Recognizing and Responding to Post-Traumatic Stress Disorder in People With Cancer

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Purpose/Objectives: To describe post-traumatic stress disorder (PTSD) in patients with cancer and identify nursing assessment and intervention strategies.

Data Sources: Discussion of recent research literature in relation to oncology nursing practice.

Data Synthesis: 4%–19% of patients with cancer experience symptoms of PTSD. When PTSD routinely is considered as a risk for patients with cancer, nurses can frame reexperiencing of trauma, avoidance and numbing efforts, and hyperarousal as possible trauma reactions and implement appropriate interventions and referral.

Conclusions: Patients with cancer may experience PTSD as a consequence of their cancer diagnosis, treatment, or a past traumatic episode. PTSD may interfere with patients’ ability to tolerate treatment and return for crucial follow-up care. To date, no studies have explored interventions for PTSD in adult patients with cancer.

Implications for Nursing: Oncology nurses can help patients with PTSD by interpreting psychological symptoms with the possibility of PTSD in mind, screening for PTSD across the illness trajectory, providing emotional support, teaching coping strategies, and advocating for further assessment, medical treatment, and appropriate referral within the multidisciplinary care team.

Oncology nurses are aware that, for many patients, the experience of cancer and its treatment can be frightening, distressing, painful, and extremely unpleasant. However, cancer care providers may be less aware that for some patients the experience actually causes long-term traumatic stress morbidity. Recent research has shown that 4%–19% of adult patients with cancer have cancer-related post-traumatic stress symptoms that meet diagnostic criteria for post-traumatic stress disorder (PTSD) (Alter et al., 1996; Jacobsen et al., 1998; Wettergren, Langius, Bjorkholm, & Bjorvell, 1999). These symptoms include intrusive reexperiencing of trauma, avoidance and numbing efforts, and hyperarousal (American Psychological Association [APA], 1994). Effective treatments are available for PTSD that may improve the course of the disorder and the patient’s well-being (Foa, Keane, & Friedman, 2000a, 2000b). Oncology nurses are in a position to recognize these symptoms and respond. The purpose of this article is to consider the practice implications of recent research regarding PTSD in adult patients with cancer. Descriptive information about PTSD will be provided, along with a discussion of primary and secondary prevention strategies to use with patients with cancer, suggested options for screening and interventions by oncology nurses, and directions for future research.

Key Points . . .

➤ Post-traumatic stress disorder (PTSD) is a chronic disabling response to an overwhelming trauma and is characterized by three symptom clusters: intrusive reexperiencing of the trauma, avoidance and emotional numbing, and hyperarousal.

➤ Recent research has shown that 4%–19% of adult patients with cancer have cancer-related post-traumatic stress symptoms that meet diagnostic criteria for PTSD.

➤ Oncology nurses may represent the first line of therapeutic support and intervention for patients with cancer who exhibit symptoms of PTSD. In these cases, the nursing diagnosis “post-trauma response” should be included in the care plan and acuity ratings.

➤ Oncology nurses can play a significant role in preventing trauma, minimizing reexposure to triggering events, decreasing isolation and stigma for patients who have the intense psychological and physiologic reactions characteristic of PTSD, and facilitating diagnosis and referral for more extensive treatment.

Description

Most patients naturally experience some amount of anxiety and emotional upset when diagnosed with cancer. However,