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■ CNE Article/*CJON* Writing Mentorship Article

Oncology Clinical Challenges: Caring for Patients With Preexisting Psychiatric Illness

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People with severe mental disorders (SMDs) have a higher mortality rate and reduced life expectancy compared to the general population. Factors that contribute to higher mortality rates include a higher rate of smoking and increased incidence of obesity from lifestyle, diet, or medication side effects. Cancer treatment may exacerbate mood and psychotic symptoms in patients with SMD. Some of the medications used in cancer treatment or the medications used to alleviate the side effects of cancer treatment can have adverse reactions with psychotropic medications. This article examines problems that patients with SMD encounter with their cancer diagnosis and treatment. Oncology nurses in any clinical setting play a pivotal role in identifying the special needs of a patient with SMD and must become familiar with psychosocial issues, psychotropic medications, and SMD to educate and advocate for these patients and their families. Collaborating and coordinating care between oncology and psychiatry providers is needed for optimal patient outcomes.

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Digital Object Identifier:10.1188/12.CJON.471-480

Hearing the words "you have cancer" can be traumatizing. A preexisting severe mental disorder (SMD) often compounds this trauma and can lead to a poorer treatment outcome. People with SMD die 13.5–30 years earlier than the general population (Piatt, Munetz, & Ritter, 2010). The reasons for this are unclear. Some studies suggest the late detection of cancer; poor lifestyle choices; difficulty with communication; limited access to medical care; differences in race, gender, and age; and level of education all play a part in this premature mortality (Bradford et al., 2008; Howard et al., 2010; Pandiani, Boyd, Banks, & Johnson, 2006).

Side effects from psychotropic medications can lead to an increased incidence of obesity, diabetes, and a sedentary lifestyle. Tobacco use and drug and alcohol abuse often are common, as are poverty, violence, and homelessness. All are contributing factors in the higher mortality rates for patients with SMD (Piatt et al., 2010). Many people with SMD do not have adequate communication skills or the education to adequately navigate complex healthcare systems. Depressive and psychotic symptoms make it difficult to seek out and accept medical care or develop trust in medical professionals.

An estimated 26% of all Americans aged 18 years or older, or about 5.7 million people, suffer from a diagnosable mental disorder in any given year (Kessler, Chiu, Demier, & Walters, 2005). About 1.6 million new cases of cancer are expected to be diagnosed in 2012 (American Cancer Society, 2012), but few statistics are kept on people with SMD who are diagnosed with cancer. When people with SMD and their families are given a life-threatening diagnosis of any type of cancer, oncology nurses must pay special attention to the unique problems associated with SMD and target interventions to meet these needs. Three specific types of SMD will be reviewed here: major depressive disorder, bipolar disorder, and schizophrenia—not necessarily because they are the most common, but because they can be the most debilitating.

Major Depressive Disorder

Major depressive disorder affects about 14.8 million adults in the United States and is the leading cause of disability in the country (World Health Organization, 2008). According to the American Psychiatric Association ([APA], 2000), people with major depressive illness experience at least five or more of the