NEVROPSIHIATRIČNI SIMPTOMI V PALIATIVNI OSKRBI – POGLED PSIHIATRA

NEUROPSYCHIATRIC SYMPTOMS IN PALIATIVE CARE – THE VIEW OF A PSYCHIATRIST

Jana Knific

Vsaj 25-30 % vseh bolnikov z rakom in še večji odstotek bolnikov v paliativni oskrbi dosegajo kriterije za različne duševne motnje - depresivne, anksiozne, prilagoditvene motnje z demoralizacijo in delirij. Pomoč bolnikom pri soočanju z boleznijo in zahtevnim zdravljenjem, spoprijemanje s stresom, ki je spremljevalka bolezni in lajšanje stisk in/ali simptomov ob tem ter izboljšanje kvalitete življenja so glavne komponente psihoonkološke obravnave.

Komunikacija z bolnikom o zadnjem obdobju življenja je pomembna in zahtevna, neizogibno s seboj prinaša čustvene odzive in zahtevo po nagovarjanju biomedicinskih in psihosocialnih aspektov tega obdobja življenja. V tem obdobju se v obravnavo vse bolj vključujejo tudi družinski člani bolnika, tako se bolnik in njegova družina vse bolj sooča in prilagaja na nove vidike bolezni in nove vloge tega obdobja. Več kot 50 % bolnikov z rakom poroča o anksioznih simptomih, čeprav je metaanaliza 94 študij pokazala bistveno nižjo prevalenco anksioznih motenj (10.3%). 38.2% bolnikov poroča o razpoloženjski motnji, od tega jih je 19.4% ocenjenjenih kot prilagoditvene motnje. Svojci bolnikov, ki so napoteni v paliativno oskrbo poročajo o izdatni anksioznosti v 47%. Anksiozne in depresivne motnje se pogosto sopojavljajo in sovplivajo druga na drugo. Prevalenca depresivnih motenj variira od 7-49 % pri paliativnih bolnikih, sistematični pregled 59 študij, ki so jih izvajali v raznolikih okoljih paliativne oskrbe (bolnišnični/onkološki oddelki, dnevnobolnišnični odd., paliativni odd, hospic) je pokazal 2-56% prevalenco depresije. Tii podatki kažejo, da je prevalenca 2 do tri krat večja kot v splošni populaciji in podobna kot pri bolnikih z drugimi telesnimi boleznimi.

V prispevku bodo obravnavana teoretična izhodišča posameznih sklopov psihiatričnih simptomov, njihov način izražanja pri paliativnih bolnikih in njihovih svojcih, ocenjevanje in diferencialno diagnostične dileme, ki se ob tem pojavljajo ter njihova specifična klinična obravnava v paliativni oskrbi.

At least 25-30% of all cancer patients and an even larger percentage of patients in palliative care meet the criteria for various mental disorders - depression, anxiety, adjustment disorders with demoralization and delirium. Helping patients cope with the disease and demanding treatment, dealing with the stress that accompanies the disease and alleviating the suffering and/or accompanying symptoms and improving the quality of life are the main components of psycho-oncology treatment.

Communication with the patient about the last period of life is important and demanding, it inevitably brings with it emotional responses and the requirement to address the biomedical and psychosocial aspects of this period of life. During this period, the patient's family members are increasingly involved in the treatment, so the patient and his family face and adapt to new aspects of the disease and new roles of this period. More than 50% of cancer patients report anxiety symptoms, although a meta-analysis of 94 studies showed a significantly lower prevalence of anxiety disorders (10.3%). 38.2% of patients report a mood disorder, of which 19.4% are assessed as adjustment disorders. Relatives of patients referred to palliative care report extensive anxiety in 47%. Anxiety and depressive disorders often co-occur and influence each other. The prevalence of depressive disorders varies from 7-49% in palliative patients, a systematic review of 59 studies conducted in diverse palliative care settings (hospital/oncology departments, palliative/hospic unit, outpatient service) showed a 2-56% prevalence of depression. These figures are 2 to 3 times higher than those of the general population and similar to that of patients with other physical diseases.

The paper will discuss the theoretical starting points of individual sets of psychiatric symptoms, their way of expression in palliative patients and their relatives, assessment and differential diagnostic dilemmas that arise and their specific clinical treatment in palliative care.