Psychotropic Medications in Oncology

Erin Biringen[1], Emily Cox-Martin[4], Sierra Niemiec[3], Cheyret Wood[3], W Thomas Purcell[2], Elissa Kolva[2]

[1]University of Colorado School of Medicine, [2]University of Colorado Cancer Center, [3]Colorado School of Public Health, [4]VA Puget Sound Health System

Introduction

- Psychological distress is common in patients with cancer.
- Treatment of psychological distress can positively affect treatment outcomes.
- Oncologists are the most common prescribers of psychotropic medications for patients with cancer
- Study goal: capture oncology providers' perspectives on their current role in using medication to treat psychological distress at a comprehensive cancer center in the Mountain West.

Methods

Doctor, nurse practitioner, and physician assistant oncology providers voluntarily completed a survey through REDCap.

Participants were asked to:

- Rate comfort with prescribing psychotropic medications (1 indicates extreme comfort; 5 indicates extreme discomfort)
- Indicate medication subtypes prescribed
- Specify factors contributing to prescribing practices
- Define barriers to adequately treating distress

Results

Professional Degree	Median Prescribing Comfort
Doctor (N = 48)	3
Nurse Practitioner (N = 10)	3
Physician Assistant (N = 7)	2
Total (N = 65)	3

Median Years in Practice: 11.5	Range of Years in Practice: 1-40

Subspecialties*	Medications Prescribed*
GI	Benzodiazepine
Cutaneous	Sleep Aid
Lung/Bronchus	SNRI
GU	TCA
Breast	Stimulant
Hematology	Atypical Antipsychotic
Sarcoma	Typical Antipsychotic
Head and Neck	SSRI
CNS	Mood Stabilizer
Gynecologic	

Contributors to Prescribing*	Barriers to Prescribing*
Oncology Practice	Lack of Support Resources
Patient Self-Report	Mental Health Education
Formal Medical Training	Patient Disclosure
Psychiatry/Psychology Consult	Appointment Limitations
Patient Distress Screenings	Insurance Coverage

Resources to Increase Prescribing Comfort*
Access to Specialized Psychiatric Care
Continued Mental Health Education
Mental Health Education During Formal Training

No difference in prescriber comfort per medication subtype, professional degree, or years in practice

*In descending order of frequency

Conclusions

- Prescribers may benefit from focused mental health education during formal medical training
- Continue mental health education during oncology career: interdisciplinary approach
- Care pathway integrating information from medical literature, palliative care, psychology, psychiatry, pharmacology colleagues
- Community resources needed for long-term mental health follow-up

Acknowledgments

- Statistical analysis support provided by CIDA and Dept of Biostatistics and Informatics at Colorado School of Public Health.
- Many thanks to the oncology providers who completed this survey.

References

McFarland DC, Holland JC. The mgmt of psychological issues in oncology. Clin Adv Hematol Oncol 2016;14;999-1009.

Sanjida S, Janda M, Kissane D, et al. A systematic review and meta-analysis of prescribing practices of antidepressants in cancer patients. Psycho-oncology 2016;25;1002-1016.

Granek L, Nakash O, Ben-David M, Shapira S, Ariad S. Oncologists' treatment responses to mental health distress in their cancer patients. Qual Health Res 2018;28;1735-1745.