

# The Hospice Providers Guide to Psychiatric Issues in EOL Care

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Note: The information presented in this handout is a condensation of numerous educational workshops and formal presentations for hospice providers. The selected topics, tools, and reference materials represent the integration of needs assessments and course/presentation materials with evaluation forms and recommendations from participants (N = approximately 350).

TOPIC	SUBTOPIC	TOOLS	REFERENCES	COMMENTS
<b>Common Psychiatric Diseases</b> (made easy)	Schizophrenia Bipolar Disorder Depression Anxiety Disorders Substance Abuse	Reports listed in subtopic headings were distributed to presentation participants.	“Well-Connected” Reports Available at <a href="http://www.well-connected.com">http://www.well-connected.com</a>	These reports are easy to read, up to date, and practical. Some reports are available free.
<b>Local Mental Health Service Delivery Systems</b>	Important for providers to know how to easily refer or obtain specialist consultations and crisis evaluations.	Departments of Mental Health Service Delivery Directories	<a href="http://www.state.sc.us/dmh/usa_map.htm">www.state.sc.us/dmh/usa_map.htm</a>	Respondents found these materials to be important to have for reference. Frequency of use and outcome unknown to author.
<b>Psychiatric Emergencies in the Terminally Ill</b>	<b>1. Delirium</b> (Assessment)	Memorial Delirium Assessment Scale (MDAS)	Briebart, W et al The Memorial Delirium Assessment Scale. Journal of Pain and Symptom Management, 1997; 13(3)128-137.	10 item, 4 point clinical scale. 10 min. to administer. Integrates behavioral and objective findings; can be repeated to monitor changes.
	<b>2. Depression</b> Pain management plays an important role in the alleviation of depression. It does not substitute for tailored treatment for a depression, but without it, the depressive signs/symptoms will be only partially treated.	Self assessment: “Are you sad/depressed? Have you lost interest? Are you hopeless about the future?”  Endicott Substitution Criteria	Beck AT, et al: The measurement of pessimism : The Hopelessness Scale J Consult Clin Psychol 1974 Dec 42(6);861-5.  Endicott, J. Measurement of depression in patients with cancer. Cancer, 1984; 53: 2243-2248.	Derived from Beck’s 20 Item Hopelessness Scale  Future oriented questions found to be most predictive  Easy to use, quick.  Aligns physical somatic symptoms with psychological symptom substitutes. Good aid to assess presence of clinical depression.

TOPIC	SUBTOPIC	TOOLS	REFERENCES	COMMENTS
<b>Psychiatric Emergencies in the Terminally Ill (continued)</b>	<p><b>3. Suicidal Ideation</b></p> <p>In general, if a patient is in PAIN, its presence will add to the desire for a hastened death. However, if the patient's pain is controlled, then psychological and social factors (depression, anxiety, and isolation) may be associated with the desire to die.</p>	<p>Schedule of Attitudes Toward Hastened Death</p> <p>Suicide Risk Factors</p>	<p>Rosenfield B et al; "Schedule of Attitudes toward Hastened Death: Measuring the Desire for Death in Terminally Ill Patients" Cancer 2000 Jun 15; 88(12): 2868-75.</p> <p>Fremouw WJ, Deperczel M, et al. <u>Suicide Risk: Assessment and Response Guidelines</u>. New York: Pergamon Press, 1990, pp. 37,38.</p>	<p>20 true/false questions. Scale developed to assess desire for assisted suicide in AIDS patients. Is applicable for use in other disease states.</p> <p>Combines Historical Situational risk factors (such as previous acts, family history, coping style, psychiatric history, etc) with Short-term Risk factors such as losses, depression, anxiety, isolation, hopelessness, etc. 18 items assessed as Low, Mod, High.</p>
	<p><b>3. Anxiety</b></p> <p>Most common psychiatric problem in the terminally ill.</p> <p>It contributes to feeling "out of control" and can rob the patient's sense of peace.</p>	<p>Questions for Querying Patients with Cancer Pain about Anxiety Symptoms</p>	<p>Roth AJ et al Consultation to the Cancer Patient. In Jacobson JL, Jacobson AM (eds.): <u>Psychiatric Secrets</u>. Philadelphia, Hanley and Belfus, 1995.</p>	<p>17 questions geared to identify generalized anxiety and panic attacks in persons suffering from terminal illness.</p>
<b>Communication Issues</b>	<p><b>Communicating Bad News</b></p> <p>Critical skill for all health providers often overlooked in formal education.</p> <p>Two sources listed here: EPEC for physicians, and Foti, ME for other practitioners.</p>	<p>EPEC Module Communicating Bad News</p> <p>Foti, ME PowerPoint</p>	<p>Emmanuel LL et al Education Project for Physicians on End-of-Life Care RWJ Foundation, 1999 <a href="http://www.EPEC.net">www.EPEC.net</a></p> <p>"Breaking Bad News" PowerPoint available as download from this site</p>	<p>Excellent module focuses on physician communication strategies.</p> <p>For Nurses, Social workers, and mental health practitioners, hospice volunteers, etc.</p>

<p><b>Drug Interactions</b></p>	<p><b>Pain Medications and Psychopharmacological Agents</b></p>	<p>This is a difficult area to stay up to date in due to the numerous new psychiatric medications released by the FDA nearly yearly as well as new knowledge in mechanisms of metabolism.</p>	<p>Kalash GR  “Psychotropic drug metabolism in the cancer patient: Clinical aspects of management of potential drug interactions. <i>Psycho-oncology</i> 7: 1998; 307-320</p> <p>Hanrahan-Boshes M and Foti, ME available as download from this site.</p> <p>Drug Information Handbook for Oncology</p>	<p>This is an excellent article explaining the basics of pharmacokinetics and pharmacodynamics, as well as the Cytochrome P450 system. Not for the faint of heart.</p> <p>Simplified interaction sheet.</p> <p>Up to date information <a href="http://www.lexi.com">www.lexi.com</a></p>
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