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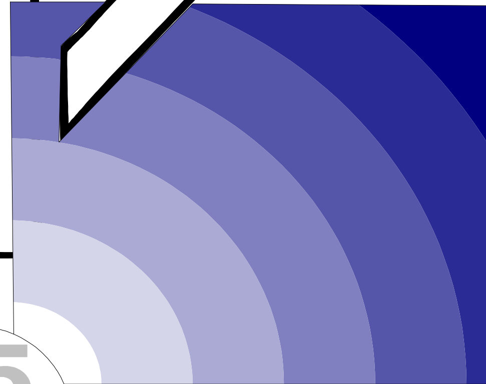

15 minute Workshop

Psychological needs

7: Helping the withdrawn patient

Advanced level

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Aim of this worksheet

To understand the principles of helping the withdrawn patient

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Use the activity on the back page and take this learning into your workplace

Case Study

John is a 46 year old man, married with two children. He initially complained of increasing weakness in his legs. Always an anxious man, at first this was put down to stress. When the weakness worsened, however, investigations and examination suggested motor neurone disease, and subsequent progression of the signs and symptoms has confirmed the diagnosis. He wanted to know the diagnosis and was told.

He is normally anxious, but ready to chat and animated. Today he seems distant and speaks to you in brief sentences or single words.

INFORMATION PAGE: Helping the withdrawn patient

Getting started

- **Acknowledge what is happening.** This first step applies to many situations. Simply reflect back your observations eg. "You don't seem your usual self today." While this may seem unnecessary, it gives John a clear message that you have noticed his withdrawal and that you are taking it seriously.
- **Negotiate further discussion**, eg. "Is there something I can help you with?"
- **Check that John can understand**, make sure he's not deaf or distracted by a confusional state.

Reasons for withdrawal

Although depression might be the reason, there are many other possible causes:

- This could be John's usual behaviour, but this is unlikely as he was previously animated and willing to chat.
- His speech and facial expressions may be severely affected by his MND, preventing a conversation.
- Pain might be so distracting that they are preventing him from concentrating.
- A confusional state may be making him suspicious or unwilling to talk.
- Drowsiness caused by drugs, infection or a biochemical disturbance may be preventing a conversation.
- Parkinsonism caused by drugs (eg. haloperidol, metoclopramide) may reduce facial expressions.
- Collusion may be preventing him from talking for fear of upsetting a partner or relative.
- He may be too exhausted to talk.
- He might be too frightened to talk (the 'frozen terror' syndrome).
- Guilt or shame may be present, causing him to withdraw (this may be part of a depression)

Depression

The proportion of patients with advanced disease who have a clinical depression varies between studies and depends partly on the assessment tools used. It has been suggested that 25% or more of cancer and AIDS patients suffer from depression.

The diagnosis of depression is made on the following characteristics:

- A persistent low mood (>2 weeks for >50% of the time).
- The withdrawal is a change to their usual mood.
- There is a loss of enjoyment
- There are three or more depressive-related symptoms present: diurnal variation in mood, repeated or early morning wakening, impaired concentration, loss of interest or enjoyment, feelings of hopelessness, guilt, shame or feeling a burden to others, thoughts of self harm, desire for hastened death.

All the features listed opposite *could* indicate a depression, but some are less useful than others in advanced disease. Loss of energy, appetite and sex drive are more likely to be due to the disease itself and cannot be used as diagnostic indicators. Feeling 'fed up' tells you little!

Suicidal thoughts are a less useful indicator in advanced disease, since some patients will express a realistic wish that they would rather be dead, rather than be in pain, a burden, immobile etc. In contrast, suicidal planning, thoughts of self-harm and a desire for a hastened death are more important.

Helping the withdrawn patient

In John's case, the first step is to establish the cause and treat any straightforward causes:

- Enable communication using a speech communicator.
- Treat any pain or confusional state.
- Reduce drugs that may be causing drowsiness or parkinsonian adverse effects.
- Explore collusion if this is present (see CLiP worksheet on *Collusion and Denial*).
- Manage anxiety (see CLiP worksheet on *Anxiety*) or anger (see CLiP worksheet on *Anger*).
- Explore any guilt or shame: this may simply be due to incontinence, but may be a feature of depression.

If a clinical depression is present, start an antidepressant:
-some use lofepramine 140-280mg daily as the best balance between effectiveness and side effects, while others use the newer antidepressants such as sertraline or venlafaxine.
-the response can occur within 2 weeks (so don't delay because of a short prognosis)
-the patient is the last to notice any improvement
-if the depression is persisting or has complicating features (eg. agitation, paranoia) ask for advice from a psychiatric colleague

Reflect

- **How do you start a dialogue with John?**
- **Think about what do you need to check first**

Write

List some reasons why John might be more withdrawn than usual (you don't <u>have</u> to put depression at the top of the list!)

Q How common is depression?

10% 25% 50% 80%

Which of the following would strongly support a diagnosis of depression in John?

Ring your choices

Suicidal thoughts (eg. "I'd rather be dead")

Inappropriate guilt

Loss of appetite

Suicidal plans

Early morning wakening

Feeling fed up

Feeling a burden to others

Reduced sex drive

A change in mood

Diurnal variation (eg. worse on waking)

Persistent, low mood for 1 week

Loss of enjoyment

Feelings of hopelessness

Lack of energy

Reflect

How can you start to help John?

FURTHER ACTIVITY: Helping the withdrawn patient

- When you next meet a patient who is withdrawn explore:
  -is this a new problem for the patient?
  - is the patient thinking and acting clearly? (ie make sure the patient is not confused)
  – is the patient feeling apathetic and hopeless?
- If the answer was yes to these questions, then a depression is possible
  – ask an experienced colleague to review the patient with you and consider whether you should refer the patient for further assessment

FURTHER READING

Journal articles

Breitbart W. Rosenfeld B. Pessin H. Kaim M. Funesti-Esch J. Galietta M. Nelson CJ. Brescia R. Depression, hopelessness, and desire for hastened death in terminally ill patients with cancer. *JAMA.* 2000; **284**(22): 2907-11.

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Ripamonti C. Filiberti A. Totis A. De Conno F. Tamburini M. Suicide among patients with cancer cared for at home by palliative-care teams. *Lancet.* 1999; **354**(9193): 1877-8.

Stiefel R. Die Trill M. Berney A. Olarte JM. Razavi A. Depression in palliative care: a pragmatic report from the Expert Working Group of the European Association for Palliative Care. *Supportive Care in Cancer.* 2001; **9**(7): 477-88.

Resource books and websites

Effective Interaction with Patients, 2nd ed Faulkner A. New York : Churchill Livingstone, 1998.

Introducing Palliative Care 3rd ed. Twycross R. Abingdon : Radcliffe Medical Press, 1999.

Talking to Cancer Patients and their relatives. Faulkner, A. Oxford: Oxford University Press, 1994.

A Guide to Symptom Relief in Palliative Care, 5th ed. Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004

Oxford Textbook of Palliative Medicine 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.

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Current Learning In Palliative care
An accessible learning programme for health care professionals

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

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