

# Coping with Aging and Cancer:

## A Conference on Reducing Barriers to Mental Health Care

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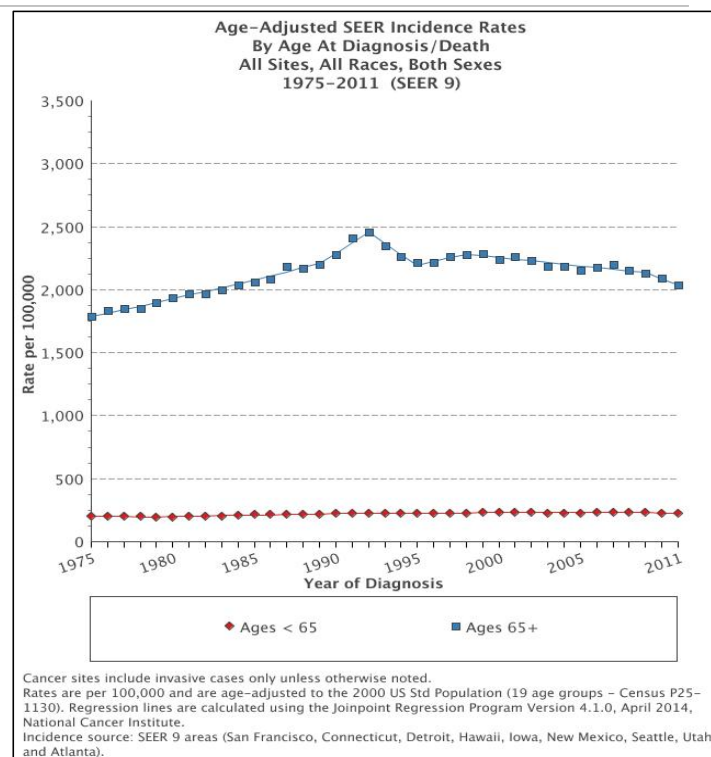


# Cancer is prevalent in older adulthood

Older adults: 65 years of age or older

Older adults represent:

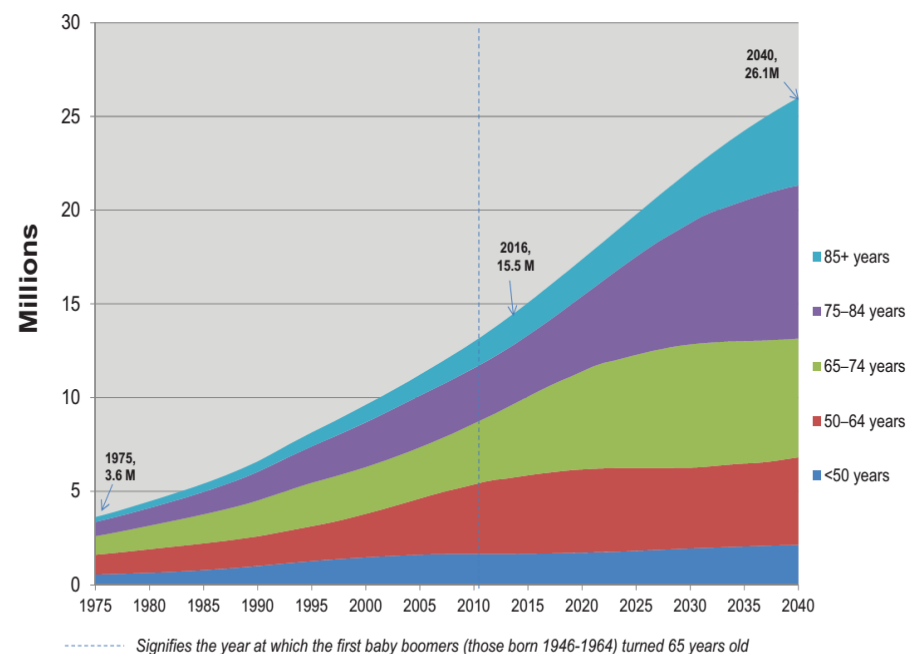
- 14.5% of the US population
- 53% of new cancer diagnoses



# Prevalence of cancer is increasing

Estimated increase (1975-2040)

- 50-64 years: 4-fold
- 65-74 years: 6-fold
- 75-84 years: 10-fold
- $\geq 85$  years: 17-fold



**Figure 1.** Estimated cancer prevalence by age in the U.S. population from 1975 (216 M) to 2040 (380 M).

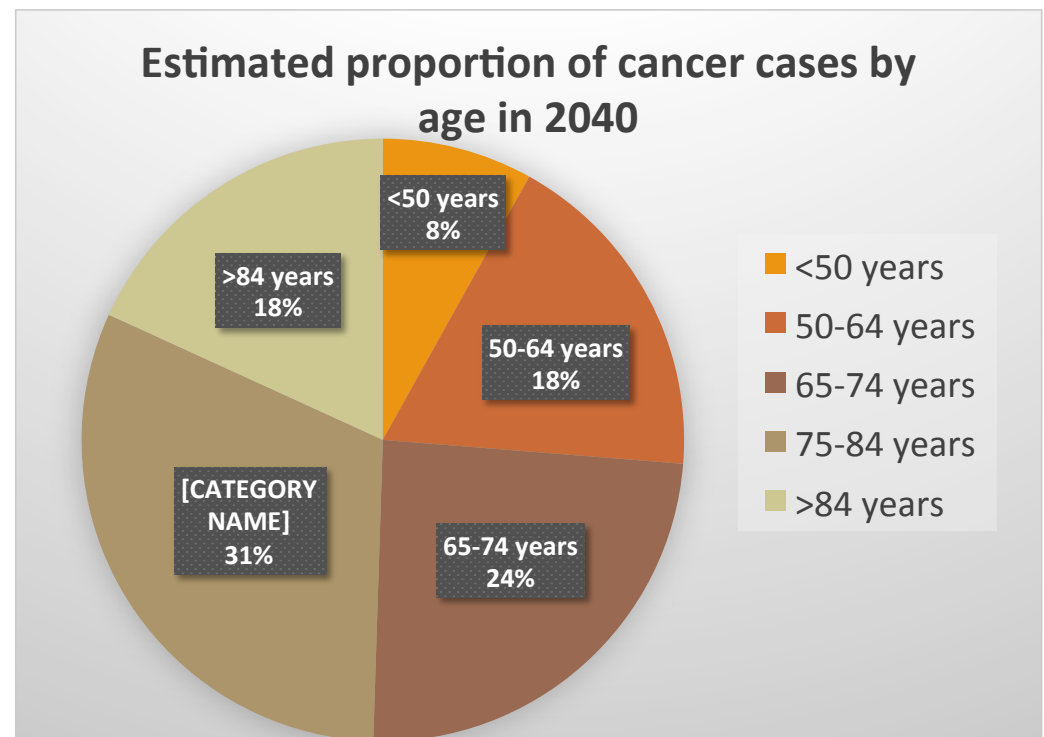
# Prevalence of cancer is increasing

Increased cancer prevalence

- 2016: 15.5 million
- 2040: 26.1 million

Estimated proportion of cancer cases by age (2040)

- $\geq 65$  years: 73%
  - 65-74 years: 24%
  - 75-84 years: 31%
  - $> 84$  years: 18%
- 50-64 years: 18%
- $< 50$  years: 8%



# Older adults are managing aging and cancer

Challenges of Aging and Cancer		
Changes in:	Aging	Cancer
<b>Physical ability</b>	<ul style="list-style-type: none"> <li>• Sight/Hearing problems</li> <li>• Forgetfulness</li> <li>• Difficulty walking</li> <li>• New illnesses</li> <li>• Medications</li> </ul>	<ul style="list-style-type: none"> <li>• Low energy</li> <li>• Weakness</li> <li>• Nausea</li> <li>• Weight loss/gain</li> <li>• More medications</li> </ul>
<b>Self-identity</b>	<ul style="list-style-type: none"> <li>• Retirement</li> <li>• Unable to do previous activities</li> <li>• Viewed as “old” (ageism)</li> <li>• Strengths and expertise overlooked by others</li> </ul>	<ul style="list-style-type: none"> <li>• Viewed as a patient</li> <li>• Unable to do more activities</li> <li>• Knowledge developed over a lifetime unseen</li> </ul>
<b>Relationships</b>	<ul style="list-style-type: none"> <li>• Loss of spouse/partner and loved ones</li> <li>• Greater difficulty visiting with friends/family</li> <li>• Loneliness</li> </ul>	<ul style="list-style-type: none"> <li>• Others do not know what to say or do</li> <li>• Too tired/sick to meet friends/family</li> <li>• Isolated</li> </ul>
<b>Independence</b>	<ul style="list-style-type: none"> <li>• Need help with daily activities</li> <li>• Unable to drive</li> <li>• Others worry whether you can care for yourself</li> <li>• Financial concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Need help getting to appointments</li> <li>• Need help with meals and the home</li> <li>• Worry about becoming dependent</li> <li>• Worry about paying for treatment</li> </ul>

# Older adults with cancer experience distress

Distress type	Symptoms	Rates in older adults with cancer
Anxiety	<ul style="list-style-type: none"><li>• Nervousness</li><li>• Worry</li><li>• Restlessness</li><li>• Irritability</li><li>• Muscle tension</li></ul>	25-44%
Depression	<ul style="list-style-type: none"><li>• Sadness</li><li>• Decreased interest in activities</li><li>• Weight loss/gain</li><li>• Worthlessness</li><li>• Guilt</li></ul>	15-37%

# Distress in cancer patients is problematic

<b>Distress negatively impacts:</b>	<b>Distress associated with:</b>
Patient	<ul style="list-style-type: none"><li>• Fatigue</li><li>• Nausea</li><li>• Pain</li><li>• Dyspnea</li><li>• Poor quality of life</li><li>• Poor emotional, social, cognitive function</li></ul>
Treatment process	<ul style="list-style-type: none"><li>• Poor treatment adherence</li><li>• Difficulty making decisions</li><li>• Poor communication with healthcare team</li></ul>
Treatment course	<ul style="list-style-type: none"><li>• Chemotherapy dose delays/reductions</li><li>• Longer hospitalizations</li></ul>

# Psychological treatments have been developed

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**Median number of sessions:** 6 (Range: 1-55 sessions)

**Median duration:** 6 weeks

**Clinician:** Nurse, psychologist, or social worker

- Social workers provide most psychosocial services in cancer centers

**Session type:** Individual (60%) and group sessions (33%) offered

**Goals:**

- Improve ability to cope
- Reduce distress (anxiety, depression)
- Improve quality of life
- Provide information on distress and coping with cancer



# Types of psychological treatments

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## **Cognitive-behavioral therapy**

- Targets maladaptive thoughts and behaviors
- Thoughts: Monitor thoughts/beliefs, challenge inaccurate thoughts, identify new ways of thinking
- Behaviors: Reduce avoidance of anxiety-provoking situations, relaxation training

## **Problem-solving therapy**

- Assists with solving a target problem(s)
- Teaches problem-solving skills that can be applied to future problems

## **Acceptance and commitment therapy**

- Teaches patients to accept the present
- Focuses on engaging in behaviors consistent with personal values

# Types of psychological treatments

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**Relaxation Training:** Deep breathing, muscle relaxation, guided imagery

**Psychoeducation:** Provides information on illness-related topics, coping strategies, stress management, and support

**Information only:** Provides information on health topics

## **Supportive psychotherapy**

- Developing trust between patient and therapist
- Creates safe context for patient to express thoughts, emotions, concerns

# Types of psychological treatments

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## **Combination strategies**

- Includes a combination of described treatments
- May add:
  - Peer counseling
  - Relationship stress management
  - Sexual health information
  - Group support
  - Lifestyle change (e.g., diet, exercise)

# Psychological treatments are helpful

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**Cognitive-Behavioral Therapy:** Improvements in depression, anxiety, and quality of life

**Problem-Solving Therapy:** Improvements in depression, anxiety, quality of life, social functioning

**Acceptance and Commitment Therapy:** Improvements in quality of life, anxiety, depression, growth

**Relaxation Training:** Lasting impact on anxiety

# Psychological treatments are helpful

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**Supportive Psychotherapy:** Improvements in anxiety, depression, quality of life but less than other interventions

**Combination Interventions with Lifestyle Improvements (diet, exercise):** Improvements in distress, quality of life, physical health

**Psychoeducation:** Limited impact

**Information-Only:** Limited impact

## Evidence-based psychological interventions are not reaching older adults with cancer

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50% of cancer patients with a psychiatric disorder do not receive mental health services

In older adults with cancer:

- 32% reported unmet needs for emotional support
- Over 50% reported needing help coping with their illness

Evidence-based psychological interventions  
are not reaching older adults with cancer

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36.5 - 49.9% of cancer patients with elevated distress  
receive psychosocial care

Of 57 U.S. cancer centers, only 21.5% reported high  
capacity to provide quality psychosocial care

# Dissemination and implementation are necessary

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**Dissemination**: Active spreading of evidence-based interventions to the target audience (e.g., clinicians, leadership, institutions)

**Implementation**: Process of integrating these interventions into a care setting

Must consider the unique characteristics of care settings (e.g., large hospitals, community clinics) and target patients (older adults with cancer)



# Models of Dissemination

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## **Push-Pull-Infrastructure Model**

- **Push:** Active process of providing information to healthcare institutions and providers
- **Pull:** Spreading of information through networks and peer influence
  - Intervention must address preferences, concerns, and capacity of potential adopters
  - Intervention must be provided through channels available to potential adopters
  - Researchers must understand the networks of potential adopters
  - Collecting feedback from adopters allows for relevant modifications to intervention
- **Infrastructure**
  - Relationships between researchers and individuals/organizations connected to healthcare system
  - Engagement of stakeholders
  - Development of structured plans for dissemination

# Process Models of Implementation

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**Process Models:** Describe the steps of implementation and provide practical guidance for implementation

## Quality Implementation Framework

- Four phases
  1. Assess characteristics of the setting and determines whether the intervention needs to be adapted for the setting
  2. Create a plan for implementation and develop an implementation plan
  3. Initiate implementation
  4. Evaluate successes and failures of implementation

# Determinant Models of Implementation

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**Determinant Models:** Identify the barriers and resources that influence the success of implementation efforts

## **Consolidated Framework for Implementation Research**

- Factors that influence implementation
  1. Fit between the intervention and setting
  2. Characteristics of the institution (inner setting)
  3. Economic, political, and social context of an institution (outer setting)
  4. Individuals involved with the intervention and implementation
  5. Implementation process

# Evaluation Models of Implementation

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**Evaluation Models:** Provide framework for assessing the success of implementation

## RE-AIM

- **Reach:** Percentage of the target population of patients who receive the intervention
- **Efficacy:** Positive and negative impact of the intervention on patients
- **Adoption:** Number of institutions that implement an intervention
- **Implementation:** Match between the original intervention and the delivered intervention
- **Maintenance:** Extent to which an intervention continues to be offered over time

# Barriers to dissemination/implementation

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## **Person factors**

- Disinterest in using new psychological treatments
- Limited experience with an intervention
- Low confidence in ability to use an intervention
- Lack of time
- Limited access to training opportunities

# Barriers to dissemination/implementation

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## **Administrative Factors**

- Concern about financial implications
- Lack of institution funds
- “Red tape”
- Indifference from institutional leadership
- Personnel changes

# Barriers to dissemination/implementation

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## **Environmental Factors**

- Insufficient resources for therapist time, support staff, space
- Inconsistent funds that result in unpredictability
- “Mis-fit” between the intervention and setting
- Commitment to established practices that are inconsistent with new interventions
- Practical limitations (e.g., parking costs)


# Purpose of the conference

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## **Bring together experts from various perspectives:**

- Older adults with cancer and their caregivers
- Researchers
- Healthcare providers
- Advocacy organization members


## **Identify:**

- **Barriers** to access to evidence-based psychological interventions for older adult cancer patients
  - **Strategies** to improve older adult cancer patients' access to evidence-based psychological interventions
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# Questions to Consider – Barriers/ Facilitators

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- What makes it difficult for older adults with cancer to get psychological care?
  - What factors associated with being an older adult with cancer make accessing psychological care difficult?
  - What characteristics of the hospital or clinic make accessing psychological care difficult?
  - What characteristics of the hospital or clinic make accessing psychological care easier?
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# Questions to Consider – Strategies

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- Are there ways to increase awareness of psychological treatments in patients, families, providers, and institutions?
- Are there ways to make psychological interventions more comfortable for and helpful to older adults with cancer?
- Are there ways to improve the hospital or clinic to make receiving psychological interventions easier for older adults with cancer?