Would You Have Realized?

Learning is a game. In this sense, Dermatology + Psychosomatics regularly presents you the Psychodermatology Quiz. Other colleagues are welcome to submit their own contributions.

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Case Description

Mr. S., 65 years old, was admitted to the hospital for immunochemotherapy of a malignant melanoma on the left temple. The tumor had first been diagnosed two months before and histological findings showed a nodular malignant melanoma with Clark's level IV and a Breslow thickness of 2.7 mm. Shortly after the surgical treatment Mr. S. noticed a painful subcutaneous nodule in the left preauricular region which proved to be an in-transit metastasis of the melanoma. Therefore, further surgical treatment was performed (excision, parotidectomy and neck dissection), and several affected lymphatic nodules were removed. Further staging examinations (PET, computed tomography of the trunk, MRI of the skull, abdominal sonography) revealed no further pathological findings.

The ward physician requests psychosomatic consultation services. She fears the patient might not be able to cope with the bad prognosis of the tumor. The patient seems to be depressive, he often weeps and does not seem to understand what she tries to explain. She herself finds him irksome.

In the psychosomatic counseling, Mr. S. talks about his disease. He already had to undergo several surgeries during the last three months. After the last surgical intervention he did not expect that further therapy would be necessary. After excision of the tumor and later the parotid gland he was very hopeful. His first idea was: 'Everything is alright now. I can bear and move everything'. He was certain that no further chemotherapy would be necessary or urgent. When he was informed about the immunochemotherapy planned he felt as if 'the ground was cut from under his feet'. His mother had gone blind due to diabetes mellitus and died in her sixties. He himself has diabetes too, but compared to his mother his blood glucose values are good. He is able to

cope well with his disease and does not suffer any significant consequences so far. His sister died twelve years ago of a pancreatic tumor. The disease progressed so rapidly, that she could not even set out on a last journey. From these experiences of life Mr. S. has learned about his strength in coping with a chronic disease, but also about the frightening progress of illness.

Asked about his current social environment Mr. S. talks about his wife, who is 'very strong', but who has to care for her 95-year-old mother '24 hours a day'. Nothing can be planned, she is completely absorbed. He does not allow himself to burden her with his fears. His four children are 'well provided for'. Mr. S. has worked as a postman. He knows about the risk of developing malignant melanoma due to sun exposition and talks about it unemotionally. However, he does not feel responsible for his disease because in former times one did not know about these risks and his job always allowed him to spend much time with his children. Today, they support him. His faith helps him a lot, but he feels somewhat embarrassed to talk about it. When asked what he could do for his well-being, he mentions daily walks.

Questions

- 1) What would you be interested in? What would you ask to find out about the patient's ability to cope with the diagnosis of malignant melanoma with lymph node metastases?
- 2) Which psychopathological diagnosis would you suggest?
- 3) Which sort of interventions would you propose to give hope and support from a psychotherapeutical point of view?
- 4) What would you recommend?

Answers

- 1) As a consequence of their tumor disease many patients experience psychosocial stress. Often, they are confronted with a malignant disease for the first time in their life. Many patients have to be hospitalized repeatedly. They have to bear the local consequences of surgical interventions and the side effects of tumor therapy. They are rattled by their prognoses. The family is also affected, nothing is like before. The ability to cope with the diagnosis and the anticipated or actual progress of the disease depends on the patients' flexibility and activity as well as on a reliable social environment. About 25% of the patients suffer from psychiatric disorders and need help. Thus one should ask: 'Have you ever been seriously ill?', 'How did you cope with former diseases?', 'What was helpful to you when being ill?', 'What was the outcome?', 'Did anybody else in the family ever suffer from a bad disease?', 'How were you able to help him?', 'What was the course?'

Some patients develop a conflict of guilt which makes them vulnerable to depression. Therefore, one should ask: 'Why do you think you developed this disease? What do you know about it? What are your ideas? What does your family think about it?' You should also be concerned about what the disease means for his family: 'Can you talk with your wife about your cares? Who has time for you? What is your wife like? Will she be very anxious?' It is essential to ask if there are close persons, if there is enough social support and what kind of hobbies or interests the patient has. Many patients have learned that 'physical exercise and good nutrition' are essential for their recovery. Another important question might be whether the patient dares to ask the doctors whatever he wants to know.

- 2) Acute psychogenic reaction (adjustment disorder ICD F 43.2).
- 3) Mr. S. talked about his way to cope with diabetes. His course of disease differs from that of his mother, thus he can trust in his ability to cope with severe illness. He seems to be open to medical treatment. Therefore, he will probably feel confident about therapeutic interventions and remain active instead of feeling passive or at the mercy of the medical system. The patient's intentions such as going on a walk every day should be reinforced. As he takes his wife to be 'strong', it would probably not be too much for her to talk with him about his cares.

Mr. S. mentioned that his sister could not set off for a planned journey anymore. – Take up the patient's personal perception: Would he like to plan a journey with his wife,

and during that time have somebody else take care of his mother-in-law? In this way the couple could create shared memories.

Mr. S. pointed out his good relationship with his children which has always been very important for him. It should be stressed that he is still very significant for them.

- 4) From a psychosomatic point of view it is important to establish a stable medical relationship which allows the patient to ask whatever he wants to know, and the doctor to recognize emerging psychosocial problems. Group therapy as well as stress management or health education might be helpful. Relaxation techniques are especially helpful for coping with chemotherapy. If there is no stabilizing private social environment, supporting psychotherapy should be offered.

Key Learning Points

Coping

Coping means the ability to handle a conflict or a psychosocial burden with cognitive strategies, flexible and constructive behavior, and appropriate emotional awareness. Significant events may disturb the normal balance in a patient's life and cause various fears. Formerly approved adaptation processes do not help anymore. A person is able to cope with a life event, if he is aware of his own importance, his capability to control a situation, and if he sees life as a challenge.

Adjustment Disorder (Psychogenic Reaction)

Psychogenic reactions describe short-term depressive episodes, long-term depressive episodes, reactions with emotional symptoms, reactions with problems in social behavior, or combined with emotional symptoms. They often follow chronic somatic diseases or life-threatening events and diseases.

Suggested Reading

- Augustin M: Malignant Melanoma. *Dermatol Psychosom* 2002;3:42–44.
- Augustin M, Zschocke I, Stein B, Muthny FA: Der Betreuungsbedarf von Melanompatienten in verschiedenen Erkrankungsphasen. Formulierung eines psychosozialen Betreuungskonzeptes; in Brähler E, Schumacher H (Hrsg.): Psychologie und Soziologie in der Medizin. Gießen, Psychosozial, 1996: S. 7–8.
- Fawzy FL, Fawzy NW, Hyun CS, Elashoff R, Guthrie D, Fahey JL, Morton DL: Malignant melanoma. Effects of an early structured psychiatric intervention, coping, and affective state on recurrence and survival 6 years later. *Arch Gen Psychiatry* 1993;50:681–689.