

Emotional and psychological changes

Myeloma Nurse Guide

The Myeloma Nurse Guide Series has been developed to enhance nurse knowledge, inform practice and support nurses in the delivery of high quality treatment and care to myeloma patients and families. The information has been reviewed by myeloma nurse and medical experts and should be used in conjunction with local and national policies, protocols and guidelines.

What changes can occur in myeloma?

Emotional reactions and changes are a normal response to the impact of a cancer diagnosis. In myeloma there can be various factors that affect psychological wellbeing, including:

- The incurable nature of myeloma and living with uncertainty
- Late diagnosis
- Impaired quality of life due to disease complications and treatment side effects, particularly high dose steroids
- Fear of recurrence, or of progression for those with smouldering myeloma or MGUS
- Impact on family relationships and role, work, finances
- Effects on self-esteem and confidence
- Changes in body image

Trigger points for psychological changes might be diagnosis, completion of treatment, relapse and disease progression.

Family members are also at risk of psychological changes and both patients and family members can conceal feelings of distress to protect those around them.

Clinical features

Myeloma patients can experience a range of feelings which typically come and go. These feelings include: shock, anger, denial, hope, fear, sadness, frustration, guilt and low mood. Prolonged symptoms may indicate depression or anxiety requiring specific intervention and support. Depression can affect approximately 25% of myeloma patients, symptoms are shown below.

Depression symptoms

(usually present for >2 weeks)

- Low mood
- Lack of enjoyment of life and usual pursuits
- Tearfulness, irritability, or impatience
- Feelings of guilt, self-blame, low self esteem
- Isolation and avoidance of social events
- Unexplained physical symptoms, e.g. sleep changes, poor appetite, weight loss and lack of energy
- Suicidal thoughts

Anxiety

symptoms

- Restlessness or agitation
- Poor concentration
- Headaches, sweating and dizziness

Assessment and monitoring

Assessment features	Rationale
Assess for history of anxiety or depression and how this is/was treated or managed	To assess potential risks to mental health and understand what strategies may help
Complete holistic needs assessment (HNA) at key points in the myeloma pathway	To identify individual concerns, emotional wellbeing, available support and check for any prolonged psychological changes. HNA can aid communication and provide a framework for discussion.
Use of a recognised tool to assess anxiety or depression	To identify any psychological changes and provide prompt support interventions
Referral for more specialist assessment if required	To ensure patients receive the appropriate level of support

The National Institute for Health and Care Excellence (NICE) model for psychological assessment and support as shown in the Appendix. All nurses should be able to perform Level 1 assessment. Many nurse specialists are trained in advanced communication and can assess at Level 2.

Anxiety and depression assessment tools are listed in the Appendix.

Prevention and treatment

It is important patients can talk about their emotional wellbeing and explore their concerns. This may be with family, friends, other patients, support organisations or healthcare professionals. Communication skills such as active listening, allowing silences, asking open questions, picking up on cues, paraphrasing and summarising can encourage patients to express and process how they feel.

Support and self-help strategies can help counter the psychological impact of myeloma. Resources include support groups, peer support, discussion forums, complementary therapies, and national support organisations. Myeloma UK has an online Wellbeing Tool to help patients work through feelings and find appropriate strategies and sources of support.

Patients may need a referral to a counsellor or psychologist for specialist interventions such as talking therapies and cognitive behavioural therapy (CBT). For some patients, anti-depressant treatment is helpful, and in some cases referral to the mental health team may be necessary. **Patients at suicidal risk need urgent referral for specialist psychological support.**

Family members can be supported by asking how they are managing, particularly if they are the patient's main support or carer. They may need encouragement to seek support for themselves and to be signposted to speak to their GP.

Nursing management points

Assessment and monitoring

- Be alert to mood changes and signs of emotional or psychological distress
- Be aware of potential trigger points for anxiety and depression, such as end of treatment or disease relapse
- Ask about suicidal feelings or intent if the patient is suspected to be at risk
- Recognise the risks to the wellbeing of family carers, and signpost for support

Prevention and treatment

- Use active listening skills and language and information tailored to the needs of the individual
- Provide patients with a contact number for their key worker and advise on reporting psychological symptoms that are persistent and difficult to manage
- Recognise when further interventions and specialist referrals are required and make appropriate referrals
- Monitor the effectiveness of anti-depressants or other medications prescribed
- Liaise with mental health teams as required

Self-care strategies for patients

- Talk to family, friends, or other patients about difficult feelings
- Have a healthy diet and take regular exercise
- Continue with creative, social and spiritual activities wherever possible
- Try complementary therapy services and other support services

Patient information key points

- Provide information to help patients understand and manage psychological change
- Provide information about available support, locally and nationally
- Ensure patients have numbers to contact if they are in distress

References

A list of key references is available on Myeloma Academy: academy.myeloma.org.uk/myeloma-nurse-guide-references



Appendix

National Institute for Health and Care Excellence recommended model of professional psychological assessment and support for people with cancer

	Level	Group	Assessment	Intervention
↑ tu	1	All health and social care professionals	Recognition of psychological needs	Effective information giving compassionate and general psychological support
nal support	2	Health and social care professionals with additional expertise	Screening for psychological distress	Psychological techniques such as problem solving
nelp and informal	3	Trained and accredited professionals	Assessed for psychological distress and some diagnosis of psychopathology	Counselling and specific psychological interventions such as anxiety management and solution focused therapy, delivered according to an explicit theoretical framework
🔶 Self help	4	Mental health specialists	Diagnosis of psychopathology	Special psychological and psychiatric interventions such as psychotherapy including cognitive behavioural therapy (CBT)

Assessment tools for anxiety and depression

- Hospital Anxiety and Depression Scale (HADS): www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf
- Patient Health Questionnaire (PHQ-9) to screen for depression: patient.info/doctor/patient-health-questionnaire-phq-9
- Generalised Anxiety Disorder assessment (GAD-7): patient.info/doctor/generalised-anxiety-disorder-assessment-gad-7

MyelomaUK

Myeloma * Academy

For further nurse guides and other educational resources on myeloma and related conditions:

Published by:	Myeloma UK
Publication date:	August 2022
Last updated:	August 2022
Review date:	December 2024