

## **Psychoncology Depression Worsens Cancer Survival**

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Bridge between BRAIN and BODY refers to the term Psychooncology. A proven saying “Living better may also mean living longer”. In recent years our practise in oncology is taking a major turning point towards psychological effective interventions for cancer survival patients. This becomes a very important approach for palliative care patients. We have heard cancer in the body affects mind but what about mind affecting the course of cancer?? Social support is must for cancer survival patients. In our institute we have noticed that helping patients face death, making informed decisions about level of care, controlling pain and distress has appeared to be medically more effective than simply carrying on with intensive anticancer treatment alone.

There is growing evidence that interruption of the normal circadian rhythms, including rest activity patterns and Hypothalamic- pituitary- adrenal ( HPA) axis function, affects Cancer risk and progression. A very evident example of this is women with metastatic breast cancer have flatter than normal diurnal cortisol patterns and the degree of loss of daily variation in cortisol predicts earlier mortality. HPA Hyperactivity associated with depression can produce elevated levels of cytokines that affects the brain. Tumor cells can in turn release mediators of inflammation such as NFkB, IL-6 and angiogenic factors to promote metastasis. Also exposure to elevated Norpinephrine triggers release of vascular endothelial growth factor ( VEGF) which facilitates tumor growth.

Also, in our setup we found that family burden was an important factor. Generally in the case of cancer, attention to depression is often sacrificed to the “ competing priority” of dealing with cancer, despite the reduction in morbidity that would be achieved by effective treatment of DEPRESSION. In our unit we deal with SIX golden rules to avoid depression among cancer patients-

1. Anything which imposes negative impact on patients quality of life.
2. Deal with patients reduced acceptance of and compliance with treatment plans.
3. Try avoiding prolonged hospitalizations.
4. Encourage effective coping.
5. Encourage arranging meetings with those patients who has undergone the same treatment.
6. Fight against patients desire for early death or suicide.

From my point of view importance should also be given to the initial response to cancer diagnosis like sadness, fright and worry about the future which can be self limiting or responsive to attention, counselling and better information.

Thus PSYCHOONCOLOGY can help to align better stress management and social support with enhanced somatic resistance to tumor growth. Let us make it a discipline that helps cancer patients mobilize all of their resources to live well with cancer. So collectively we say that stress of advancing cancer and management of it is associated

with endocrine, immune and autonomic dysfunction that has consequences for host resistance to cancer progression.

Lastly we know that it is not simply mind over matter, but mind matters.