Cancer and Serious Mental Illness

Those with serious mental illness (SMI) are not immune from developing cancer. Those with cancer are not immune from developing SMI. Although SMI and cancer seem profoundly different in origins and complexity, there are similarities. First, those affected may suffer the pain and isolation of stigma. Second, in the USA, societies’ response is primarily medical (medication, therapies, surgery). Third, whether adult or child the disease definitions are not easily understood. Fourth, it strikes the young and the old without mercy and finally, it’s a life long concern despite recovery from its’ effects; you must stay on guard for recurrence.

It is already known that on average having an SMI decreases life span (Dembling, Bruce P. et. al.; Psychiatric Services, August 1999) by almost 9 years. In the Dembling et. al. study of the cause of death among recipients of mental health services, 11.7% of men and 13.7% of women died due to neoplasm (another term for cancer). For both genders neoplasm was not the largest category of cause of death. A further breakdown of the neoplasm data shows that in the sample men died mostly due to bronchial or lung cancer and women mostly due to breast cancer. According to the World Federation for Mental Health (see page 4 of this issue) about half of all patients with terminal or advanced cancer suffer from mental health symptoms including depression, anxiety, and adjustment disorders and sadly only about half of these patients receive treatment for their mental health concerns. Death rates are as much as 25% higher for cancer patients who felt depressed and 39% higher for patients who received a diagnosis of depression. Although treatment of depression for the cancer patient may add to their pill burden, successfully treating depression can enhance the quality of life even at the end of life, so that patients and family can make the best of whatever time they have left.

The Lymphatic System

The lymphatic system is both a network of conduits (vessels, nodes) that carry a clear fluid (called lymph) and all of the body structures dedicated to the making and circulation of lymphocytes (spleen, thymus, bone marrow, & digestive lymphatic tissue). Lymphatic fluid moves through the body either by contractions of the lymph vessels themselves or by compression of the vessels by muscle contraction. Lymphocytes are white blood cells involved with immunity. There are three types: natural killer cells (NK), T cells (thymus) and B cells (bone). These three types of cells lead the charge in the battle against tumors and invading cells. The study of lymphatic tissue drainage is important to the diagnosis of C (see next
Lymphoma

Lymphoma is a type of cancer that effects the lymphatic cells of the immune system. It is the third leading cancer among children and the seventh among adults. As stated on the first page there are three types of lymph cells (NK, T & B) which are classified into 35 different sub-types and each sub-type can be a type of lymphoma. Lymphoma occurs when normal T & B cells change (transform) and begin out of control growth and multiplication. The abnormal growth of cells may collect in the lymph nodes (also called glands) and as they grow they can develop into masses that invade other organs depriving them of oxygen and nutrients and causing serious health complications depending on the organ or tissue type. Lymphoma falls into two categories: Hodgkin’s lymphoma (formerly known as Hodgkin’s disease) and Non-Hodgkin’s (NHL). Hodgkin’s develops from specific B cells. NHL develops from B or T cells. Symptoms include (a) swollen lymph nodes [which may be painless], a swollen spleen (and possibly abdominal pain), or swelling of other lymphatic tissue; (b) swollen nodes may cause other symptoms by pressing against a vein, a nerve, the stomach, or a lymphatic vessel and causing pain; (c) fever, (d) chills, (e) unexplained weight loss, (f) lack of energy, & (g) itching. If you have any of these symptoms for more than a few days seek medical attention for yourself or your affected children or loved ones. It is also possible to be asymptomatic and be diagnosed with lymphoma. Diagnosis involves blood work, biopsy, imaging (X-ray, CT, MRI), and bone marrow examination. The oncologist will classify (staging) the cancer based on tumor size and spread of cancer cells. Treatment consists of chemotherapy and biological drugs (vaccines, interleukins, & antibodies), sometimes radiation and/or surgery. The causes of lymphoma are not known but there are some risk factors associated with the disease including: advanced age, infections (including HIV, Epstein-Barr virus, hepatitis B or C, bacteria), medical conditions and treatments that suppress the immune system, a family history of lymphoma, exposure to toxic chemicals (pesticides, herbicides, benzene and other solvents) and black hair dye. If you find that you, or your child or other loved one has received a cancer diagnosis, don’t be afraid to ask for a second opinion both about the diagnosis and the planned treatment. Although time may be of the essence, it is o.k. to take some time before committing to a course of treatment.

The Lymphatic System (cont.)

The lymphatic system is responsible for carrying cancer cells between parts of the body (a process called metastasis). If cancer cells collect in a lymph node and if the system is not successful in killing the cancer cells the node become a site of secondary tumors. In addition to immune response, the lymphatic system also absorbs and transports fatty acids and fats to the circulatory system and removes interstitial fluid (that provides cells with nutrients and removes waste) from body tissue. The lymphatic system may also have swelling of tissues and nodes (lymph edema) due to infections such as mono-nucleosis, influenza and colds.
Lymphoma and Children

*Lymphoma can occur at any age but it is unusual for a child younger than 3 years of age to get it. NHL is more common than Hodgkin’s for children under 15. Hodgkin’s mostly affects teens and young adults. Lymphoma in children can easily be confused with one form of leukemia (acute lymphoblastic leukemia—ALL) because both cause a malignant growth of lymphocytes but ALL is a disease of the bone marrow, not the lymph system. As mentioned on page 2 treatment for children may involve chemotherapy or biologic agents, radiation, or surgery. There can be side effects including both short-term (hair loss, skin color change, increased rate of infection, nausea, & vomiting) and long-term (heart and kidney damage, reproduction problems, and development of another cancer in late life). The majority of children with cancer are cured (meaning they were cancer free for more than five years). Because of new treatments more children than ever survive cancer. A follow-up plan will have to be developed to monitor recurrence. Hospital care may include service by child life specialists who can help the child (and maybe the parent) by translating medical jargon and terms into language the child can understand, teach the child coping skills for facing chronic illness, and provide opportunities for play and the chance to still just be a kid while dealing with the disease. Specially designed play areas are available. Much of what the child life specialist can provide within the hospital can be provided to the child returning home by maintaining an emotionally rich home life, including spirituality and faith, despite the sadness and sickness. Unfortunately some children will not survive. Hospice services can provide palliative care to assure comfort and a loving environment.

Lymphoma and Adults

NHL or Hodgkin’s can occur at any age for adults. Treatments are similar to those for children but there are some gender differences. For pregnant women who have been diagnosed with lymphoma, the well being of the fetus is part of the treatment decision. *Watchful waiting may be applied which consists of closely monitoring the advance of symptoms (blood tests, physical exams) but postponing the start of traditional treatments. Radiation can be used for tumors that are present above the diaphragm (the fetus can be protected by lead shielding). Delivery may be induced between 32-36 weeks to allow the mother to begin treatment. Chemotherapy may be introduced late in pregnancy and steroid therapy added to increase the effectiveness of the chemo. For men or women adult Hodgkin’s can usually be cured if found early but there is a risk of NHL later in life. For both men and women one surgical technique is laparotomy where the surgeon will make an incision in the abdomen to conduct an internal examination. This can include biopsy and immediate examination of suspicious tissue which could result in removal of organs or tissue found to have cancer. Sometimes when the body does not respond to traditional therapies, the patient may be able to enroll in a clinical trial. Although treatment effectiveness has not yet been established, sometime the treatment received during a trial is curative. After successful treatment ends a follow-up plan is developed which will include visits with your doctor, blood testing and imaging. Follow-up up visits occur mostly during the first three years after remission.
Thought for the Month

Sell your cleverness, and purchase bewilderment.
—Rumi

November/December Calendar

World Mental Health Day (10/10/2010)

Mental Health and Chronic Physical Illnesses: The Need for Continued and Integrated Care was the agenda for the World Federation for Mental Health’s ‘Great Push’ for it’s vision that mental health is a priority for all people (go to www.wfmh.org/2010DOCS/WMHFDAY2010.pdf for the complete text and a helpful ideas). The Federation called for the integration of chronic physical illness (cancer, cardiovascular disease, diabetes, respiratory disease, and obesity) and mental illness treatment suggesting that **there is no health without mental health.** Substance abuse is another co-morbid condition that may occur at the advent of a chronic disease also requiring integrated treatment. In addition to developing resilience, support systems, and strategies for relations with care givers and providers, ten essentials for managing chronic illness were suggested (re. Cynthia Perkins @ www.holistichelp.net) including: proper nutrition, exercise, spiritual nourishing, taking an active role in health care, communication, self-education, pacing yourself, humor and inspiration, nurturing primary relationships, and reducing stress.

November 16: Prematurity Awareness Day (www.marchofdimes.com)
November 18: Great American Smokeout (www.acsf2f.com/gaso/)
November 20: National Survivors of Suicide Day (www.afsp.org)
November 21-27: Gastroesophageal Reflux Disease Awareness Week (www.aboutgerd.org)
November 1-30: National Child Mental Health Month (www.aboutourkids.org)
November 1-30: National Epilepsy Awareness Month (www.efa.org)
November 1-30: Diabetic Eye Disease Month (www.preventblindness.org).
November 1-30: Foot Health Issues Related to Diabetes Awareness Month (www.apma.org).
November 1-30: Lung Cancer Awareness Month (www.lungcanceralliance.org).
November 1-30: National Family Caregivers Month (www.thefamilycaregiver.org).
November 1-30: National Healthy Skin Month (www.aad.org).
November 1-30: National Hospice Palliative Care Month (www.nhpco.org).
November 1-30: Pancreatic Cancer Awareness Month (www.pancan.org).
November 1-30: Prematurity Awareness Month (www.marchofdimes.com).
November 1-30: Pulmonary Hypertension Awareness Month (www.phassociation.org).
December 1: World AIDS Day (www.worldaidscampaign.org)
December 1-7: National Aplastic Anemia and MDS Awareness Week (www.aamds.org)
December 5-11: National Handwashing Awareness Week (www.henrythehand.com)
December 1-31: Safe Toys and Gifts Month (www.preventblindness.org).