

Symptom Management for Anxiety and Depression During and After Cancer

National Webinar Transcript

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Jenna Fields:

Thank you for joining us for Symptom Management for Anxiety and Depression During and After Cancer with Dr. Zev Wiener. May is Mental Health Awareness Month but we know that anxiety and depression can be with us 365 days a year. We know this can be a difficult subject to talk about, so we're glad you're here to learn with us today.

Jenna Fields:

I'm Jenna Fields. I'm the California Regional Director of Sharsheret. For those of you who don't know about Sharsheret we are a national non-profit organization. We help women, and families, facing breast and ovarian cancer, as well as those with elevated genetic risk with our free, confidential, and personalized support and resources. We also provide community health education programming throughout the country, including our webinar series, which during COVID we've been doing about once a week. So please stay tuned for all of our programming. We do have a few great webinars coming up. On May 10th a little bit of a lighter subject, we're doing a program, it's a Shavuot Family Bakefest. So my colleague is going to put the link for that in the chat if you'd like to register. We're also doing a Shalom, Shabbat Music and Insights, Inspiration For the Week Ahead on Friday May 14th at 12:30 Eastern. Then on May 20th we're doing a Zentangle Therapeutic Doodling Workshop. That'll be a great program as well. So all three of those programs the link is in the chat.

Jenna Fields:

Before we begin a few housekeeping items. Today's webinar is being recorded and will be posted on Sharsheret's website, along with the transcript. However, your faces and names will not be in the recording. If you would like to remain private during this presentation you could turn off your video and rename yourself. You can also call into the webinar. There won't be a PowerPoint, so if you're more comfortable calling in please do so. Instructions for that are available in the chat box right now for you. We are also now offering closed captioning for our free webinars, so simply click on the closed captioning button on the bottom of your toolbar and click Show Subtitle to enable closed captions on the bottom of your screen.

Jenna Fields:

We're going to have a Q&A at the end. I'm going to ask you to keep yourself on mute the entire time, please. I'll be moderating the Q&A. We did receive your questions in advance, so we'll be getting to those as well. If you would like to submit a question privately please feel free to message me directly.

Jenna Fields:

Thank you so much to our sponsors Merck, Seagen, and the Centers for Disease Control and Prevention for supporting today's webinar, and making our webinars possible.

Jenna Fields:

A medical disclaimer. Sharsheret is a national not-for-profit cancer support and education organization, and does not provide any medical advice or perform any medical procedures. The information provided by Sharsheret is not a substitute for medical advice or treatment for specific medical conditions. You should not use this information to diagnose or treat a health problem. Always, please, seek the advice of your physician or qualified health provider with any questions you may have regarding a medical condition.

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Jenna Fields:

So we know mental health, and the symptoms that go along with one's mental health, can often have a stigma. It's so important that we feel comfortable sharing our thoughts and feelings in a safe environment, and a place where we can vent without judgment. Sharsheret is here for you at every stage of your journey, providing tailored support that best fits your needs. And for caregivers as well. I know that we have caregivers on this call today. You can get, through Sharsheret, individual support with a member of our clinical team of trained mental health professionals and our genetic counselor. We also have a peer support network, which connects women newly diagnosed, or high risk of developing breast or ovarian cancer, with one-on-one with other women who share a similar diagnoses and experiences. Then our genetic counselor is available for genetic conversations, for those of you who have a family history of cancer. To speak with a member of our clinical team you can email us or call, and my colleague put that in the chat as well.

Jenna Fields:

And, again, we recognize that today's topic is a huge issue and we're only going to be able to scratch the surface of it today. There may come a time when you are feeling extremely overwhelmed and it's affecting your day to day routine, and maybe that's how you feel right now. Please don't hesitate to reach out to your healthcare provider about what you're feeling. Speaking one-on-one to a therapist or a psychiatrist can help you gain insight and cope with the feelings you are experiencing.

Jenna Fields:

Now it's my pleasure to introduce Dr. Zev Wiener. He received his MD degree from Harvard Medical School and rabbinic ordination from Yeshiva University. He completed his residency in psychiatry at UCLA where he served as chief resident of the Resnick Neuropsychiatric Hospital. And, in addition, he runs a private practice in general psychiatry and he serves as the attending psychiatrist at UCLA's Simms Mann Center for Integrative Oncology, where he provides direct patient care and trains physicians in the field of oncological mental health. It is now my pleasure to welcome Dr. Zev Wiener.

Dr. Zev Wiener:

Thank you very much Jenna. Can everyone hear me okay? Okay, great. Yeah, I just wanted to begin by thanking Sharsheret for having me today. Sharsheret's an incredible organization and it's really been a privilege to get to see the wonderful things you do each day. And it's a real honor for me to be able to participate in some small form in such an incredible organization, so thank you for having me.

Dr. Zev Wiener:

When I was asked, a number of years ago, to accept the position at UCLA in their integrative oncology program, the Simms Mann Center, I remember debating whether to go for it or not. I remember somebody telling me, "Are you sure you want to go into a field like this, of" ... They call psycho-oncology, the interface between oncological health and mental health.

Dr. Zev Wiener:

They pointed out, I think, very astutely to me that as doctors we care about our patients and the suffering that we see other people going through affects us on a personal level. It's obviously nothing like the actual pain that someone who's going through the actual illness experiences but it's not easy. They said, "Being a psychiatrist itself is very, very hard. You see a lot of suffering." Mental illness is among the biggest darkneses that a person can experience in this world. They said, "Oncology is not

easy." Being an oncologist you see a tremendous amount of darkness." And going into a field of psycho-oncology you're really seeing the hardest of both, in terms of the suffering of mental health and the suffering of oncology. They said, "Is that something you're sure you want to get into?"

Dr. Zev Wiener:

And I think it was a valid question and worthy of thinking of, and a real issue that anyone who goes into this field has to consider. And on one hand there's no denying the fact, for sure, that it's extremely challenging. It's a very challenging field. Sometimes it's hard to appreciate just the enormity of the darkness that people experience when they're going through the journey of oncological treatments. I don't think we can ever consider any person in this field a, quote unquote, expert in psycho-oncology. Just because it's such a formidable foe that we're up against. I think you have to have a tremendous amount of humility in this field, and recognizing that we're up against something very, very difficult.

Dr. Zev Wiener:

But on the other hand, what I've found on a personal level, is that there's also something incredibly inspiring in this field. That even with all the darkness, and with the limited abilities that we have as human beings to confront such a gargantuan opponent, the underlying premise of everything that I do is one basic phrase, and that's, "There's always something you can do." There's always something that we can do in life. And even in a situation that seems extremely dark, and it is extremely dark, we can add a little bit of light, at the minimum. Sometimes a lot of light and to help people.

Dr. Zev Wiener:

So what I'd like to do this afternoon is just a few examples of some of the things that we can do when someone is facing this real harrowing prospect of a cancer diagnosis, of going through treatment, of finishing treatment if they're blessed to do so or continuing ongoing treatment if that's what's required. There's always something that we can do, even in the most trying of times. I hope to be able to share a little bit of that with you. And I'd be interested to hear from you as well, if there are things that you've found that have helped you in this journey.

Dr. Zev Wiener:

So before we begin I have to just give a little bit of a disclaimer, which Jenna alluded to as well. But it's very, very difficult to give a talk on the topic of mental health in cancer because there is so much variability. First of all, cancers are so different. As we all know there are certain cancers ... I would never say that there's any cancer that's a small deal, every cancer is a big deal. But there are some that are relatively easy to treat, on a relative scale, and there are others that are very, very difficult to perhaps even impossible to fully cure. The conversation is very different depending on the type of cancer. That's why most of the work that I do is one-on-one because you really have to know the person who you're dealing with, and what they're going through, and it's very hard to give one size fits all approaches in anything in life, all the more so something as complicated and sensitive as this. So that's certainly one factor.

Dr. Zev Wiener:

Then, secondly, people are so different. There's such a variety within how people are wired. I never cease to marvel at how ... Forgetting about the world of cancer, just in life, there's some people who can go through incredible challenges, and adversity, and it doesn't really seem to rattle them very much. There are other people who may have what others would consider to be relatively minor struggles or

challenges that can really throw them off course. From that observation all that you can conclude is that as humans we're different and we can never judge anybody. Everybody's different, everybody responds differently to things, and all we can really have is compassion and kindness to people because we never fully know what they're going through or how they're experiencing something.

Dr. Zev Wiener:

So I realize that this is a little bit of a tall order to try to give a brief talk about mental health in oncology, but I hope that we can at least touch on a few of the themes that may be relevant for many people. May not be relevant for everybody. Hopefully, at least, begin a discussion that I think could be very valuable for today and maybe even beyond in your own lives in discussing with other people as well.

Dr. Zev Wiener:

Before I get into the points that I think are just worth thinking about, and things that I've found in my own experience working with people, that seem to help and just be worthy of having in our mind I just wanted to give a brief introduction about some of the potential pitfalls of mental health with the journey of cancer. I mean, I'm sure everyone here can very easily understand that cancer and depression, cancer and anxiety, go very, very closely hand in hand. The data, the numbers, are wide ranging. To be honest I think it's a very hard thing to actually measure and that's why we have such a variability, but some numbers estimate up to 25% of people with a cancer diagnosis may experience depression. Again, very hard to know. To me I think it actually may even be more. It depends on the type of cancer, it depends on how you define depression, which is obviously somewhat variable even in the mental health field. But whatever it is it's clearly an issue that needs attention, of mental health and cancer.

Dr. Zev Wiener:

What are the things that can predispose or render someone susceptible to experiencing depression, to experiencing anxiety in cancer? A number of things, not an exclusive list, would be obviously fear of mortality; the fear of recurrence, if a person is blessed to have achieved remission; or the fear of worsening of illness, if a person has more of a chronic condition; side effects, side effects of medication, the pain of surgery, nausea, weakness, fatigue, insomnia, mood changes, hot flashes, cognitive clouding, all of those things can come from medications, chemotherapy, hormonal treatments.

Dr. Zev Wiener:

Financial consequences is a big one that I think is not talked about enough. The financial impact that cancer has on people and the resulting effect on mental wellness, on depression and anxiety. Isolation from others is a major one. The flip side of that is the fear of being a burden on loved ones, weighs on people and effects their mental health. Fear of body changes, body image, hair loss, surgeries, hormonal treatments can all effect that. Sleep disturbances and deprivation. Burnout from just the frequency of medical appointments, I hear that a lot from patients of mine, how they're just tired. Tired of having to go to the doctor every week or go to the infusion center, or go for the preop, or whatever it may be.

Dr. Zev Wiener:

Then another big thing is a loss of identity that I see many people seem to experience. That because cancer is such the elephant in the room in a person's life that oftentimes it can take over a person's identity, and they forget who they were beforehand. They forget that they still have other roles in life,

even if they're not working they have other identities. When we lose those other parts of ourselves we're certainly at risk for more depression and for more anxiety.

Dr. Zev Wiener:

The final point I'll mention on this, of again the various pitfalls, the predisposing factors that can lead to depression and anxiety in cancer, is a fascinating area that's being explored of biological factors. There's a lot of research being done now about do the cancers themselves cause some sort of a tendency towards depression? Perhaps through chronic inflammatory responses, various cytokines or chemicals that are released into the blood by the cancer itself. Some have wondered whether or not those may directly cause depression, regardless of whether a person is aware of what's going on or anxious about what's going on, and the like. That's an area in the very nascent phases. I think it needs a lot more research. At this point I'm not sure how practical it is. It's not something that I focus on very much because I just haven't seen that much convincing evidence yet for that. I think that the things we mentioned before are much more relevant but it's interesting to be aware of and to consider. And that in the future that may become an increasingly significant factor.

Dr. Zev Wiener:

In terms of mental illness and cancer, depression and anxiety most specifically. I think, throughout the journey of cancer, throughout the battle there are difficult moments. But there seem to be a few distinct points in time that are the most difficult for people, in my experience. One is obviously the time of diagnosis. Diagnosis is a moment that a person never forgets. They never forget where they were, who said it, how it was said. And people can be filled with shock; denial; anger; paralysis, just being frozen, stuck, not knowing what to do. Oftentimes people will say they remember the doctor spoke to them, they remember how the doctor spoke, but they can't remember anything about what the doctor actually said. That their mind was somewhere else and in complete shock. It's very normal, at that point, to be overwhelmed with anxiety and with depression.

Dr. Zev Wiener:

Then, of course, people begin treatment. A lot of the times once people are underway treating it, fighting back if you will, they may find that they're kind of distracted in a healthy way. They're just focused on, "What's next? What's next? What do I have to do now? What do I do after that?" Sometimes, not for everybody but sometimes, it's a little bit of a more gentle period, a little bit more relief there. Then if a person is blessed to have a remission, if they're blessed to be able to cure it in some way, then, ironically at that point, is when people experience another crash a lot of the time, which people do not expect and is not obvious. Most people would say, "Once it's treated isn't that great? Shouldn't I be jumping over the moon?" In reality a lot of people find the opposite. That they find this to be a very difficult time for them.

Dr. Zev Wiener:

One is because it's a little bit ... I like to compare it to the crash after a marathon. Like if somebody's running a marathon their adrenaline is pumping, they're fighting, they're pushing. The moment they get to what's perceived as the end they just collapse, right? Everything shuts down and there seems to be some phenomenon of that. The reality of their new world view, which hopefully we'll talk about, of, "What is the world that I'm in? What can I trust anymore? What's up? What's down? Things that I thought were stable and sources of stability have been pulled right out from under me. I just don't know what to do with myself." That certainly is evident in that phase.

Dr. Zev Wiener:

A feeling of disconnection from others, at that point in particular, is very prominent. So, again, when a person is done with treatment they're hearing all the time from people, "Congratulations, you beat it. You're done. You're done." I hear all the time from people, "I don't feel like I beat it at all. I don't feel good at all. I feel terrified that maybe something is going to come back and I have to worry about relapse." They're not filled with any joy. And not only are they not filled with that joy but a lot of times hearing that from other people makes them feel guilty. They're saying, "I should feel grateful. I should be feeling ... That everyone's telling me I should be on top of the world right now and I just don't feel it." So that's the second point. First is diagnosis, which I think is obvious. The second point where I see a lot, counterintuitively, of difficulty with depression, with anxiety, is when people have completed treatment and then reemerging into life.

Dr. Zev Wiener:

Then the third phase, with people who have completed treatment, again assuming that it's more of a curable cancer in a way, is before the surveillance scans, so that's another big one. That people, depending on the cancer, depending on the nature of the illness, every three months, every six months, every year they may be called in to do a CT scan or other blood tests. Those can be major trigger points for people. Already weeks leading up to it I'll hear from my patients saying, "I'm just really, really panicking about doing this. I was able to put it out of my mind for a while but now it's even worse." So that's another major hurdle to be aware of.

Dr. Zev Wiener:

The good news, with that one, is in my experience that does seem to get better for people. That with time, just the more that people get used to going to the scans, as much as that's something you can, quote unquote, get used to, people do seem to get better with that. It becomes less of a big deal for them. But it still is something that can be very anxiety provoking and for a while.

Dr. Zev Wiener:

With that just basic introduction about some of the factors involved and the time periods that are most significant I just wanted to throw out a few points for us to consider, of things that I think are important for every patient, regardless of what they're going through in cancer, what type of cancer, to be aware of and perhaps to carry with them if they find it relevant.

Dr. Zev Wiener:

The first, and perhaps most important, point that I wanted to share is the importance of hope. Hope is something that is very, very rarely felt in the world of cancer because there's so much fear, and for good reason. But we always have to remember that no doctor has a monopoly on truth, no test has a monopoly on truth. Things sometimes go differently than expected. I want to be very clear here, it's important to be realistic. I'm not advocating denial. I'm not advocating fantastical thinking. I think it's very important for people to plan ahead and to be aware of what's going on. But at the same time whatever we do you always have to keep in the back of your mind that we never know for sure. That little bit of doubt sometimes can make all the difference in a person's life, right?

Dr. Zev Wiener:

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I've had patients ... Again, I'm not saying this is the norm. But I was just talking yesterday to a patient of mine who has been stage IV, who's been decades past what doctors told her she would make. Again, I'm not saying that's the norm but it's important to remember those sorts of things do happen.

Dr. Zev Wiener:

I have a friend, actually, who was very close with his father. His father was diagnosed with a very serious form of cancer, was told that he had very little time to live. My friend who, as I mentioned, was extremely close with his father couldn't call his father. He said it was too painful. He said he couldn't call without crying, knowing that this might be the last time that they speak. He said he couldn't visit him, he wanted nothing ... He just couldn't see his father because he loved his father too much. His wife said to him, to my friend, "Why are you mourning now? You still have your father. Go talk with him. Go visit him. Spend time. Cry when the time to cry comes." And he did. And his father lived for many years, way beyond what they had anticipated. To this day he always tells me how grateful he is to his wife for encouraging him to not just throw in the towel and assume that he can't call his father anymore. Because, again, things were different than anticipated.

Dr. Zev Wiener:

So that's one area where hope comes up. By the way hope ... Sometimes patients will say ... They'll want to take certain medications that can be addictive and they'll want to do it in an unhealthy way because they say, "Well it doesn't matter if I get addicted because there isn't time." Again, there are patients who have survived and then they're kind of stuck with that addiction. So it's always something you keep in the back of your mind, that we never give up on hope.

Dr. Zev Wiener:

Hope comes in two forms. One hope, what we've been talking about until now, is prognosis. Hope about maybe the doctors are wrong. But there's another type of hope which is equally important, which is hope about how we're going to handle the situation. Forgetting about prognosis. Let's say we don't know or let's say the doctors are right, whatever it is, we never know how we're going to feel. That's an important point to keep in mind also. That a lot of times people assume that things are going to be the absolute worst and that the rest of their life is just going to be agony, anguish, and dark. I'm not saying that that does not happen for people but sometimes it doesn't. Sometimes even in very, very devastating situations people find that they're feeling better, and that they're living life more than they ever lived before, and they're more conscious of their life, and living more mindfully, and more in tune with what's going on. Again, that's just something to keep in mind, that nothing do we now for sure.

Dr. Zev Wiener:

The second point I throw out, which may be an obvious one but I think it's still bears repeating, is the importance of connection and support. That's really what Sharsheret is all about, if you think about it. Cancer can be such an immensely isolating experience. It just cuts people off. People are ashamed of it. People feel nobody understands. Then if people feel they're being a burden. And loneliness is very common in cancer. Interestingly UCLA, of all places, has done some very interesting work on the medical effects of loneliness and what that can do to us, not just on an emotional level but on a biological, physical level. Loneliness increases the risk of death for many, many causes, forgetting about cancer. So that's something we really want to be careful of.

Dr. Zev Wiener:

I have a friend who likes to say, and it's maybe a little cheesy but I think it's true, that the human heart doesn't need FDA approval. That there's no side effects from the human heart. There's no long-term consequences. All it can do is help, to have someone who you really feel is supporting you. Here it's important to have the right people because some people will say, "Okay, well I have to have connection but all of my friends are relationships that I kind of need to put on a show for. I don't really feel like I can fully take my mask off in front of them." That, sometimes, ends up being a source of more stress for them because they feel like they have to have the energy to be present for their friends. But if you even have one friend, or family member, who you feel you can confide in and you can share the burden a little bit, I think that can do a lot. You're a very wealthy person if you even have one friend in this world who you feel you can do that to.

Dr. Zev Wiener:

Of course that never takes the place of professional help because even the most loving of friends, or family members, may not be able to carry everything. Like we said, it's a lot. It's nothing like what the person, him or herself, is experiencing but it's hard for people to carry that. That's why it's important to have other people who you can fully unload on and who they're there for that.

Dr. Zev Wiener:

In this vein, if a person doesn't have close family or friends, like I said hopefully they have professional help, but groups can also be very helpful for many people. I have many patients who found their groups to be a major lifeline for them, of being able to connect with other people who really seem to understand what they're going through. I encourage people to do that. Groups, like everything, is a double-edged sword. Sometimes people go and they find that the group makes it worse for them because now they're hearing about things that they didn't want to hear about or some people in the group may have had very extreme experiences. But on the whole people seem to do well with groups. If you're a group type of person I would definitely encourage you to do that.

Dr. Zev Wiener:

If you're the person on the giving end, so let's say you're the loved one or friend of a person with cancer, a lot of times you may feel anxious because you don't know what to say. It's like, "What do I say to someone who tells me these things? What's the answer? What's the magic word?" As if I have the magic words or the magic lines to say. What I always tell people is never underestimate the value of presence. Just being present, even if you don't say anything, even if you're just nodding your head, putting your hand on their shoulder, letting them know that you're there for them. Sometimes it's better not to say anything. Like I said, sometimes we say things that we mean well and they end up having the opposite effect. I'm sure, like I said before, in a talk like this there are probably some things that I say that may be helpful to some and may be hurtful to others. Sometimes no speech is actually better than a speech and that's important.

Dr. Zev Wiener:

For many people, by the way, this is their first time ever reaching out for help in their life and that's a new issue for them, that they've never had to deal with. There may be a certain hesitation or resistance to doing that, a vulnerability. But there's a tremendous wisdom in knowing how to get help. In fact, I always like to tell people we're most human when we're reaching out for help from people, because there's not a single person in this world who doesn't need help with something. If we're able to connect with someone, and to genuinely have that humility to be able to ask for help, to say, "Right now I'm

having a hard time, can you help me with that," that, on some level, we're most human at that moment. Those are the moments we've taken on the mask and we're really being true to what it means.

Dr. Zev Wiener:

So that's another very important point, point number two, of connection and support. Of being able to reach out, going to family members or friends if you have them, getting professional help if you feel that that would be helpful, groups if you feel that that would be helpful. Just being open to getting that help.

Dr. Zev Wiener:

A third point that I put out, this is one that is maybe a little bit harder and may be very helpful to some people, and may be challenging and even difficult ... Some may be resentful at this idea, but I think it's important to think about, is the notion of finding some sort of meaning in our suffering. Trying to find some spin, something that takes it beyond the realm of, "I'm just going through this pain." A teacher of mine once said that pain without a purpose is what we call torture, right? If you're just going through pain and you're not getting anything from it that's torture. But pain with some sort of purpose is meaning. When we have pain, and we're doing it, but we're going through the pain for something beyond ourselves, it gives us the power to keep fighting. It's not uncommon for people to want to give up. Even at the very beginning they get a diagnosis, they say, "How can I go through this? This is just impossible. There's so many appointments, so many side effects, so many this, so many that."

Dr. Zev Wiener:

When people have something or someone to fight for, beyond themselves, that can often allow them to dig deep, to pull from a reservoir that they otherwise wouldn't have if it was just about themselves. This could be doing it for a loved one, this could be doing it for a pet, it could be doing it for a cause that you believe in, "I need to make it through this because I'm involved in this." Finding some reason of, "Why I still need to be here, why this is beyond myself. Why there's some purpose in my putting up with this, as opposed to just being tortured by it." It's a challenge.

Dr. Zev Wiener:

Like I said, it's not something that everyone finds easily and it's something that some people may feel is impossible to do, that the suffering is so great. If that's the case that's understandable. There's no judgment. But if one is able to find something beyond themselves to be fighting the battle for that can be very powerful. For people with religious traditions, in particular, that can also be a source of strength and of purpose, of why they want to overcome this and to continue. That can be very significant.

Dr. Zev Wiener:

Then the other side of meaning, again this is point number three of finding some sort of meaning in our suffering and meaning in what we're doing in our efforts, is trying to find something to take from this experience. Again, this is the piece that I mean in particular is not always possible to do. Sometimes the experiences are so dark that we just say, "I don't see anything to take from this." But sometimes people are able to say, "That as much as I would never wish this on my worst enemy, that this was such terrible suffering, maybe if I had to go through it, which I would never do voluntarily, at least I better take something from it. [crosstalk 00:31:01] Is there something from this that can make me a more patient person, a more compassionate person? Kind of seeing what people go through in this world, and the level of suffering that they have, maybe I'll be a little bit more understanding as a result of this."

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Dr. Zev Wiener:

Again, it's not to say that you went through this so that you could do that, but rather if you had to go through this, for whatever reason we don't know, "At least I'm going to get something from it."

Dr. Zev Wiener:

Many people have told me that by confronting the possibility of mortality, and the fears of cancer, they find that they end up living much more fully, as we alluded to before. That they're able to appreciate every minute of life and saying, "Wow, what a gift this is." When beforehand they took it for granted. Again, not something everybody's able to do and not something you necessarily should do, but I put that out there for those who it may be relevant for.

Dr. Zev Wiener:

Another point that I would throw out that I think is very important for all types of cancer, whether we're talking about stage I or stage IV, or anything beyond or in between, is the notion of being able to live in the moment. So to be present in what's going on now. So much of the suffering that cancer brings on is not the actual cancer, the actual experience, but it's about being somewhere else in our mind worrying about what's coming down the road. And, of course, that's a very natural human response and we all do that, but sometimes that can really rob us of the time that we have on this earth. Worrying about the future when it serves no constructive purpose, when it's just like spinning our wheels in neutral on a car. We're just going over, and over, and over in our mind, "What's going to happen? What if this? What if this?" And that's something that usually doesn't serve a constructive purpose.

Dr. Zev Wiener:

Whenever we have a thought it's helpful to ask like, "Is this a helpful thought? Is this something that could help me advance or is this something that I'm just spinning my wheels? And if it's spinning my wheels let me try to put my attention elsewhere." Often easier said than done, but with some help we can often get better at that. Studies show that we make our worst decisions in the middle of the night or as we're falling asleep. That's just not a productive time to be thinking about these sorts of things. So if it's 2:00 in the morning and you're up in the middle of the night, everyone else is sleeping and you're ruminating, trying to just recognize the futility of that. And that, "This is just torturing myself. Let me try to put it out of my mind, to focus on something that's a little bit more helpful." Again, that's something that takes guidance and practice of how to be able to do that.

Dr. Zev Wiener:

Another tool that I recommend to people, in terms of living in the moment, is thinking about how we view our lives and how we can breakdown time. Like the Jewish tradition, for example, teaches that on some level every day of our lives is almost like an entire life. We live many, many lives throughout the years of our lives, every single day. We wake up is like we're born and when we go to sleep it's like we've ended a life. Many Jews, in fact, have the practice of washing their hands in the morning when they wake up. Some say that that practice is paying homage to this idea. "That I'm like a new creation every day. That it's a new existence every single day. This one day is my entire life for today. Every day is a birth day, if you will."

Dr. Zev Wiener:

Sometimes people find that to be a helpful, and a grounding idea. To think about how, "Right now my entire life is this day. May 5th, 2021. I want to live this day as fully as I can, this particular life. Tomorrow

is a new lifetime, yesterday was another lifetime." But seeing today as a contained individual unit can be very helpful. Saying, "The sun is going to set today either way. I might as well be happy," as one of my teachers once said. "That either way the day is going to end, I might as well enjoy today." Most people their life expectancy today is no different than anyone else's life expectancy. Their fears are about the future. Understandable no doubt, but those have the potential to rob them of such precious time today. Why not have today be a very good day? Okay. If there's side effects, there's fatigue, that can get in the way of today. But if the real issue is just, "I'm worrying about what if, why should I take me out of the present right now? Let me try to live as fully as I can."

Dr. Zev Wiener:

Okay. One other point I've give ... There are many points we can make. I'll probably just make one or two more because I see that there are a lot of questions and, like I said, I look forward to learning from you and if I can make things a little more specific I'd be glad to. Maybe I'll just share one or two more points.

Dr. Zev Wiener:

One is the importance of a balanced world perspective. This is particular relevant when it comes to younger people who are diagnosed with cancers. Cancer makes young people grow up very quickly, right? It really ages people in a very significant way. Before a diagnosis, and especially with the younger population but not always, many people have lives that are relatively carefree. Their lives are, "Where are we eating this weekend? Where are we traveling next weekend? Where are we going on vacation?" Okay, of course there are stresses in life. Of course it's not just a picnic. But life is very much about, "What are we doing?" Never thinking about broader more existential issues. The thought of illness, getting a diagnosis, concepts of disability, of confronting the possibility of mortality for the first time, is not on their mind. When they do experience it it can just be devastating, to the point that the pendulum can swing to the complete opposite side. Where now it's like life becomes short, pointless, morbid. "What's the point of enjoying anything in life when I've seen this darkness of what life brings?"

Dr. Zev Wiener:

So one of the things we work on, and this is true for any type of cancer, is trying to find some middle ground between those two extremes. That just because after the diagnosis life is no longer that carefree party, if you will, that it may have been for some people, it doesn't mean that the opposite extreme is true either and that there's nothing to be enjoyed; and that there's no purpose; and there's no meaning; and there's no moments where we can celebrate and be happy with what we're seeing in the moment, whether it's a family event or some good news that we hear about people, or another person's success. So trying to find that middle ground is very, very important. And keeping that balanced world view. And checking yourself, saying like, "Hey, have I slipped too far into that just morbid, cynical, negative view," which is totally understandable, "but is there a way that I could balance that out a little bit, just to have a little bit more of a balanced perspective, middle of the road," that ultimately helps us to feel better and to achieve more within our lives.

Dr. Zev Wiener:

Okay. Maybe the last quick point I would make is just the importance of being able to deal with uncertainty and unpredictability. That's a major, major factor in depression and in anxiety. It relates to a lot of what we've discussed already, but so much of the pain that people experience is with the uncertainty. Waiting for lab results, waiting for the date of the scan, waiting to find out what's going to

happen. This is another area that challenges a lot of people and that there are techniques that can be helpful.

Dr. Zev Wiener:

Practicing acceptance is very important here. Being able to accept what's going on, "To accept that I feel this way. Acceptance not in a sense of agreeing with it but I accept this is what I feel. There's nothing that I can do about it at this moment. I might as well try to do something else. As hard as it is I might as well try to stay busy, to focus on something else, to pick up a hobby, to go out with some friends. As much as I don't want to do this, because staying home, ruminating in my mind, is just not going to get me anywhere." Trying to accept that discomfort, knowing that it's normal, that everyone goes through this pain of wanting to know and not knowing. That's something that's very important to attend to, of, "How am I doing? How can I improve that?" The title would be, somebody asked, Dealing With Uncertainty and Unpredictability. It's usually not a helpful thing to be ruminating. Like I said, spinning our wheels in neutral.

Dr. Zev Wiener:

Okay. I think there's more to say and I had hoped to talk a little bit about some concrete coping strategies that sometimes can be helpful, but I think I'd rather leave it at that and open it up for maybe a few questions that people may be wondering or grappling with.

Dr. Zev Wiener:

Just to review what we talked about this afternoon. We looked at mental health challenges with cancer. Some of the prominent things that can predispose a person to depression and anxiety. Some of the periods, and treatments, that are most vulnerable to depression and anxiety.

Dr. Zev Wiener:

Then just a number of points that I thought are helpful, at whatever stage of the journey, whatever stage of the fight a person is in in traversing this road. Those are the notions of always maintaining some sense of hope, obviously balanced with realistic thinking. The importance of connection and support in our lives, genuine connection and support in our lives. The importance of finding some type of meaning within our struggles, within our suffering. The value of living in the moment, rather than being held hostage to some point in the future that may or may not come. The importance of a balanced world perspective, so trying not to become completely giving up on life and on the joys that can also exist in life together with the darkness. Then dealing with uncertainty and recognizing, "How am I dealing with the uncertainty? How do I cope with that? Do I need to get a little bit more help with that?"

Dr. Zev Wiener:

Why don't we leave it at that and we can now open ... I think, Jenna, you may have a list of questions or other comments.

Jenna Fields:

Wow, Rabbi Wiener, that was just incredible. Thank you so much. I can see all the comments in the chat and the support there as well, which I really appreciate for everyone who's commenting. I know you said that you did have a list of coping strategies, we actually received so many questions about specific coping strategies I'm wondering if I can turn it back to you for a few minutes-

Dr. Zev Wiener:

Mm-hmm (affirmative).

Jenna Fields:

... if you can give us some of those ... I see nodding, so if you don't mind doing that?

Dr. Zev Wiener:

Yeah. Yeah. What are some of the things we can do to try to help achieve some of those goals we were mentioning? On the most broad level therapy. I wouldn't call it a coping strategy but it's a source of coping strategies. It's very, very helpful for a lot of people. And particularly seeing a therapist who is oncologically trained, who is familiar with some of these issues. Medications can sometimes be helpful as well. I wouldn't call it a coping strategy but it's a coping tool. Medications are helpful both for the depression and the anxiety, in the right context for the right patient, but they can also help other side effects that people may be experiencing from treatment. So things like appetite, or sleep, fatigue. Sometimes they can help hot flashes that people may experience from some of the hormonal treatments. So that's another helpful tool.

Dr. Zev Wiener:

Self-care is very, very important. Very important. It's so easy to forget about ourselves when we're just being bounced around, it feels like, from one doctor to another. Making sure we're trying to get enough sleep. I always tell people you can't set a goal of getting eight hours a night because goals should be things that you can attain if you work to them. Sleeping is not really in our control. Just like I can't set a goal of I want to jump up and touch the ceiling if I can't reach the ceiling. But you can set a goal of, "I want to rest for eight hours a night. I want to rest for eight and a half hours a night." And say, "I'm going to try to just tune out the world, put the world on mute if you will, for eight and a half hours, and get as much sleep as I can." That's very important.

Dr. Zev Wiener:

Other things are meditation, of course. There's been a lot of data, I know people have commented on that, that for many people they find that to be a grounding experience. Spirituality, religion, can be a very powerful coping tool for people. A very powerful one, if that's something that they're familiar with.

Dr. Zev Wiener:

Another thing that I have sometimes recommended, and I think does help people, is sometimes if you're really anxious, say you're in the doctor's office, you're waiting, some of my patients have found it very helpful to focus on what's supporting you right now. You can even do this at this moment. Like feeling the support of the chair on your body or feeling the support of the floor on your legs. Sometimes that's just a very easy reminder that we're never completely on our own, we're always being supported by different things. That can be a grounding experience in the heat of panic or the anxiety.

Dr. Zev Wiener:

Similarly, one patient of mine told me she likes to focus, when she's in the doctor's office, she'll find a pretty picture on the wall or a pretty plant, or just a nice carpet, to focus on some detail. She says, "Hey, that's actually very nice." And getting pulled in, if you will, on that pleasing image. Even if it's something you normally would never even notice and never stop to think on, that can be a helpful coping strategy.

Dr. Zev Wiener:

Sometimes I encourage people to think of comforting people in their lives. So this is particular good for those 2:00 in the morning moments where you're up, you're in a panic, your mind is racing, you can't think about anything. Sometimes it can be helpful to imagine a comforting person just sitting there by the door. They're not even saying anything but someone who you see in your life as comforting. If you don't have anyone like that you can think of who would be comforting for you. Who, in history, have you studied about who you think would be a comforting presence. Just trying to feel that. For many people they speak with God and they see that as the ultimate comforting presence, which can be very grounding for those moments.

Dr. Zev Wiener:

Deep breathing. I know it's a little bit of a cliché, perhaps by now, but it really does help a lot of people. There is increasing evidence that when we breath slowly ... And I would put less of an emphasis on the specific number of seconds per breath as much as, for you, what's comfortable to slowly breath in, hold it for a couple seconds, and when comfortable let it out very slowly. What that does is it flips on like a master switch in our brains called the parasympathetic nervous system, which is a master switch that just relaxes the body. So breathing slowly can slow down the heart, it gets more oxygen to the brain, opens up the lungs, helps with digestion. And, again, it's not an instant effect but if you keep doing it, you don't give up, after a couple minutes you should begin to notice a sense of calm coming over you.

Dr. Zev Wiener:

Sometimes people, if they're in the throes of a panic attack and just really overwhelmed, sticking their hands in ice water, sticking their head in ice water. Again, just talk to your doctor beforehand. But just something that just pulls you out of it, like a jarring ... Almost like a shock like that can be helpful. Something like flicking a rubber band people find can help distract them. They put a rubber band on their wrist.

Dr. Zev Wiener:

Again, there are many, many more. I'm just giving you a sampling of some of the things that I think would be helpful. Both on the more formal level, like medication and therapy, and on the more day to day in the moment level of the deep breathing, the rubber band, the ice water, the imagining, et cetera.

Jenna Fields:

That's great. Thank you so much Dr. Wiener. You touched on a lot of different coping strategies that we also had different webinars for over the past year. I thought maybe we could just share that in the chat, which I'm going to do right now for anyone who wants some specifics about all of these issues. I'm going to ask my colleagues if there's any more that you think I'm missing to please share that as well.

Jenna Fields:

We did get a lot of questions specifically around use of medication, as well as cannabis. I did put in the chat the link to our webinar on cannabis use. But Dr. Wiener if you don't mind maybe expanding a little bit on when someone should be considering ... Or when they should have the conversation with their healthcare provider about using medication to help manage anxiety and depression?

Dr. Zev Wiener:

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Yeah. Yeah. There are some people who believe, and I don't think it's a ridiculous suggestion at all, that every patient who gets diagnosed with cancer should get an automatic referral option. They don't have to take it, but a referral option to a psychiatrist for a medication evaluation. Of whether it would be a good thing.

Dr. Zev Wiener:

Very, very hard to give a blanket rule on who would be a good medication candidate, who would not. Some of the rules of thumb that I think of are, one, history. So if someone has struggled with depression and anxiety in the past they're at a higher risk during the cancer treatment to have a relapse, a recurrence of that. That might be a reason to be a little bit more proactive in taking something, if they've taken it before and it's helped.

Dr. Zev Wiener:

I tend to be more of a minimalist in general. I think before going to medication, not that there's anything wrong with it, but I usually recommend people to try a little bit of therapy, try some of the coping skills. See if any of the non-pharmacological interventions could help. If they're finding that that's not working then certainly to get a referral for psychiatry. Again, it's a very hard call. You really want to look at a person's support structure, their history, how intense the symptoms are, where in the course of treatment they are. But I think it's always better to err on the side of caution. So if you think like, "Hey, I'm struggling and I'd like something to help me a little bit more," definitely meet with a psychiatrist. Set up an appointment. A lot of people forget that meeting with a psychiatrist doesn't mean you're going to take medication, it just means you're going to get evaluated for it and they're going to give you an honest recommendation if they think it could help or not. Those are some general rules of thumb.

Dr. Zev Wiener:

Things like panic attacks, like if you're really panicking and your heart is racing, you can't breathe, it becomes totally overwhelming, that's usually a sign that medication could be helpful. Severe depression where you're not getting out of bed, not functioning, not eating. That would be another sign to be going a little more quickly the medication route. But ultimately it's a very personal decision. Like I said, I would probably start with a therapist, in most cases, and have them either suggest or you on your own then up it to considering medication.

Jenna Fields:

Thank you. A topic we could do a whole other webinar on as well, so I know there's a lot there. We received a lot of questions about, and you touched on, the importance of using your social network, family and friends, through this journey. Can you provide us with some language for how to maybe ask for help from friends or family, or to be able to communicate that you're experiencing anxiety and depression? A lot of questions around stigma, and really trying to have open conversations with family and friends.

Dr. Zev Wiener:

Yeah. Again it's going to depend very much on your prior relationship with the family or the friends. Have you ever reached out to them before? How close do you feel to them? But there's nothing wrong with saying to anybody, "I'm having a hard time. I'm having a hard time. Could we talk? Or could you come over?" Sometimes it takes a lot of courage to ask a question like that, especially if you've never done it before. And it's a question that you'll rarely regret doing. You may be disappointed. In all fairness

not all friends are the type of friends we want and sometimes, unfortunately, we learn that during difficult times but it's certainly worth doing. Just saying, "I need help. Can we talk?"

Dr. Zev Wiener:

Even better than saying, "Can we talk," you say, "Could you listen? Could I just vent to you? Could I speak to you what's on my mind?" Sometimes that also can allay the anxiety of the listener. Because, like I said before, some listeners are afraid. They feel like, "I'm supposed to have something to say. I'm supposed to be able to help. And I have no clue how to help." The honest answer is you're not supposed to know how to help. All you need to do is to be present, to listen, to acknowledge what they're saying, and to try ... If you can offer things like bringing over meals or coming with them to an appointment. I think that's a wonderful thing to do. But the most important is just the presence, your presence. Letting them know that you're there.

Jenna Fields:

Great. I know that we're getting so many questions and we're not going to get to everything. I'm trying to combine a lot of the questions that came in, so we can get through them. One thing, Dr. Wiener, that a lot of people asked was can you provide an explanation for the impact of treatment on brain functioning? There were a lot of questions specifically around tamoxifen but also endocrine therapies. How does treatment itself impact functioning? Again, it could be a whole topic but if you can address that?

Dr. Zev Wiener:

Yeah, yeah. So for each of these I'm trying to give just like a soundbite. There's probably a lot more to talk about, but at least a starting off point.

Dr. Zev Wiener:

Brain function. When I hear brain function I'm thinking more like cognitive function, memory, attention. There we often see, from the chemotherapies, people will often complain that they're just not remembering things as well, not as clear. The colloquial term that my patients like to use is chemo brain, I'm sure many of you have heard of that. Where they're finding that cognitively they're just not as clear. I think you said you had a webinar on that at one point, so I won't get into that. But just very briefly on chemo brain, specifically, sometimes people find medications can be helpful for that. Certain stimulant medications that can help with attention and with focus are worth asking your doctor about. We will prescribe those and see benefit from them.

Dr. Zev Wiener:

In terms of other mental health issues, say something like tamoxifen. So tamoxifen is a very interesting medication, where there's a lot of data that seems to show that on the whole tamoxifen doesn't cause mental health symptoms, depression, anxiety, mood swings. But I can sure tell you from speaking with people who take it, and then who come off of it, they definitely ... Many people do seem to experience some sort of effect, whether depression or anxiety, mood swings, mental clouding. The current thinking seems to be that there's probably a subpopulation, that maybe in the broader data gets washed out, but that for reasons we don't fully understand is more susceptible to the effects of tamoxifen on these functionings.

Dr. Zev Wiener:

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It's a little bit like ... I always like to joke about the proverbial statistician who drowns in a river who's average depth is one foot. So you hear, "Oh the average depth is one foot, it's a shallow river." No, it could have 100 feet depth at one point but the average washes out to one foot. It's the same thing with a lot of these studies. That's why a lot of the mental health and medical data is flawed, is because we're looking at large populations that kind of average things out and will be true for many people but not necessarily for everyone.

Dr. Zev Wiener:

So with tamoxifen I always tell my patients, I say, "First of all go in with an open mind. Because if you go in expecting it to be bad, with all the things that you've read on the chat groups online, it's going to be bad." That's what we call the placebo effect. It's the opposite of placebo. If you expect something to be bad it very likely is going to be bad. So you have to realize many people take tamoxifen and do just fine. They feel perfectly fine, they don't have issues. And it's important to go in hoping, and anticipating, that you'll likely be one of those.

Dr. Zev Wiener:

That being said, many people do seem to struggle with it. In that case medication can be very beneficial. I sometimes say, half-jokingly, that I think some pharmaceutical companies should make a combo pill of tamoxifen and Effexor in one pill because so many people seem to benefit from them. Effexor is an antidepressant medication that goes particularly well with tamoxifen and it can help with some of the mood swings, the depression that people seem to feel. It may also help with hot flashes, which sometimes people experience on tamoxifen. So I very commonly prescribe those two when people come to me saying that the tamoxifen is just very hard to handle.

Jenna Fields:

We are, unfortunately, out of time Dr. Wiener. Very quickly can you just provide ... And maybe you don't know the answer, but is there a central place where people can go to vet a potential psychiatrist or an oncological psychiatrist? I know that at the end of this call we're all eager to learn more and potentially talk to someone.

Dr. Zev Wiener:

Yeah. There are some ... Like I said, at UCLA, for patients who are being treated at UCLA, we have the Simms Mann Center, which offers both therapy with therapists as well as medication management. I know Saint John's was talking about doing something like that. I don't know if they ended up doing it but I think they're in the works of doing something like that. Otherwise, I don't know specific references. I know there are a lot of cancer support resources out there. I'm sure Sharsheret probably has quite a number that can give referrals. But they're not that common. But, to be honest, if you can't get in with a specific psycho-oncologist, as they call it, just see a regular psychiatrist. Most of them should be able to deal with it and to have some basic information. If you're finding that after seeing them it's not working then I would work harder to try to find the specialist who may have some other ideas. But, like I said, it may just be harder to find the specialist off the bat. I wouldn't let that hold up your treatment if you're struggling.

Jenna Fields:

Thank you. Thank you so much. Yes, Sharsheret's social workers are available as well to help navigate resources in your area. I know we have people from all over the country on this conversation. So thank

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you Dr. Wiener so much. Everyone please, if you can, fill out our brief evaluation survey. The link is going to go in the chat box right now. Again, we are here for you. Please don't hesitate to contact us by phone or email, as well as to speak with one of our genetic counselors.

Jenna Fields:

Save the date, and you can sign up right now, for one of our upcoming webinars. Shalom, Shabbat; our Shavuot Bakefest; and our Zentangle Therapeutic Doodling. From all of us at Sharsheret thank you so much for joining us today. Thank you, again, Dr. Zev Wiener for your incredible talk. We look forward to seeing everybody again soon.

Dr. Zev Wiener:

Yeah, wishing everyone all the best, to hear good things.

Jenna Fields:

Thank you.

About Sharsheret

Sharsheret, Hebrew for “chain”, is a national non-profit organization, improves the lives of Jewish women and families living with or at increased genetic risk for breast or ovarian cancer through personalized support and saves lives through educational outreach.

With four offices (California, Florida, Illinois, and New Jersey), Sharsheret serves 150,000 women, families, health care professionals, community leaders, and students, in all 50 states. Sharsheret creates a safe community for women facing breast cancer and ovarian cancer and their families at every stage of life and at every stage of cancer - from before diagnosis, during treatment and into the survivorship years. While our expertise is focused on young women and Jewish families, more than 15% of those we serve are not Jewish. All Sharsheret programs serve all women and men.

As a premier organization for psychosocial support, Sharsheret’s Executive Director chairs the Federal Advisory Committee on Breast Cancer in Young Women, Sharsheret works closely with the Centers for Disease Control and Prevention (CDC), and participates in psychosocial research studies and evaluations with major cancer centers, including Georgetown University Lombardi Comprehensive Cancer Center. Sharsheret is accredited by the Better Business Bureau and has earned a 4-star rating from Charity Navigator for four consecutive years.

Sharsheret offers the following national programs:

The Link Program

- Peer Support Network, connecting women newly diagnosed or at high risk of developing breast cancer one-on-one with others who share similar diagnoses and experiences
- Embrace™, supporting women living with advanced breast cancer • Genetics for Life®, addressing hereditary breast and ovarian cancer
- Thriving Again®, providing individualized support, education, and survivorship plans for young breast cancer survivors • Busy Box®, for young parents facing breast cancer
- Best Face Forward®, addressing the cosmetic side effects of treatment
- Family Focus®, providing resources and support for caregivers and family members
- Ovarian Cancer Program, tailored resources and support for young Jewish women and families facing ovarian cancer • Sharsheret Supports™, developing local support groups and programs

Education and Outreach Programs

- Health Care Symposia, on issues unique to younger women facing breast cancer
- Sharsheret on Campus, outreach and education to students on campus
- Sharsheret Educational Resource Booklet Series, culturally-relevant publications for Jewish women and their families and healthcare Professionals

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