disorder, and schizophrenia—not necessarily because they are the most common, but because they can be the most debilitating.

Major Depressive Disorder

Major depressive disorder affects about 14.8 million adults in the United States and is the leading cause of disability in the country (World Health Organization, 2008). According to the American Psychiatric Association ([APA], 2000), people with major depressive illness experience at least five or more of the