Angst, Slaapstoornissen en Depressie

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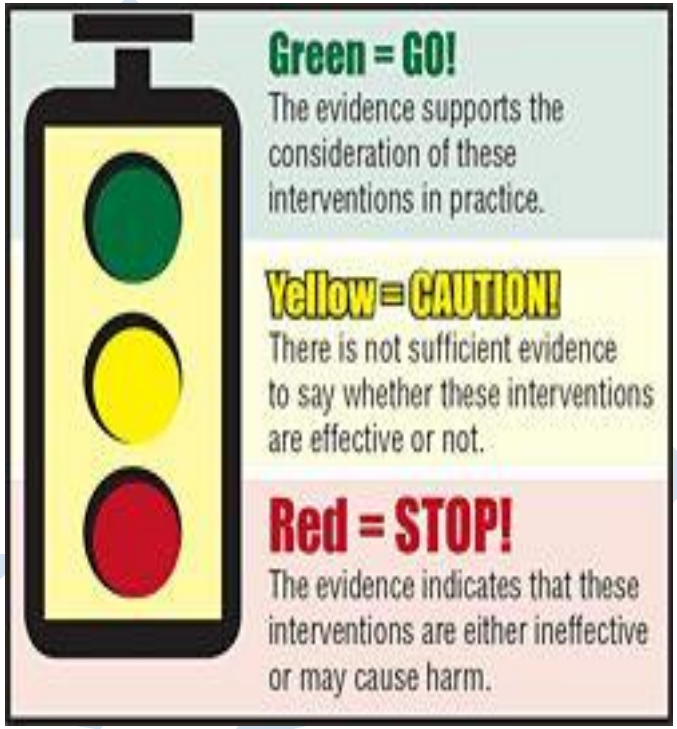
Disclosure belangen spreker

(potentiële) belangenverstrengeling	Geen
Voor bijeenkomst mogelijk relevante relaties met bedrijven	
• Sponsoring of onderzoeksgeld • Honorarium of andere (financiële) vergoeding • Aandeelhouder • Andere relatie, namelijk …	Sanofi, Astellas, Bayer Adviesraad

Putting Evidence Into Practice



(www.ons.org/practice-resources/pep/evaluation-process)

Hoe komen de PEP's tot stand

Evaluatie van de research

- Panels Advanced Practice Nurses, staff nurses, Phd's, nurse researchers reviewed the literature
- high quality evidence
- poor-quality evidence
- Insufficient evidence
- lack of evidence

- Quality of the data, PRISM categorization (RTC, meta-analyses)
- Grote van effect (outcome) (b.v. effect, klinisch belang, verschillen)
- Conflicten in bewijs

Green = GO

Aanbevelingen voor de praktijk

- *Interventions for which effectiveness has been demonstrated by strong evidence from rigorously-designed studies, meta-analyses, or systematic reviews, and for which expectation of harms is small compared with the benefits*

Zeer waarschijnlijk effectief (Likely)

- *Interventions for which the evidence is less well established than for those listed under "recommended for practice"*

(Mitchell & Friese, nd; Johnson, (2014), CJON)

Yellow = Caution!

Afwegen toegevoegde waarde

- *Interventions for which clinicians and patients should weigh up the beneficial and harmful effects according to individual circumstances and priorities*

Effect (nog) niet bewezen

- *Interventions for which there are currently insufficient data or data of inadequate quality*

(Mitchell & Friese, nd; Johnson, (2014), CJON)

RED = Stop!

Geen bewezen effect

- *Interventions for which lack of effectiveness is less well-established than for those listed under "not recommended for practice"*

Niet aan te bevelen voor de praktijk

- *Interventions for which ineffectiveness or harmfulness has been demonstrated by clear evidence, or the cost or burden necessary for the intervention exceeds anticipated benefit*

(Mitchell & Friese, nd; Johnson, (2014), CJON)

History of PEP
(Putting Evidence into Practice)

- Volume 2 (2009):
  - Caregiver Strain and Burden
  - Constipation
  - Depression
  - Dyspnea
  - Mucositis
  - Peripheral Neuropathy
- 2009
  - Pain
  - Prevention of Bleeding
- 2009
  - Anorexia/Cachexia
  - Anxiety
  - Diarrhea
  - Lymphedema

History of PEP
(Putting Evidence into Practice)

- 2011
  - Cognitive Impairment
  - Hot Flashes
  - Radiodermatitis
  - Skin Effects
- 2014
  - PEP Pocket Guide: updates to all 20 topics

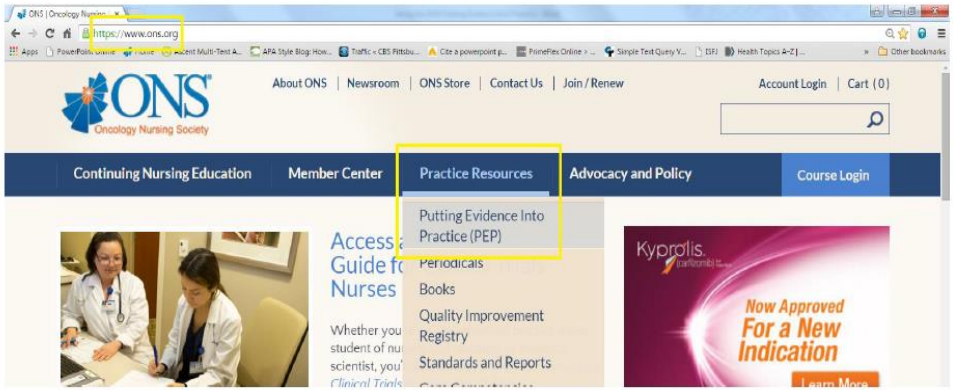
(Irwin & Johnson, 2014)

Euro PEP's

Vertaald in het **Nederlands**

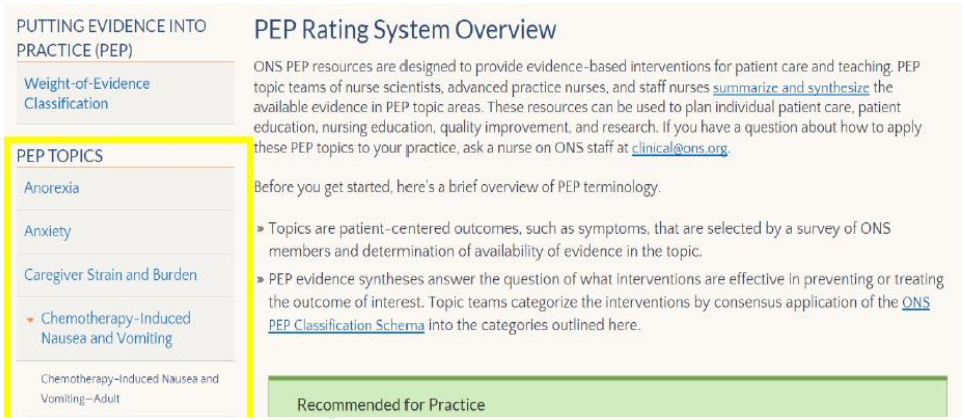
- Radiodermatitis
- Dyspnea
- Lymphoedema
- Pain
- Peripheral neuropathy

- www.cancernurse.eu/education PEP



Navigating among the PEP webpages:

The main PEP page (pictured in part below) and all the PEP topic pages include a menu bar (highlighted) on the left side of the window where you may access the pages related to each PEP topic. The main page also describes the processes used in PEP and the categories for assigning levels of evidence to the interventions.



- www.ons.org - practice resources - Putting evidence into practise (PEP)

I CAN'T KEEP CALM BECAUSE I HAVE ANXIETY

Stichting Oncowijs

Angst

Angst

- Angst emotionele en/of fysiologische reactie pt diagnose kanker
- Angst reacties variëren van normale reacties tot extreme disfunctioneren
  - effect besluitvorming
  - volgen kanker behandeling
  - aspecten Qol
- Angst kan verschillende momenten gedurende fasen ziekzijn.
- Meestal angst hoogst kort na de diagnose en neemt af in de loop van de tijd
- 20 % -30% patiënten blijft angstig ook na beëindiging van de behandeling

(Smith, P.R. (2014) CJON)

Angst is normaal

Stichting Oncowijs

- Normaal

  reactieve angst, zet aan tot actie

- Pathologisch

  wanneer het dagelijks functioneren belemmerd wordt door de angst

Risico ontwikkelen angststoornis

Stichting Oncowijs

Risico ontwikkelen van angststoornissen bij:

- bedreiging van sociale rollen en relaties
- ideeën toekomst van gezondheid, plannen en doelen

Risico neemt toe tijdens behandeling:

- een geschiedenis van angststoornissen
- ernstige pijn
- angst bij de diagnose
- functionele beperkingen
- een gebrek aan sociale steun
- het vorderen van de ziekte
- voorgeschiedenis van trauma

Behandeling uitlokkende factoren

- Pijn
- Kortademigheid
- Delier
- Hypercalciemie
- Hersenmetastasen
- Alcohol en/of benzodiazepine verslaving
- Angst motorische onrust en agitatie tgv corticosteroiden

(www.oncoline.nl/angst)

Stichting Oncowijs

Likely to Be Effective

- Coaching
- Cognitive-behavioral therapy
- Exercise
- Massage or aromatherapy massage
- Mindfulness-based stress reduction
- Music or music therapy
- Progressive muscle relaxation
- Psychoeducational interventions
- Supportive care or support interventions

Effectiveness Not Established

Pharmacologic Interventions

- Antidepressants: duloxetine, fluvoxamine, mirtazapine
- Anxiolytics: alprazolam, fluoxetine, midazolam, propofol, sertraline

Nonpharmacologic Interventions

- Communication and care coordination interventions provided by written information, media, or healthcare provider
- Complementary and alternative therapies
- Acupuncture
- Art and art therapy
- Caregiver or partner interventions
- Expressive writing
- Hypnosis or hypnotherapy
- Meditation
- Progressive muscle relaxation and guided imagery
- Reflexology
- Reiki
- Relaxation therapy, relaxation, and visual imagery interventions
- Structured rehabilitation services
- Virtual reality
- Yoga

Effectiveness Unlikely

- Orientation and information provision

FIGURE 1. Categories of Evidence and Interventions for Anxiety

PEP list

Likely to be effective

Coaching:


ely to Be Effective
- Coaching
- Cognitive-behavioral therapy
- Exercise
- Massage or aromatherapy massage
- Mindfulness-based stress reduction
- Music or music therapy
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Effectiveness ... Established

Pharmacologic Interventions
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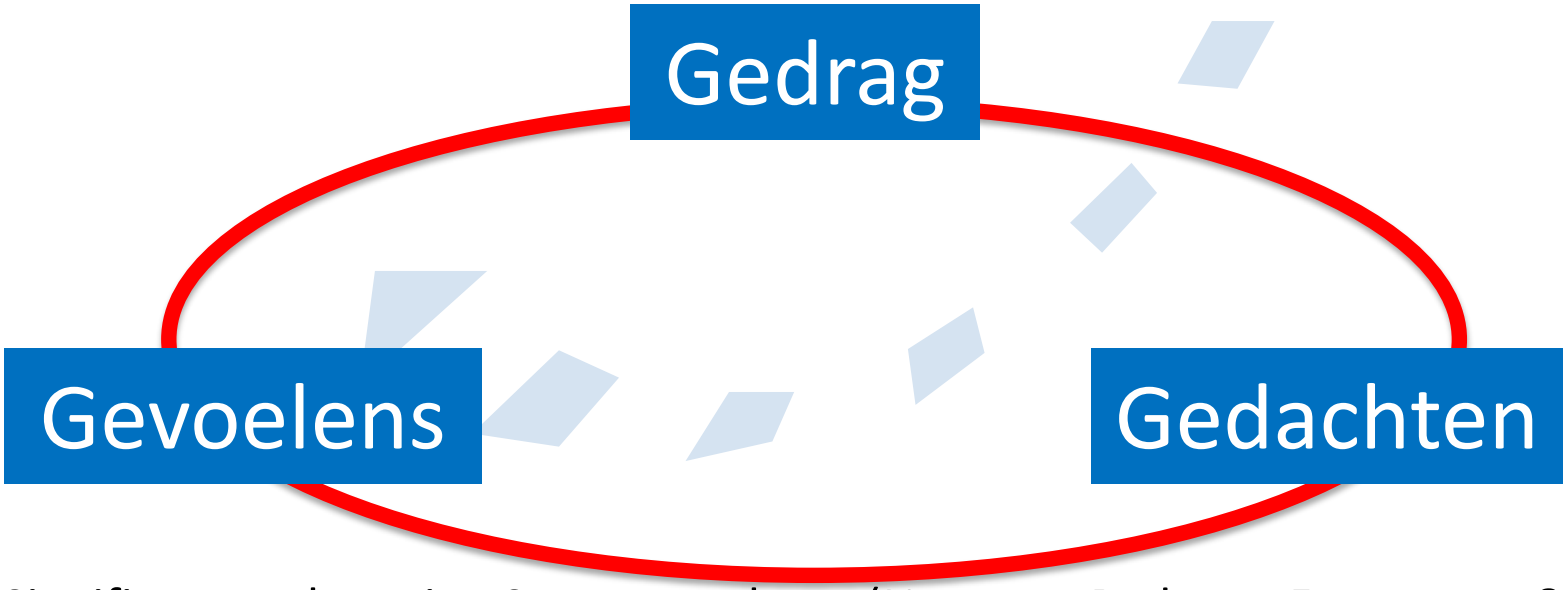
- 2 studies evalueerde coaching mondeling (telefoon) met gebruik van needs checklist (lastmeter)
- Shields et al. (2010) N=44 no effect
- White et al., (2012), N=635 prevalentie angst significant gedaald ($p<0.01$)

Likely to be effective

Stichting Oncowijs

Cognitieve gedrags therapie (vorm van psychotherapie)

Mix van relaxatie training, doelen bepalen, problemen oplossen, educatie, lotgenotencontact, fysieke activiteit



- Significant verbetering 2 meta-analyses (Naaman, Radwan, Fergusson, & Johnson, 2009; Osborn, Demoncada, & Feuerstein, 2006)

Likely to be effective

Oefenen:

- **Oefenprogramma's:** fysieke oefeningen,aerobic fitness, spiertraining, thuis, groep individuele programma's

<u>Gemixte resultaten</u>

- Significante verbetering (Burnham & Wilcox, 2002; Courneya et al., 2007; Mehnert et al., 2011)
- Geen effect (Kolden et al., 2002; Midtgaard et al., 2005, 2011; Thorsen et al., 2005).

- <u>Meta-analyse</u> "exploring the effectiveness of exercise interventions on health-related quality of life" Gunstige effecten (Mishra et al., 2012). **Further research is needed**

Likely to be effective

Stichting Oncowijs

Massage or aromatherapie massage:

- Traditionele massage alleen effectief, aromatherapie massage niet bewezen

- (Fellowes, Barnes, & Wilkinson, 2008; Wilkinson, Barnes, & Storey, 2008) direct effect (Campeau et al., 2007; Hernandez-Reif et al., 2005; Jane et al., 2011; Kutner et al., 2008; Post-White et al., 2003; Sturgeon, Wetta-Hall, Hart, Good, & Dakhil, 2009)

Likely to be effective

Stichting Oncowijs

- Mindfulness-based stress reduction
- Music or music therapy
- Progressive muscle relaxation
- Psycho-educational interventions
- Supportive care or support interventions/groups

Angst

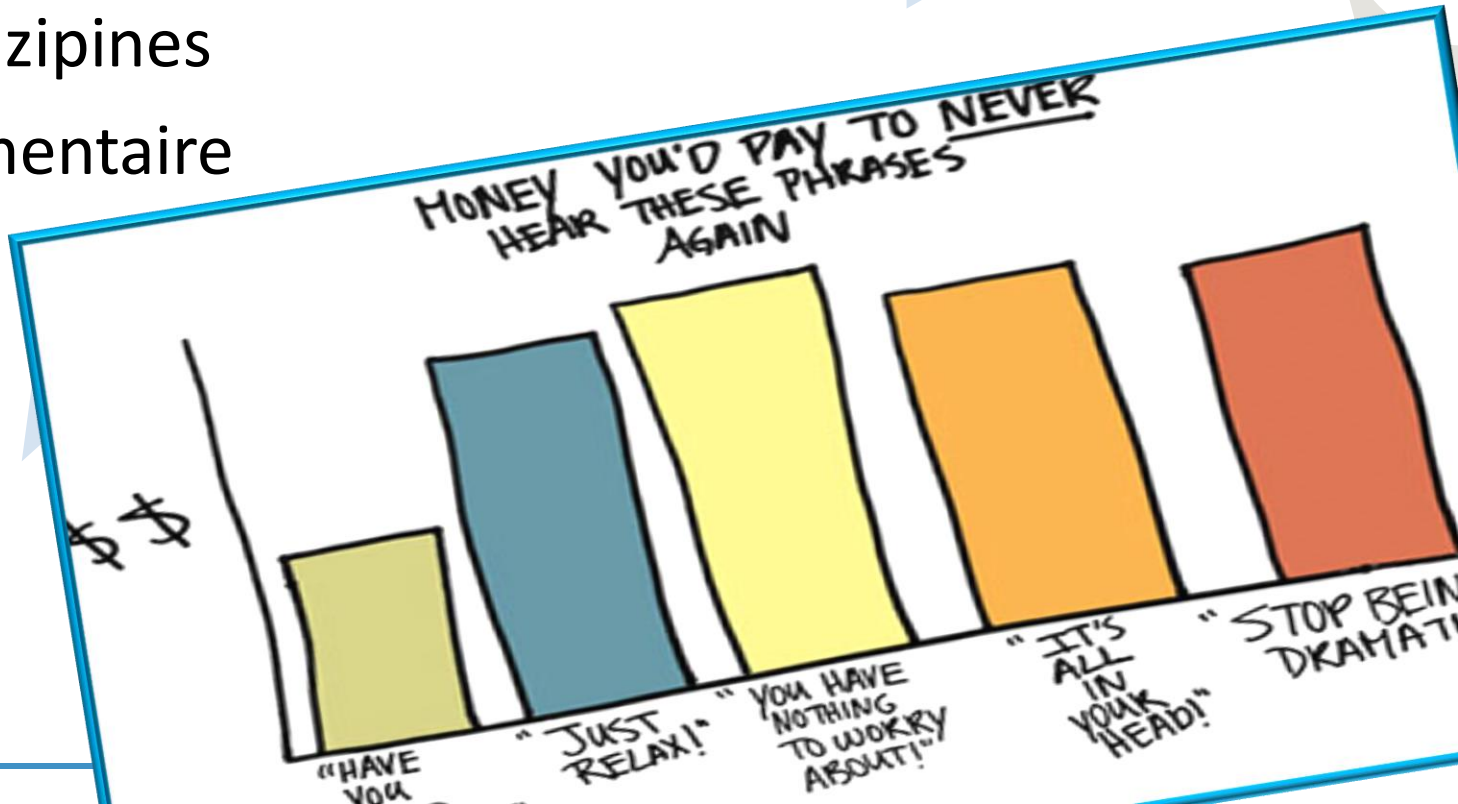
Stichting Oncowijs

Effect niet bewezen

- Medicatie (ervaring weinig RCT) Benzodiazipines
- Complementaire therapie

Geen effect

- Meer informatie



Slaapstoornissen (dyssomnia)

Slaapstoornissen (dyssomnia)

Insomnia (te weinig)		Hypersomnia (te veel)
	Dyssomnia	
Circadiane stoornis (ritme slaap-waak)		Parasomnia

(Mitchell & Friese, nd; Johnson, (2014)

Insomnia

- Moeilijk **inslapen**, **doorslapen** en **vroeg wakker** worden

- Palliatieve fase 63%
- Bij kanker
  - doorslaapproblemen (63%)
  - inslapen (40%)
  - te vroeg wakker worden (37%).

- 59% combinatie van bovengenoemde slaapproblemen. Slaapproblemen kunnen grote gevolgen hebben voor de kwaliteit van leven.

(www.oncoline.nl/slaapproblemen)

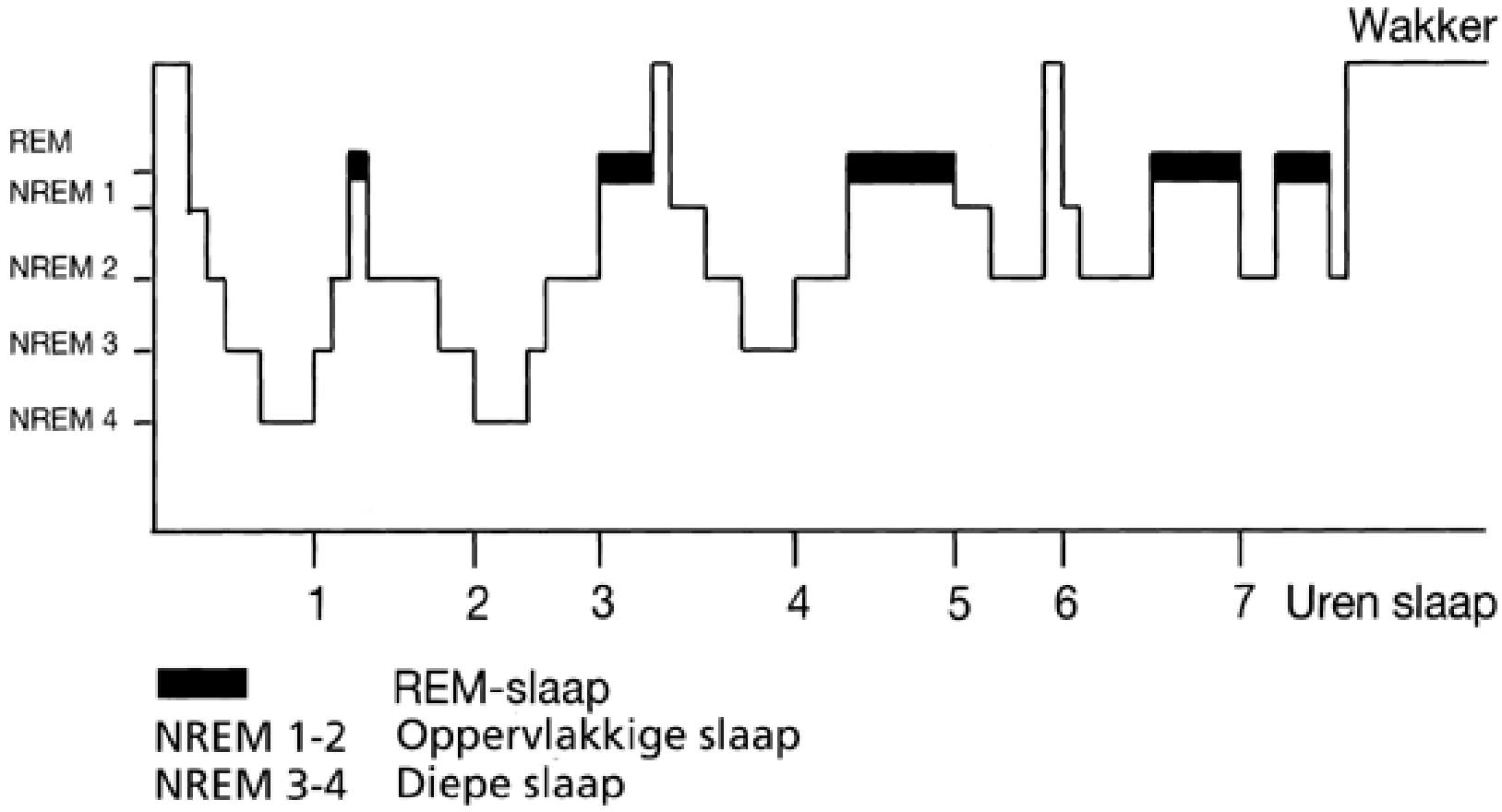
Gevolgen van slaapstoornissen

Ze dragen bij aan:

- Vermoeidheid
- Verminderd vermogen omgaan stress
- Verstoring cognitief functioneren overdag
- Anhedonie (niet kunnen genieten)
- Stemmingsstoornissen
- Verminderd functioneren immuunsysteem
- Negatieve beïnvloeding andere symptomen (bijv. pijn)

Slaapritme

Stichting Oncowijs



REM bij ziekte

Stichting Oncowijs

- Diepte slaap neemt af
- Perioden REM worden korter
- Dag-en-nachtritme verstoord
- Slechte slaap m.n. verlengde periode tot het inslapen
- Afname van de duur van stadium 3 en 4

- Gefragmenteerde slaap die als slecht ervaren wordt
- Piekeren en woelen in bed wordt als lang ervaren
- Fervente pogingen om weer te slapen werken veelal averechts
- Acceptatie wakkere periodes bevorderen inslapen

Stichting Oncowijs

Predispositie slaapproblemen

- Palliatieve fase
- Performance status
- Scheiding
- Lagere sociaaleconomische status
- Slaapproblemen in de familie
- Voorgeschiedenis

- Hyperactiviteit of andere psychopathologie
  - depressie, manie, acute of posttraumatische stressstoornis, angststoornis, misbruik of afhankelijkheid van middelen
- Geen aantoonbare invloed leeftijd of geslacht

Uitlokkende factoren

Stichting Oncowijs

- Ongewenste **slaaphouding**; slechte kwaliteit van bed, matras en/of hoofdkussen
- Onvoldoende behandelde of behandelbare lichamelijke **symptomen** als gevolg van ziekte, behandeling of comorbiditeit
- Verstoring van het **dag-en-nachtritme** (Alzheimer, neurologische aandoeningen)
- **Piekeren** bezorgdheid ziekte en gevolgen (voor de naasten) en/of gevoelens van hopeloosheid
- **Depressie, spanning of angst**
- **Omgevingsfactoren**, gebrek aan privacy, nachtelijke onrust, verstoring dag-en-nachtritme

Uitlokkende factoren

Stichting Oncowijs

- **Bijwerkingen medicatie en/of behandeling**:
  - opioïden (afname periodes REM-slaap, verstoring van het dag-en-nachtritme)
  - activerende werking corticosteroïden, metoclopramide, NSAID's, stimulerende antidepressiva
  - levendige dromen/nachtmerries bèta-blokkers
  - onttrekkingsverschijnsel staken medicatie, benzodiazepinen, opioïden of corticosteroïden
  - nachtelijke bijwerkingen (bijv. misselijkheid, braken of pijn) van antitumortherapie (chirurgie, radiotherapie, chemotherapie)
- **bijwerkingen van middelen**:
  - (excessief) gebruik alcohol of cafeïne houdende dranken in de avonduren
  - acuut staken van alcohol of roken

ng Oncowijs

Appendix. Putting Evidence Into Practice Card on Sleep-Wake Disturbances

What Can Nurses Do to Assist People With Cancer With Sleep-Wake Disturbances?

RECOMMENDED FOR PRACTICE

Interventions for which effectiveness has been demonstrated by strong evidence from rigorously designed studies, meta-analyses, or systematic reviews and for which the expectation of harms is small compared to the benefits

There is no intervention that can be recommended for nursing practice as of 12/1/2005.

LIKELY TO BE EFFECTIVE

Interventions for which the evidence is less well established than those listed under "Recommended for Practice"

There is no intervention that is likely to be effective for nursing practice as of 12/1/05.

BENEFITS BALANCED WITH HARMS

Interventions for which clinicians and patients should weigh the beneficial and harmful effects according to individual circumstances and priorities

Pharmacologic
In spite of widespread use, no published meta-analyses or experimental design studies examining the efficacy of hypnotic drugs in patients with cancer were found. Nurses must systematically evaluate how patients with cancer respond to a pharmacologic intervention, particularly the efficacy, side effects, and potential interactions with other over-the-counter and prescription medications they are taking.[1,2]

Although the drugs have not been studied in patients with cancer, hypnotics are commonly prescribed for short-term use. Benzodiazepine and nonbenzodiazepine drugs vary in their half-lives. Those with half-lives can cause daytime sleepiness and impair fu… with shorter half-lives may wear off in the mid… included in the National Cancer Institute… site[3] that are commonly prescribed… for side-effect profile include

- Benzodiazepines: diazepam 5–1… clonazepam 0.5–2 mg
- Nonbenzodiazepine hypnotics: zol… 10–20 mg, and eszopiclone 1–3 m…
- Other classes of drugs: Tricyclic anti… antidepressants, antihistamines, chlo… are less commonly used but may be c…

Herbal supplements
No published meta-analyses or experiment… were found specific to the efficacy of herbal therapy in p… with cancer. Studies describe potential interactions between herbal agents with chemotherapy and other common drugs, making herbal agents potentially dangerous for use in people with cancer.[4]

EFFECTIVENESS NOT ESTABLISHED

Interventions for which insufficient data or data of inadequate quality currently exist

Cognitive behavioral therapy
Therapy that involves changing negative thought processes and attitudes about one's ability to fall asleep, stay asleep, get enough sleep, and function during the day[5]

Instruct patients in the following stimulus control and sleep restriction techniques.

- Go to bed only when sleepy and at approximately the same time each night.
- Get out of bed and go to another room whenever unable to fall asleep; return to bed only when sleepy again.
- Use the bedroom for sleep and sex only.
- Maintain a regular rising time each day.
- Avoid daytime napping. If needed, limit to 30–45 minutes.

Sleep hygiene techniques include behaviors to promote a good night's sleep and optimal functioning the next day.[5]

- Use a preferred relaxation technique within two hours of going to bed, such as taking a warm bath or shower, reading, listening to soft music, receiving a massage, etc.
- Avoid caffeine after noon; complete dinner three hours before bedtime; do not go to bed hungry.
- …lace mattress every 10–12 years and pillows more frequently; keep… bedroom cool and use light covers; do not watch television in the be… oom, etc.

Two randomized … trolled trials and four quasi-experimental studies have tested cognitive… havioral therapy, primarily with patients w… breast cancer and also w… patients with a variety of other… agnoses.[6–13] Results include… vorable sleep outco… number and length of night aw… nings wo…

Complementary therapies… sive writing, healin… ation, mindf…

- Ep…

…ed on the …e and fall of the …

…ners as needed.

…led trial and two quasi-experimental trials …, a combination therapy of relaxation techniques, medi… techniques, and yoga, in breast cancer, early prostate cancer, and … mixed group of cancer populations and found improved sleep quality with the therapy.[14–17]

Two studies using mixed cancer populations found autogenic training to have favorable sleep outcomes.[18,19] Patients with lymphoma showed significant decreases in sleep disturbances with Tibetan yoga.[20] Supportive-expressive group therapy intervention resulted in decreased wake-after-sleep-onset time in patients with breast cancer.[21] One randomized controlled trial with subjects with newly diagnosed stage IV metastatic renal cell cancer showed improvement in four measured areas of sleep disturbance when using expressive writing.[22] One randomized controlled trial with a variety of cancer populations showed a reduction in sleep latency when using progressive muscle relaxation.[23] Patients with a variety of cancer diagnoses showed improvement on self-reported sleep disturbances with the use of healing touch.[24] One study that looked at the use of massage on a group of patients with a variety of cancers undergoing therapy showed unknown benefit.[25]

Helaas no recommeded nursing intervention

(Page M.S., (2006) CJON)

De oplossing van slaapproblemen is niet zo eenvoudig

Praktische adviezen

- Regelmatige tijden naar bed gaan en opstaan
- Prettige slaapkamer
- Voldoende lichaamsbeweging overdag
- Vermijd dutjes overdag
- ’S avonds uitvoeren complexe activiteiten
- Overmatig gebruik beeldschermen
- Intensief sporten
- (Te veel) gebruik van koffie, alcohol
- Zware maaltijd kort voor slapen

(NHG, (2014) slaapproblemen en slaapmiddelen)

Medicatie

- Slaapmiddelen zijn alleen geïndiceerd bij hoge lijdensdruk en/of ernstig disfunctioneren overdag
- 10 tot 20 mg temazepam
- 10 mg zolpidem
- Samen met adviezen

(NHG, (2014) slaapproblemen en slaapmiddelen)

Depressie

Onderscheid

- Somberheid als normale reactie
  - herstel
- Aanpassingsstoornissen
  - Emotionele/gedragssymptomen reactie stress
  - Als stress weg <6m klachten weg
- Depressie

DSM IV

Depressie

- Depressieve stemming grootste deel dag
- Verminderende interesse
- Gewichtsafname
- Slapeloosheid, overmatig slapen
- Psychomotore agitatie of remming
- Moeheid, verlies energie
- Gevoelens van waardeloosheid
- Onterechte schuldgevoelens
- Terugkerende gedachte aan dood, suicide

- > 5 symptomen

(PEP, Oncoline 2017)

Depression

Depressive symptoms in people with cancer may be attributed to the diagnosis of cancer or side effects of cancer treatment and can be seen as part of the continuum of cancer-related distress.

Depressive symptoms are common in patients with advanced cancer, 5%–25% estimated overall occurrence rates among patients with all types of cancer.(PEP)

10-15% voortschrijdende ziekte (Oncoline)

(PEP, Oncoline 2017)

Interventies

Recommended for Practice

- Antidepressants
- Cognitive Behavioral Interventions/Approach
- Integrated or Collaborative Behavioral Health Care Model
- Mindfulness-Based Stress Reduction
- Psychoeducation/Psychoeducational Interventions

Meetinstrumenten

- HADS
- PHQ9

Medicatie

- SRRI
  - Prozac,symbalta
- Effexor
- Amitriptyline

- Altijd door psychiater, huisarts, VS

- Bijwerkingen withdrawel syndrom

Interventies

Likely to be effective

- Group psychotherapy
- Individual psychotherapy
- Peer counseling
- PMR progresive muscle relaxation
- Relaxation therapy

Interventies

Effectiveness not established

- Acupressure
- Acupuncture/Electroacupuncture
- Advance Care Planning
- Aromatherapy
- Art Making/Art Therapy
- Body-Mind-Spirit Therapy/Qigong
- Cat's Claw (Uncaria tomentosa, Uncaria guianesis)
- Cognitive Training - Group
- COX-2 Inhibitors
- Cranial Stimulation
- Dance/Dance Therapy
- Decision Support/Decision Aids
- Distance Meditation
- Early Palliative Care
- Exercise

Guarana (Paullinia cupana)

Interventions

- Healing Touch
- Hypnosis/Hypnotherapy
- Infliximab
- Massage/Aromatherapy Massage
- Meditation
- Melatonin
- Methylphenidate
- Modafinil/Armodafinil
- Motivational Interviewing
- Multicomponent Rehabilitative Intervention
- Music/Music Therapy
- Narrative Interview
- Navigation/Care Coordination
- Online Support Groups
- Palliative Care
- Provider Communication Skill Training
- Reiki
- Relaxation and Visual Imagery
- Ruta Graveolens
- Spiritual Interventions
- Structured Assessment
- Supportive Care/Support Interventions
- Swallowing Training in Head and Neck Cancer
- Tai Chi

Intervention

Effectiveness Not Established

- Tailored Information
- Virtual Reality
- Yoga

Effectiveness Unlikely

- Beauty Treatments
- Expressive Writing/Emotional Disclosure/Journaling
- Orientation and Information Provision

Reflexology

Angst, Slaapstoornissen en Depressie

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