BERRIEN COUNTY CANCER SERVICE NEWSLETTER

www.bccancerservice.org

In honor of the committed service of Olove Colcord, R.N.

THE MISSION OF THE BERRIEN COUNTY CANCER SERVICE:

To provide free skilled home nursing services, equipment, information and supplies at cost for cancer patients and their families in Berrien County.

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The **BERRIEN COUNTY CANCER SUPPORT GROUP** is a group for patients, family members and care givers. Come share successes, feelings, fears and practical methods of coping with the physical and emotional aspects of living with the diagnosis of cancer.

Share

Share a smile or friendly greeting
To some stranger on the street
It will bring a ray of sunshine
To some person you may meet.
Share a little act of kindness,
It could brighten someone's day,
It could bring a spark of courage
To someone who lost their way.
And you'll feel much better for it,
It won't cost a single dime,
It could make a world of difference,
Share a minute of your time

Author: Bill Carr

United Way
United Way of Southwest Michigan

Depression in Cancer Patients

Depression is a comorbid disabling syndrome that affects approximately 15% to 25% of cancer patients. Depression is believed to affect men and women with cancer equally, and gender-related differences in prevalence and severity have not been adequately evaluated. Individuals and families who face a diagnosis of cancer will experience varying levels of stress and emotional upset. Depression in patients with cancer not only affects the patients themselves but also has a major negative impact on their families. A survey in England of women with breast cancer showed that among several factors, depression was the strongest predictor of emotional and behavioral problems in their children. Fear of death, disruption of life plans, changes in body image and self-esteem, changes in social role and lifestyle, and financial and legal concerns are significant issues in the life of any person with cancer, yet serious depression or anxiety is not experienced by everyone who is diagnosed with cancer.

Just as patients require ongoing evaluation for depression and anxiety throughout their course of treatment, so do family caregivers. In a study of family caregivers of patients in the palliative phase of illness, both male and female caregivers experienced significantly more anxiety than normal samples, while there was an increased incidence of Hospital Anxiety and Depression Scale–defined depression among women.

There are many myths about cancer and how people cope with it, such as the following:

- All people with cancer are depressed.
- Depression in a person with cancer is normal.
- Treatments are not helpful.
- Everyone with cancer faces suffering and a painful death.

Sadness and grief are normal reactions to the crises faced during cancer. All people will experience these reactions periodically. Because sadness is common, it is important to distinguish between normal degrees of sadness and depressive disorders. An end-of-life consensus panel review article describes details regarding this important distinction and illustrates the major points using case vignettes. A critical part of cancer care is the recognition of the levels of depression present and determination of the appropriate level of intervention, ranging from brief counseling or support groups to medication and/or psychotherapy. For example, relaxation and counseling interventions have been shown to reduce psychological symptoms in women with a new diagnosis of gynecological cancer. Some people may have more difficulty adjusting to the diagnosis of cancer than others and will vary in their responses to the diagnosis. Major depression is not simply sadness or a blue mood. Major depression affects approximately 25% of patients and has recognizable symptoms that can and should be diagnosed and treated because they have an impact on quality of life. Depression is also an under diagnosed disorder in the general population. Symptoms evident at the time of a cancer diagnosis may represent a preexisting condition and warrant separate evaluation and treatment.

Depression and anxiety disorders are common among patients receiving palliative care and contribute to a greatly diminished quality of life in these patients. They also reported more severe distress about physical symptoms, social concerns, and existential issues, suggesting significant negative impact on other aspects of their quality of life. The variables most highly correlated with sense of burden to others included depression, hopelessness, and outlook. In multiple regression analysis, four variables emerged predicting perception of burden to others: depression, hopelessness, level of fatigue, and current quality of life. No association between sense of burden to others and actual degree of physical dependency was found, implying that this perception is mainly mediated through psychological distress and existential issues. A sub-analysis of patient groups from different settings suggested that these findings were consistent across the inpatient and outpatient settings, with some minor variations.

Normally, a patient's initial emotional response to a diagnosis of cancer is brief, extending over several days to weeks, and may include feelings of disbelief, denial, or despair. This normal response is part of a spectrum of depressive symptoms that range from normal sadness to adjustment disorder with depressed mood to major depression. Other syndromes described include dysthymia and subsyndromal depression (also called minor depression or subclinical depression). Dysthymia is a chronic mood disorder in which a depressed mood is present on more days than not for at least 2 years. In contrast, subsyndromal depression is an acute mood disorder that is less severe (some, but not all, diagnostic symptoms present) than major depression.

The emotional response to a diagnosis of cancer (or cancer relapse) may begin as a dysphoric period marked by increasing turmoil. The individual will experience sleep and appetite disturbance, anxiety, ruminative thoughts, and fears about the future. Epidemiologic studies, however, suggest that at least one half of all people diagnosed with cancer will successfully adapt. Markers of successful adaptation include maintaining active involvement in daily life; minimizing the disruptions caused by the illness to one's life roles (e.g., spouse, parent, employee); regulating the normal emotional reactions to the illness; and managing feelings of hopelessness, helplessness, worthlessness, and/or guilt. Some studies suggest an association between maladaptive coping styles with higher levels of depression, anxiety, and fatigue symptoms. Examples of maladaptive coping behaviors include avoidant or negative coping, negative self-coping statements, preoccupation with physical symptoms, and catastrophizing. One study conducted in a group of 86 mostly late-stage cancer patients suggested that maladaptive coping styles and higher levels of depressive symptoms are potential predictors of the timing of disease progression. Another study examining coping strategies in women with breast cancer concluded that patients with better coping skills such as positive self-statements have lower levels of depressive and anxiety symptoms. The same study found racial differences in the use of coping strategies, with African American women reporting and benefiting more from the use of religious coping strategies such as prayer and hopefulness than did Caucasian women. Preliminary data suggest a beneficial impact of spirituality on associated depression, as measured by the Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being (FACIT-Sp) and the Hamilton Depression Rating Scale.

The following indicators may suggest a need for early intervention:

1. A history of depression
2. A weak social support system (not married, few friends, a solitary work environment)
3. Evidence of persistent irrational beliefs or negativistic thinking regarding the diagnosis
4. A more serious prognosis
5. Greater dysfunction related to cancer

As shown by a study of adult cancer patients and their adult relatives, family functioning is an important factor that impacts patient and family distress. Families that were able to act openly, express feelings directly, and solve problems effectively had lower levels of depression, and direct communication of information within the family was associated with lower levels of anxiety. Depressive symptoms in spouses of patients with cancer can also have a negative impact on their marital communication. A preliminary study investigated 19 potential predictors of depression in spouses of women with non-metastatic breast cancer. Spouses were more likely to experience depressive symptoms if they were older, were less well educated, were more recently married, reported heightened fears over their wife's well-being, worried about their job performance, were more uncertain about their future, or were in less well-adjusted marriages.

Risk factors may be different, especially pain and other physical symptoms. When the clinician begins to suspect that a patient is depressed, he or she will assess the patient for symptoms. Mild or sub-clinical levels of depression that include some, but not all, of the diagnostic criteria for a major depressive episode can cause considerable distress and may warrant interventions such as supportive individual or group counseling, either by a mental health professional or through participation in a self-help support group. Evidence-based recommendations have been published describing various approaches to the problems of cancer-related fatigue, anorexia, depression, and dyspnea. Even in the absence of any symptoms, many patients express interest in supportive counseling, and clinicians should try to accommodate those patients by a referral to a qualified mental health professional. When symptoms are more intense, longer lasting, or recurrent after apparent resolution, however, treatment to alleviate symptoms is essential. Anxiety and depression in early treatment are good predictors of these same problems at 6 months. In a study of older women with breast cancer, a recent diagnosis of depression was associated with both a greater likelihood of not receiving definitive cancer treatment and poorer survival.

The pathophysiology of cancer-related depression remains unclear and probably encompasses many mechanisms. A study of patients with advanced metastatic cancer showed that both plasma interleukin-6 concentrations and hypothalamic-pituitary-adrenal axis dysfunction were markedly higher in patients with clinical depression.

One limitation of this study was that neither pain levels nor fatigue levels were measured, which might independently affect these relationships.

Cancer Screening

Some types of cancer can be found before they cause symptoms. Checking for cancer (or for conditions that may lead to cancer) in people who have no symptoms is called screening. Screening can help doctors find and treat some types of cancer early. Generally, cancer treatment is more effective when the disease is found early. However, not all types of cancer have screening tests and some tests are only for people with specific genetic risks.

Cancer screening is looking for cancer before a person has any symptoms.

Screening tests can help find cancer at an early stage, before symptoms appear. When abnormal tissue or cancer is found early, it may be easier to treat or cure. By the time symptoms appear, the cancer may have grown and spread. This can make the cancer harder to treat or cure.

It is important to remember that when your doctor suggests a screening test, it does not always mean he or she thinks you have cancer. Screening tests are done when you have no cancer symptoms.

There are different kinds of screening tests.

Screening tests include the following:

- Physical exam and history: An exam of the body to check general signs of health, including checking for signs of disease, such as lumps or anything else that seems unusual. A history of the patient's health habits and past illnesses and treatments will also be taken.
- Laboratory tests: Medical procedures that test samples of tissue, blood, urine, or other substances in the body.
- Imaging procedures: Procedures that make pictures of areas inside the body.
- Genetic tests: Tests that look for certain gene mutations (changes) that are linked to some types of cancer.

Screening tests have risks

Not all screening tests are helpful and most have risks. It is important to know the risks of the test and whether it has been proven to decrease the chance of dying from cancer.

Some screening tests cause serious problems. Some screening procedures can cause bleeding or other problems. For example, colon cancer screening with sigmoidoscopy or colonoscopy can cause tears in the lining of the colon.

False-positive test results are possible.

Screening test results may appear to be abnormal even though there is no cancer. A false-positive test result (one that shows there is cancer when there really isn't) can cause anxiety and is usually followed by more tests and procedures, which also have risks.

False-negative test results are possible.

Screening test results may appear to be normal even though there is cancer. A person who receives a false-negative test result (one that shows there is no cancer when there really is) may delay seeking medical care even if there are symptoms.

Finding the cancer may not improve the person's health or help the person live longer.

Some cancers never cause symptoms or become life-threatening, but if found by a screening test, the cancer may be treated. There is no way to know if treating the cancer would help the person live longer than if no treatment were given. Also, treatments for cancer have side effects.

For some cancers, finding and treating the cancer early does not improve the chance of a cure or help the person live longer.

Scientists study screening tests to find those with the fewest risks and most benefits. The PDQ cancer screening summaries are based on the results of these studies and other scientific information about cancer risk and screening tests. The summaries are written to give readers the most current information about standard screening tests and tests that are being studied in clinical trials.

It can be hard to make decisions about screening tests. Before having any screening test, you may want to discuss the test with your doctor.

In Loving Memory

During January 2012, Memorial Donations were generously made by and for the following people

In Memory of Vic Abbott
Jean Rakauski, Eau Claire

In Memory of Dr. O. B. Alston
Lesten Alston, Benton Harbor

In Memory of Shirley Boal
Anthony & Carol Dlouhy, Stevensville

In Memory Linda Boelcke
Jean Rakauski, Eau Claire

In Memory of David A. Buchanan
Betty Zellers, Niles

In Memory of Harriett Leona Davis
Joyce Cable, Benton Harbor
Dawn M. Knuth, Berrien Springs
Larry & Mary Woerdehoff, Buchanan

In Memory of Helmut Gerstenkorn
Keith & Elsie Bermingham, Stevensville
Martha & Keith Green, Stevensville
Kristin & Michael Noack, Benton Harbor
Mary & Michael Sears, Benton Harbor
Patricia Spear, St. Joseph
Burch, Kaye & Heather Totzke, Berrien Springs
Irene Waldmann, St. Joseph

In Memory of Kirby "Dean" Henry
Mark J. Yaney, Coloma

In Memory of Anne Huff
Jean Rakuaski, Eau Claire

In Memory of Ronald Immoos
Jeff Chorny, Stevensville
Fraternal Order of Police Lodge 96, St. Joseph
Gary & Merikay Pope, Eau Claire
Roger Rosenthal, Stevensville
Pat Snow, Coloma,
Merry A Yops, Coloma

In Memory of Joyce McTague
Bill & Karen Hart, Stevensville
Napoleon & Carmen Lopez, Stevensville
Patricia A. McTague, St. Joseph
Ruth & William Steinke, St. Joseph
Stevensville American Legion Auxiliary Unit 568

In Memory of Harlan Mettler
Krista Rendo, Coloma
Beth Rhode, Eau Claire

In Memory of Cathy Momany
Kathleen A. Drabik, Stevensville
Frank Nehring, St. Joseph

In Memory of Tim Picciotti
Ofie Kuss, Sodus

In Memory Robert Julius Priefer
Karen K. Koebel, Berrien Springs
Mike & Jamie Lange & Josh & Rachel, St. Joseph
Scherri L. Ramirez, Stevensville
Annabelle Tinberg, South Bend IN

In Memory of Richard Sandel
Daniel Sandel Lawrenceville GA

In Memory of Kenneth Smith
Larry & Judy Schultz, Stevensville

In Memory of Adam Tilly
Rebecca Eichler, St. Joseph

In Memory of Les Toth
Rebecca Eichler, St. Joseph

In Memory of Barbara Ward
James W. Maxwell, Benton Harbor
Raney & Sharon Reeves, Stoughton WI

In Memory of Genevieve Weaver
Nancy DeLong, St. Joseph
Louise M.King, Sodus
Gail Roush, St. Joseph

Berrien County Cancer Service sends our sincere sympathy to all those who have recently lost loved ones. We thank all of our generous donors. Your donations are very much appreciated and will help cancer patients in Berrien County. Thank you.

In Your Honor

In January 2012 donations were made by and in honor of the following:

In Honor of Olivia Alston
Lesten Alston, Benton Harbor

In Honor of Barbara Lane
Lenord & Helene Siewart, St. Joseph

In Honor of Ruth Ann Ross
Stephen Ross, St. Joseph

In Honor of Betty Swanson
Susan Lyman, Traverse City

Who did Muhammad Ali fight in the legendary fight known as "The Fight of the Century"?

A. Joe Frazier
B. Leon Spinks
C. George Forman
D. Sonny Liston
E. Sugar Ray Robinson

Answer at bottom of page 7

Savory Chicken Vegetable Soup

Ingredients:
1/2 lb chicken breasts, cut into bite sized pieces
1 tsp. oil
1 can chicken broth
1 can crushed tomatoes-undrained
1 1/2 cups water
2 cups assorted fresh vegetables, cut up (sliced carrots, onion, zucchini, and chopped celery)
1 (2/3 oz.) envelope Italian salad dressing mix
1/2 cup instant rice, uncooked
2 tbsp. chopped fresh parsley

Directions:

Cook chicken in hot oil; in large saucepan on medium high heat for 5 minutes or until cooked through. Add broth, tomatoes, water, vegetables and salad dressing mix. Bring to boil; reduce heat to low; cover. Simmer 5 minutes. Stir in rice and parsley; cover. Remove from heat. Let stand 5 minutes.

Looking Ahead

BCCS SUPPORT GROUP – Stevensville
March 6 & 20 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles
March 13 & 27 – 1:30 p.m.

OSTOMY SUPPORT GROUP – Stevensville
March 20 – 1:30 p.m.

RAINBOWS OF HOPE– St. Joseph
Marie Yeager Cancer Center
March 8 – 5:30 p.m.
April 12 – 5:30 p.m.

Ostomy Support Group
Lakeland Regional Medical Center
March 8 – 6:00 p.m.
April 12 – 6:00 p.m.

Man to Man – Prostate Support Group
Trinity Center, St. Joseph
March 20 – 6:30 p.m.

DATES TO REMEMBER IN MARCH
March 1 – Peace Corps Day
March 3 – National Anthem Day
March 6 – Peace Corps Birthday
March 8 – World Kidney Day
March 9 – Get Over It Day
March 10 – Salvation Army Day
March 11 – Daylight Saving Time Begins
March 17 – St. Patrick's Day
March 20 – First Day of Spring
March 22 – International Goof-off Day
March 24 – National Chocolate Covered Raisins Day
March 26 – Legal Assistants Day
March 28 – Weed Appreciation Day

Newsletters available online
Our newsletters are available on our website: *www.bccancerservice.org*. If you would like to be removed from this mailing list, please call our office at 269-429-3281 or send us an e-mail: *staff@bccancerservice.org*.

Answer to trivia question: A

Please Consider...

Berrien County Cancer Service, Inc., is a non-profit organization funded primarily by the United Way, private donations and fund-raisers. We receive no Medicare, Medicaid or other insurance payments. To continue our free services to Berrien County cancer patients, we need your help. Any donation is greatly appreciated.

Donations to our General Fund will help balance our current budget. Donations to our Endowment Fund will help guarantee that the Cancer Service will be available for as long as needed. Your contribution to our non-profit 501(c)(3) corporation is tax deductible – an acknowledgment and receipt for tax purposes will be sent.

Donations can be made in honor of someone or in memory of a loved one. In these instances, we would also like to send acknowledgment to the honoree or next-of-kin so please provide that information when making your donation.

_____ General Fund _____Endowment Fund

Your Name _____

Your Address _____

City/State/Zip_____

_____

Donation Amount $ _____

_____

OR

In Memory of _____

Please send notification of my gift to:

Name_____

Address_____

City/State/Zip_____

Thank you for your generosity!

Berrien County Cancer Service, Inc.
7301 Red Arrow Highway
Stevensville, MI 49127

RETURN SERVICE REQUESTED

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