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# Gastroenterology, Hepatology & Digestive Disorders

## Improving Mental Health in Cancer Survivorship: A Case Study

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## **ABSTRACT**

A growing population of cancer survivors poses risks to health systems due to the complexities associated with these patients' long-term health care needs. This case study outlines an intervention that involved a patient completing a cancer support program called "The Cancer Blueprint". This case demonstrates numerous examples of how the patient was able to benefit from a cancer support program that incorporated technology to deliver a range of psychological interventions combined with evidence-based integrative techniques to promote his lifestyle habits.

## **Keywords**

Oncology, Cancer Survivorship, Quality of Life, Integrative Medicine, Mental Health.

### Introduction

Increasingly advances in oncology treatment options are expanding survival rates for many key cancer types [1]. In the USA alone, there is now an estimated 15.5 million cancer survivors and this figure is expected to rise to 20.3 million by 2026 [1].

Notwithstanding the astonishing achievements in the advancements of oncology treatments, cancer survivors are at risk of comorbidity from diseases including diabetes and cardiovascular disease and mental illnesses that include but are not limited to depression and anxiety disorders [2]. For health systems, it is inevitable that this growing number of cancer survivors will pose challenges in meeting these patients' long-term care needs (3).

Often, the cumulative impact of the events that have occurred from diagnosis through to treatment leaves a patient experiencing a combination of loss, fear, and anxiety and that becomes compounded by changes that include but are not limited to physical, financial and social changes. Despite some recognition on these devastating emotional and psychological factors, there is still a growing need to understand how mental health support, integrative medicine and the use of technology can be formulated into one evidence-based framework to assist patients to reduce fears about reoccurrence and promote improved long-term health outcomes.

#### Case

- **a.** The 26-year-old male presented to seek support around his mental and physical health.
- **b.** His challenges were primarily associated with the lasting complications of surgery and the overall impact associated with the traumatic nature of his cancer diagnosis. He described frequent chronic pain in an intensity of up to eight out of ten, worry about a reoccurrence in an intensity of eight out of 10 and an optimism about his life on a scale of two out of 10. He described the pain causing disorganized sleep patterns, low levels of mood, reduced engagement with his community, unhealthy nutritional choices and limited to nil weekly hours of physical exercise.
- **c.** This problem began after surgery from an unexpected diagnosis of a stage IV pseudomyxoma peritonei that was detected seven months earlier during a procedure for appendicitis. The cumulative impact of the unexpected nature of his diagnosis combined with the challenges associated with persistent pain reduced his quality of life and posed risks to his physical and mental health.
- **d.** The pain fluctuated consistently throughout the seven months with a typical spike in intensity to a score of eight out of 10 at least once or twice a week. Initially, Endone was prescribed to provide pain relief but it resulted in a dependency that added an additional challenge that he needed to overcome.
- **e.** Throughout the time of diagnosis until commencing The Cancer Blueprint, his care was overseen by his medical team.
- **f.** Relevant history includes depression, mild alcohol use and difficulty with his weight.
- **g.** His mother has a history of depression.
- h. The assessment revealed a white male from South America that

was married and had a son under 12-months-old. He presented as easy to engage and establish rapport with. He was able to articulate his difficulty with physical pain and how this impacted his sleep, performance at work and added to his concern about the possibility of a full recovery. He was also able to identify the psychological challenges that included a worry about his future and the multitude of stressors with his employment, physical health, relationships, and difficulty coping. He described a peer network that provided practical support and a quarterly review from his medical team. He was scored across key areas that included: Impact of cancer, eight out of 10. Quality of life, six out of 10. Optimism about life, two out of 10. Worry about the future eight out of 10. Isolation seven out of 10.

#### Method

a. The patient undertook a cancer support program called "The Cancer Blueprint" that consisted of working through a four-part methodology one day per week over five weeks. The Cancer Blueprint is based on a methodology that combines a humanistic, reparative counseling focus with an evidence-based integrative goal orientated coaching approach. Over the five sessions, the patient was instructed and guided to learn 10 set skills that targeted his physical, emotional, mental and social well-being. His participation also included the completion of set tasks in between sessions and the use of a digital application to monitor his progress. b. The patient maintained a digital record of his sleep, nutritional intake and the number of steps taken on a daily basis. Additionally, his pain and his cognitive processing were monitored throughout the five weeks. At the start of the program, his hours of sleep in a week ranged from three hours to 12 hours per night, he was unaware of his nutritional intake and he did not meet the recommended 10,000 steps in a day. He described his circumstances as "Cancer has wrecked my body and mind. No amount of work will get me better, and I will be a failure in every area of my life. Even if I do work on getting better, the cancer will just come back anyway". c. By the fourth week, the patient had made significant changes to his nutritional intake by introducing an intermittent fasting protocol that restricted eating to an eight-hour window throughout the day and he had commenced meeting the recommended 10,000 steps once per week. Additionally, the patient had been introduced and instructed to meditation and mindfulness exercises to support his capacity to influence his parasympathetic nervous system.

**d.** In the final week, he was regularly using the digital tool to show that his sleep had stabilized to a range between six to eight hours per night and that he was totaling over 10,000 steps

three days per week. He had continued the intermittent fasting protocol approximately five days out of seven and meditation and mindfulness exercises twice per week. Other benefits included a reduced spike in his pain levels to a maximum score of three out of 10. Lastly, the patient had significantly improved his performance at work and described his circumstances as "The strategies I am learning in The Cancer Blueprint give me the best chance of living the best life possible, even if at times I feel scared and hopeless".

e. After completion of the program, the patient was reassessed across the key areas that were scored before commencing the program. He scores included: Impact of cancer five (previously eight) out of 10. Quality of life eight (previously six) out of 10. Optimism about life nine (previously two) out of 10. Worry about the future three (previously eight) out of 10. Isolation three (previously seven) out of 10.

### Discussion

The link between mental health and cancer survivorship is recognized but not thoroughly understood [4]. This case demonstrates numerous examples of how the patient was able to benefit from a cancer support program that incorporated technology to deliver a range of psychological interventions combined with evidence-based integrative techniques to promote his lifestyle habits.

#### Conclusion

This case is a preliminary finding and reinforces the need for more rigorous testing on the use of The Cancer Blueprint to support patients and survivors to better manage challenges with their physical, emotional and psychological well-being.

#### References

- 1. https://www.cancer.org/latest-news/report-number-of-cancer-survivors-continues-to-grow.html
- 2. Edgington A, Morgan MA. Looking beyond recurrence: Comorbidities in cancer survivors. Clin J Oncol Nurs. 2011; 15: E3-12.
- Hoekstra RA, Heins MJ, Korevaar JC. Health care needs of cancer survivors in general practice: a systematic review. BMC Family Practice. 2014; 15: 94.
- 4. Zhu J, Fang F, Sjolander A, et al. First-onset mental disorders after cancer diagnosis and cancer-specific mortality: a nationwide cohort study. Ann Oncol. 2017; 28: 1964-1969.