ÇOCUK ONKOLOJİSİNDE PSİKİYATRİK YAKLAŞIMLAR

77. BÖLÜM

Zehra KOYUNCU[1]

GİRİŞ

Kanser, yaşam kalitesini belirgin olarak etkileyen ve sıklıkla ölümle sonuçlanabilen bir sağlık sorunudur (1). Her yıl yaklaşık 300.000 çocuğa kanser teşhisi konduğu tahmin edilmektedir (2). Ülkemizde kanser sıklığı, dünya genelindeki verilerle benzerlik göstermektedir. Çocukluk çağında en sık görülen kanser lösemi iken, ergen yaş grubunda erkeklerde testis ve kemik kanserleri, kızlarda tiroid kanserleri ve Hodgkin hastalığı ilk sıralarda gelmektedir (3).

1970'lerden önce, kanser tanısı alan bireylerin yaşam beklentisi oldukça düşük iken, kanser tedavisi alanındaki çalışmaların ilerlemesi ile birlikte 1975 yılından 2010'a kadar mortalite oranlarında %50'den fazla düşüş olduğu görülmüştür (4). Günümüzde gelişmiş ülkelerde çocukluk çağı kanserlerinin %80'e yakını tedavi edilebilmektedir. Gelişmemiş ülkelerde ise bu oranların %20 civarında olduğu görülmektedir (5). 2030 yılında bu yaş grubunun kanserlerinin %60 oranında tedavi edilebilmesi hedeflenmektedir (2). Kanserin tedavi edilme oranlarının artması, kanser hastaları ve ailelerinin psikososyal yönden değerlendirilmesini de beraberinde getirmiştir (4).

TANI ALMA SÜRECİ

Yapılan çalışmalar bir çocuğa veya ergene kanser tanısı konmasının aile üyeleri için stres verici olduğunu ve bu sürecin tanı konmasını takip eden 1 yıl süre ile devam ettiğini göstermiştir (6). Klinik durum hakkında yeterli bilgi paylaşımının sağlanamaması, çocuğun semptomlarının kalıcılığı ile hastalığının halihazırdaki ve gelecekteki etkileri hakkında endişelenmesine yol açar. Bilgi paylaşımı aşamasında ebeveynlerin rolü, çocuğun yaşına göre değişkenlik göstermektedir. 4-12 yaş gibi küçük çocuklarla iletişimde ebeveynler merkezi rol oynarken, 13 yaştan itibaren otonomi, sorumluluk ve bağımsızlık becerilerinin artmasıyla çocuklar sağlık çalışanları ile direkt iletişim kurmak istemektedir. Bu dönemde ebeveynlerin ve sağlık personelinin destekleyici rolü devam etmelidir (7). Bu süreçte ebeveynlerin almaları gereken sorumluluk için kendilerini hazırlıksız hissettikleri ve tanı ile ilgili bilgi paylaşımını nasıl yapmaları gerektiği konusunda yeterince bilgilendirilmedikleri görülmüştür (8). Ruh sağlığı çalışanının tanı alma sürecinde hasta ve ailenin konumu, verdikleri tepkiler ve hastalığı algılama biçimleri hakkında bilgi sahibi olması, çocukla ve aileyle iletişim kurmasını ve onların duygularını anlamasını kolaylaştıracaktır (9). Hastaların tanıya uyumunu uygun düzeyde bilgilendirmenin yanı sıra bireyin baş etme şekilleri, gelişimsel faktörler, çocuğun ve ailenin hastalık öncesi psikososyal durumu ve stres düzeyi, ailenin sosyoekonomik düzeyi, gelir ve eğitim düzeyi ve sosyal desteklere ulaşabilmeleri gibi faktörlerin etkilediği düşünülmektedir (10).

Tanı alan hastaların tedavi öncesi dönemde depresyon ve anksiyete belirtileri artmaktadır. Bu belirtilerin artmasını öngören faktörler çocuğun fiziksel, günlük yaşamına ilişkin, psikolojik ve bilgilendirme konusundaki ihtiyaçlarının karşılanmamasıdır. Operasyon sonrası hastaların kaygı

[1] Uzman Doktor, İÜ-C Cerrahpaşa Tıp Fakültesi, Çocuk ve Ergen Psikiyatrisi AD, zboybay@mail.com
ORCID iD: 0000-0001-6458-1826

KAYNAKÇA

1. Wu E, Robison LL, Jenney MEM, et al. Assessment of health-related quality of life of adolescent cancer patients using the Minneapolis-Manchester Quality of Life Adolescent Questionnaire. Pediatr Blood Cancer. 2007;48(7):678–86.
2. WHO | Global Initiative for Childhood Cancer. [homepage on the Internet]. c2020 [cited 2020 Mar25]. Available from: https://www.who.int/cancer/childhood-cancer/en/
3. Gültekin M, Boztaş G. Türkiye kanser istatistikleri. Sağlık Bakanlığı Türkiye Halk Sağlığı Kurumu. 2014;43.
4. Martin A, Bloch MH, Volkmar FR. Lewis's child and adolescent psychiatry : a comprehensive textbook. Philadelphia: Wolters Kluwer; 2018.
5. Cancer in Children [homepage on the Internet]. c2019 [updated 28 Sep 2018 cited 2019 Oct 4]. Available from: https://www.who.int/news-room/fact-sheets/detail/cancer-in-children
6. Mu P-F, Lee M-Y, Sheng C-C, et al. The experiences of family members in the year following the diagnosis of a child or adolescent with cancer: a qualitative systematic review. JBI database Syst Rev Implement reports. 2015;13(5):293–329.
7. Gibson F, Aldiss S, Horstman M, et al. Children and young people's experiences of cancer care: a qualitative research study using participatory methods. Int J Nurs Stud. 2010;47(11):1397–407.
8. Gibson F, Kumpunen S, Bryan G, et al. Insights from parents of a child with leukaemia and healthcare professionals about sharing illness and treatment information: A qualitative research study. Int J Nurs Stud. 2018;83:91–102.
9. Kayaalp L. Kanser ve Çocuk. In: Tüzün DÜ, Hergüner S, editors. Çocuk Hastalıklarında Biyopsikososyal Yaklaşım. İstanbul: Epsilon, 2007; p. 235–42.
10. Kazak AE, Abrams AN, Banks J, et al. Psychosocial assessment as a standard of care in pediatric cancer. Pediatr Blood Cancer. 2015;62(S5):S426–59.
11. Dyson GJ, Thompson K, Palmer S, et al. The relationship between unmet needs and distress amongst young people with cancer. Support Care Cancer. 2012;20(1):75–85.
12. Kwak M, Zebrack BJ, Meeske KA, et al. Prevalence and predictors of posttraumatic stress symptoms in adolescent and young adult cancer survivors: a 1-year follow up study. Psych-Oncology. 2013;22(8):1798–806.
13. McCarthy MC, McNeil R, Drew S, et al. Information needs of adolescent and young adult cancer patients and their parent-carers. Support Care Cancer. 2018;26(5):1655–64.
14. Liu W, Cheung YT, Brinkman TM, et al. Behavioral symptoms and psychiatric disorders in child and adolescent long term survivors of childhood acute lymphoblastic leukemia treated with chemotherapy only. Psycho-oncology. 2018;27(6):1597–607.
15. Gupta V, Singh A, Singh TB, et al. Psychological morbidity in children undergoing chemotherapy for acute lymphoblastic leukemia. Indian J Pediatr. 2014;81(7):699–701.
16. Hinds PS. Quality of life: from nursing and patient perspectives: theory, research, practice. Jones & Bartlett Learning; 2003.
17. Skeens MA, Cullen P, Stanek J, et al. Perspectives of childhood cancer symptom-related distress: Results of the state of the science survey. J Pediatr Oncol Nurs. 2019;36(4):287–93.
18. Hooke MC, Linder LA. Symptoms in children receiving treatment for cancer—Part I: Fatigue, sleep disturbance, and nausea/vomiting. J Pediatr Oncol Nurs. 2019;36(4):244–61.
19. Zeltzer LK, Lu Q, Leisenring W, et al. Psychosocial outcomes and health-related quality of life in adult childhood cancer survivors: a report from the childhood cancer survivor study. Cancer Epidemiol Prev Biomarkers. 2008;17(2):435–46.
20. Kowaluk A, Woźniewski M, Malicka I. Physical Activity and Quality of Life of Healthy Children and Patients with Hematological Cancers. Int J Environ Res Public Health. 2019;16(15):2776.
21. Antill Keener T. Childhood Cancer-Related Fatigue and Day-to-Day Quality of Life. J Pediatr Oncol Nurs. 2019;36(2):74–85.
22. Whitsett SF, Gudmundsdottir M, Davies B, et al. Chemotherapy-related fatigue in childhood cancer: correlates, consequences, and coping strategies. J Pediatr Oncol Nurs. 2008;25(2):86–96.
23. Erickson JM, Beck SL, Christian BR, et al. Fatigue, sleep-wake disturbances, and quality of life in adolescents receiving chemotherapy. J Pediatr Hematol Oncol. 2011;33(1):17–25.
24. Rodrigues Nunes MD, Jacob E, Adlard K, et al. Fatigue and Sleep Experiences at Home in Children and Adolescents With Cancer. In: Oncology nursing forum. 2015.
25. Linder LA, Christian BJ. Nighttime sleep characteristics of hospitalized school age children with cancer. J Spec Pediatr Nurs. 2013;18(1):13–24.
26. Daniel LC, Li Y, Kloss JD, et al. The impact of dexamethasone and prednisone on sleep in children with acute lymphoblastic leukemia. Support Care Cancer. 2016;24(9):3897–906.
27. Warris LT, van den Akker ELT, Aarsen FK, et al. Predicting the neurobehavioral side effects of dexamethasone in pediatric acute lymphoblastic leukemia. Psychoneuroendocrinology. 2016;72:190–5.
28. Vallance K, Yang J, Li J, et al. Disturbed sleep in pediatric patients with leukemia: the potential role of interleukin-6 (-174GC) and tumor necrosis factor (-308GA) polymorphism. In: Oncology nursing forum. 2011.
29. Kreitler S, Ben-Arush MW, Martin A. Pediatric psycho-oncology: Psychosocial aspects and clinical interventions. John Wiley & Sons; 2012.
30. Mavrides N, Pao M. Updates in paediatric psycho-oncology. Int Rev Psychiatry. 2014;26(1):63–73.
31. Turkel SB, Jacobson J, Munzig E, et al. Atypical antipsychotic medications to control symptoms of delirium in children and adolescents. J Child Adolesc Psychopharmacol. 2012;22(2):126–30.
32. Steele AC, Mullins LL, Mullins AJ, et al. Psychosocial interventions and therapeutic support as a standard of care in pediatric oncology. Pediatr Blood Cancer. 2015;62(5):585–618.
33. Christiansen HL, Bingen K, Hoag JA,et al. Providing children and adolescents opportunities for social intera-

ction as a standard of care in pediatric oncology. Pediatr Blood Cancer. 2015;62(S5):S724–49.
34. Mehta RD, Roth AJ. Psychiatric considerations in the oncology setting. CA Cancer J Clin. 2015;65(4):299–314.
35. Team T for A with DS (TADS). The Treatment for Adolescents With Depression Study (TADS): outcomes over 1 year of naturalistic follow-up. Am J Psychiatry. 2009;166(10):1141–9.
36. Schirman S, Kronenberg S, Apter A, et al. Effectiveness and tolerability of citalopram for the treatment of depression and anxiety disorders in children and adolescents: an open-label study. J Neural Transm. 2010;117(1):139–45.
37. March JS, Silva S, Petrycki S, et al. The Treatment for Adolescents With Depression Study (TADS): long-term effectiveness and safety outcomes. Arch Gen Psychiatry. 2007;64(10):1132–44.
38. Kersun LS, Elia J. Depressive symptoms and SSRI use in pediatric oncology patients. Pediatr Blood Cancer. 2007;49(7):881–7.
39. Gothelf D, Rubinstein M, Shemesh E, et al. Pilot study: fluvoxamine treatment for depression and anxiety disorders in children and adolescents with cancer. J Am Acad Child Adolesc Psychiatry. 2005;44(12):1258–62.
40. VanFleet R, Ryan SD, Smith SK. Filial therapy: A critical review; 2005.
41. Ebrahimi E, Mirzaie H, Saeidi Borujeni M, et al. The Effect of Filial Therapy on Depressive Symptoms of Children with Cancer and Their Mother's Depression, Anxiety, and Stress: A Randomized Controlled Trial. Asian Pacific J Cancer Prev. 2019;20(10):2935–41.
42. Avers L, Mathur A, Kamat D. Music therapy in pediatrics. Clin Pediatr (Phila). 2007;46(7):575–9.
43. Bradt J, Dileo C, Magill L, et al. Music interventions for improving psychological and physical outcomes in cancer patients. Cochrane Database Syst Rev. 2016;(8).
44. Pratt M, Wood M. Art therapy in palliative care: The creative response. Routledge; 2015.
45. Raybin JL, Krajicek M. Creative Arts Therapy in the Context of Children With Cancer: A Concept Analysis. J Pediatr Oncol Nurs. 2019;1043454219878397.
46. Robert R, Stavinoha P, Jones BL, et al. Spiritual assessment and spiritual care offerings as a standard of care in pediatric oncology: A recommendation informed by a systematic review of the literature. Pediatr Blood Cancer. 2019;e27764.
47. Sloper P. Predictors of distress in parents of children with cancer: A prospective study. J Pediatr Psychol. 2000;25(2):79–91.
48. Lau N, Yi-Frazier JP, Bona K, et al. Distress and resilience among adolescents and young adults with cancer and their mothers: An exploratory analysis. J Psychosoc Oncol. 2019;1–7.
49. Yeh C. Gender differences of parental distress in children with cancer. J Adv Nurs. 2002;38(6):598–606.
50. Chesler MA, Parry C. Gender roles and/or styles in crisis: An integrative analysis of the experiences of fathers of children with cancer. Qual Health Res. 2001;11(3):363–84.
51. Leavitt M, Martinson IM, Liu C-Y, et al. Common themes and ethnic differences in family caregiving the first year after diagnosis of childhood cancer: Part II. J Pediatr Nurs. 1999;14(2):110–22.
52. Williams LK, McCarthy MC. Parent perceptions of managing child behavioural side-effects of cancer treatment: a qualitative study. Child Care Health Dev. 2015;41(4):611–9.
53. Gerhardt CA, Lehmann V, Long KA, et al. Supporting siblings as a standard of care in pediatric oncology. Pediatr Blood Cancer. 2015;62(S5):S750–804.
54. Kavruk Erdim N. Kanser Tanılı Çocukların Kardeşlerinde Utanç ve Suçluluk Duygularının Değerlendirilmesi. İstanbul Üniversitesi; 2017.
55. Long KA, Marsland AL, Wright A, et al. Creating a tenuous balance: Siblings' experience of a brother's or sister's childhood cancer diagnosis. J Pediatr Oncol Nurs. 2015;32(1):21–31.
56. Bansal M, Sharma KK, Vatsa M, et al. Comparison of health-related quality of life of children during maintenance therapy with acute lymphoblastic leukemia versus siblings and healthy children in India. Leuk Lymphoma. 2013;54(5):1036–41.
57. Alderfer MA, Hodges JA. Supporting siblings of children with cancer: A need for family–school partnerships. School Ment Health. 2010;2(2):72–81.
58. Alderfer MA, Labay LE, Kazak AE. Brief report: does posttraumatic stress apply to siblings of childhood cancer survivors? J Pediatr Psychol. 2003;28(4):281–6.
59. Marusak HA, Iadipaolo AS, Harper FW, et al. Neurodevelopmental consequences of pediatric cancer and its treatment: applying an early adversity framework to understanding cognitive, behavioral, and emotional outcomes. Neuropsychol Rev. 2018;28(2):123–75.
60. Bagur J, Massoubre C, Casagranda L, et al. Psychiatric disorders in 130 survivors of childhood cancer: Preliminary results of a semi-standardized interview. Pediatr Blood Cancer. 2015;62(5):847–53.
61. D'Souza AM, Devine KA, Reiter-Purtill J, et al. Internalizing symptoms in AYA survivors of childhood cancer and matched comparisons. Psycho-Oncology. 2019;28(10):2009–16.
62. Recklitis CJ, Diller LR, Li X, et al. Suicide ideation in adult survivors of childhood cancer: a report from the Childhood Cancer Survivor Study. J Clin Oncol. 2010;28(4):655.
63. Mulhern RK, Butler RW. Review Neurocognitive sequelae of childhood cancers and their treatment. Pediatr Rehabil. 2004;7(1):1–14.
64. Butler RW, Mulhern RK. Neurocognitive interventions for children and adolescents surviving cancer. J Pediatr Psychol. 2005;30(1):65–78.
65. Kerns KA, Thomson J. Implementation of a compensatory memory system in a school age child with severe memory impairment. Pediatr Rehabil. 1998;2(2):77–87.
66. Palmese CA, Raskin SA. The rehabilitation of attention in individuals with mild traumatic brain injury, using the APT-II programme. Brain Inj. 2000;14(6):535–48.
67. DeLong R, Friedman H, Friedman N, et al. Methylphenidate in neuropsychological sequelae of radiotherapy and chemotherapy of childhood brain tumors and leukemia. J Child Neurol. 1992;7(4):462–3.

68. Meyers CA, Weitzner MA, Valentine AD, et al. Methylphenidate therapy improves cognition, mood, and function of brain tumor patients. J Clin Oncol. 1998;16(7):2522–7.
69. Thompson SJ, Leigh L, Christensen R, et al. Immediate neurocognitive effects of methylphenidate on learning-impaired survivors of childhood cancer. J Clin Oncol. 2001;19(6):1802–8.
70. Marjerrison S, Hendershot E, Empringham B, et al. Smoking, binge drinking, and drug use among childhood cancer survivors: a meta-analysis. Pediatr Blood Cancer. 2016;63(7):1254–63.
71. Lown EA, Hijiya N, Zhang N, et al. Patterns and predictors of clustered risky health behaviors among adult survivors of childhood cancer: A report from the Childhood Cancer Survivor Study. Cancer. 2016;122(17):2747–56.
72. Sansom-Daly UM, Wakefield CE, Robertson EG, et al. Adolescent and young adult cancer survivors' memory and future thinking processes place them at risk for poor mental health. Psycho-Oncology. 2018;27(12):2709–16.
73. Smith MA, Altekruse SF, Adamson PC, et al. Declining childhood and adolescent cancer mortality. Cancer. 2014;120(16):2497–506.
74. Mack JW, Cronin AM, Uno H, et al. Unrealistic parental expectations for cure in poor-prognosis childhood cancer. Cancer. 2020; 126(2):416-24.
75. Hechler T, Blankenburg M, Friedrichsdorf SJ, et al. Parents' perspective on symptoms, quality of life, characteristics of death and end-of-life decisions for children dying from cancer. Klin Pädiatrie. 2008;220(03):166–74.
76. Heath JA, Clarke NE, Donath SM, et al. Symptoms and suffering at the end of life in children with cancer: an Australian perspective. Med J Aust. 2010;192(2):71–5.
77. Özatalay E, Çığıl Fettahoğlu E. Çocuk Hastalıklarında Biyopsikososyal Yaklaşım. In: Tüzün DÜ, Hergüner S, editors. Epsilon, 2007; p. 361–73.