

Fear and Anxiety in Palliative Care

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Anxiety & Fear

- Differing clinical states with different managements.
- ‘Anxiety’ used loosely in modern psychiatry – failure to differentiate from fright & fear.
- In palliative care disorders of fear are universal and disorders of anxiety common.
- No modern clinical literature on fear



Anxiety

- 38year old, single woman
- 3 (young) children
- Carcinoma of breast – 3 year history, skeletal metastases
- Concerns/worries – recurrences, treatment options, opioid medications, childrens' welfare and future care, finances.....

Fear

- 53 year old male
- SCC oropharynx (2 year history)
- Surgery, chemotherapy, RT
- Malignant wound
- Inspiratory stridor
- Terrified of suffocation, bleeding, pain, losing control, falling asleep, dying

Fear

Spinoza (1632-1677)

fear is cognitive



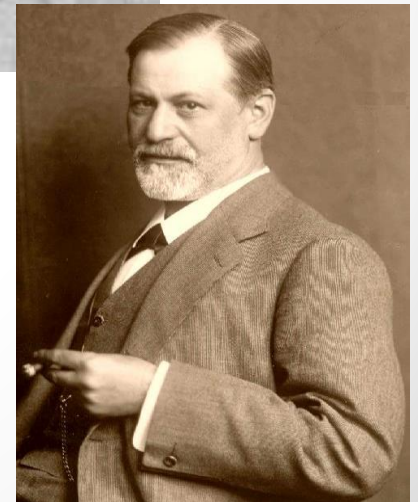
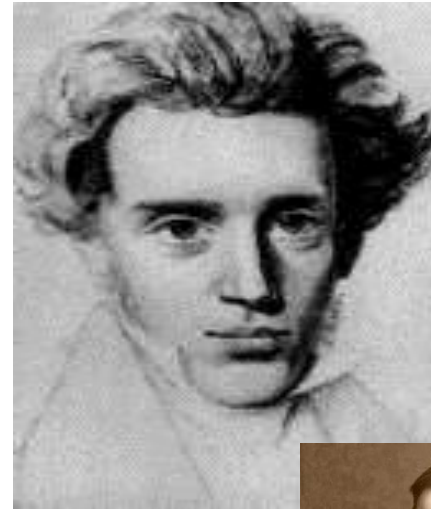
Pascal (1623-1662)

fear is
emotional



Anxiety

- Roman '*anxietas*' – a lasting state of fear
- Benjamin Rush (1746-1813) – reasonable (death, surgery) and unreasonable (ghosts, dark, insects) objects of fear
- Baron v. Feuchtersleben (1806-1849) – rational and irrational fears
- Kierkegaard (1813-1855) '*angst*' (anxiety)
- Freud - 'anxiety neurosis' 1895



Human Responses to Threat / Danger

- Fright
- Fear
- Anxiety

Fright

Stimulus	Reaction	Symptoms
sudden unexpected sensory	pre-emotional innate reflex	startle pattern



Fright

Disorder of Fright	Management
<ul style="list-style-type: none">•Hyperkplexias•?Acute Stress Disorder•PTSD	<ul style="list-style-type: none">•Prevention and avoidance•Prophylactic intoxication (alcohol, opioids, BDZs)



FEAR

UNTIL YOU HAVE THE COURAGE TO LOSE SIGHT OF THE SHORE,

Fear

Stimulus	Reaction	Symptoms
Specific object of threat •innate •learned (derived, not primal)	•Differentiated physiological, behavioural & cognitive. • Rational. “one has fear”	•Emotional & physiological arousal. •Behavioural reactions.



Anxiety

Stimulus	Reaction	Symptoms
<ul style="list-style-type: none">• Non-specific• Objectless• Threat to existence, ‘self’, ‘fear of nothingness’• Maximal at birth and death	<ul style="list-style-type: none">• Undifferentiated emotional, catastrophic reaction.• Irrational.• ‘one is anxious’• ‘dissolution of self’	<ul style="list-style-type: none">• Psychological – worry, tensionpanic• Physiological – tachycardia, sweating, tremor.....

Fear is a universal emotion for the dying



Darwin's fearful man

Fear-Evoking Situations

Innate

- Pain
- Being alone
- Physical proximity
- Bleeding
- Novel places
- Confined spaces
- Strange things
- Bitter/nasty food
- Being stared at
- Unpleasant odours
- Loud sound

Acquired / Learned

- Dying
- Death
- Being buried alive
- Needles
- Hospitals/doctors/ ? nurses
- Flying
-

All (except perhaps flying)
are fears experienced in
palliative care

Physiological Fear Responses

- dry mouth
- 'butterflies'
- palpitations
- hyperventilation
- dizziness
- tremor
- sweating
- urinary urgency
-

Cognitive / Psychological Fear Responses

- worry
- apprehension
- dread
- tension
- catastrophic thoughts
- derealisation
- slowed thinking
-

Behavioural Fear Responses

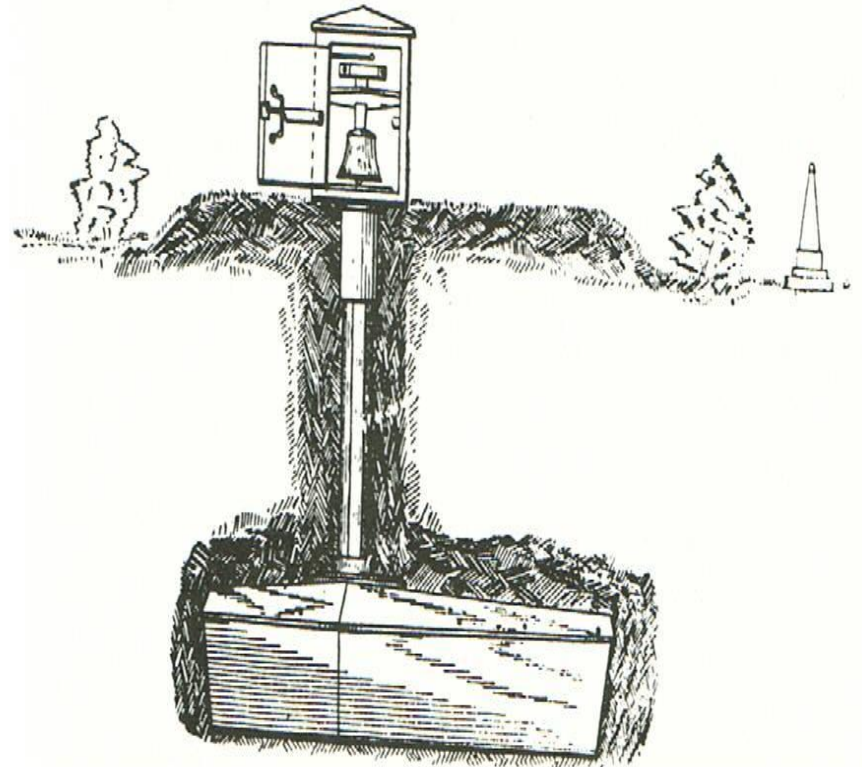
- “Fight” – aggressive defense
- “Flight” – withdrawal, avoidance
- “Freeze, Submission” - immobility, appeasement
- “Tend-and-befriend” - affiliation with others

Fear of Premature Burial (*Buried Alive*)

- Traditionally relatives diagnosed death
- Peaked mid 19th Century
- Rx medicalisation of death and death certification

Bondeson, *Buried Alive*,
Norton: 2001

Edgar Allan Poe, *The
Premature Burial*



Thanatophobia (*'Death Anxiety'*)

- Fear (phobia) of death, of being dead
- Innately human
- Peaked mid 19th century
- By-product of 'dechristianization', the loss Christian dogma about heaven and the emergence of secular rationalism

Philippe Ariés, *The Hour of Our Death*, 1981
Becker, *The Denial of Death*. 1973

The Fear of Dying

“I do not believe that any man fears to be dead, but only the stroke of death”.

Francis Bacon (1561-1626)

- A modern phenomenon in the elderly
- Enhanced by modern medicine's focus on curing and saving life (quantity, not quality, of life)
- Encouraged by medicine's ability to artificially support life

Fear of Cancer Recurrence (FRC)

- Prevalence 26-56% of cancer survivors (Thewes 2012)
- ? Fear or Anxiety of cancer progression



Fear v. Anxiety

Fear

- Reactive to explicit threatening stimulus
- Brief duration
- Present focused
- Reality-based
- Adaptive/maladaptive

Anxiety

- Prompted by generalised, non-specific cues
- Intrapsychic
- Long – lasting
- Future focused
- Adaptive/maladaptive

Lang, *J Aff Dis* 2000

Evolutionary Functions

Fear

- Behaviours enhances safety (not always)
- Forewarns and encourages preparation
- If chronic, maladaptive = PTSD-like syndromes

Anxiety

- 'Psychic inflammation' (activates coping ,mastery, and psychological repair)
= acute pain
- In danger, anxiety and panic don't occur
= stress analgesia
- If chronic or panic (severe, abrupt anxiety), maladaptive (avoidance, non-compliance, denial, cognitive paralysis)
= chronic pain

Suffering: the anxiety of palliative care ?

“A state of severe distress, that is subjective and unique to the individual, arising from the perception of threat to one’s integrity as a biologic, social, or psychological being”

Cassell, 1982

Prevalence of suffering (distress)
in advanced cancer: 50%

Wilson, Cochirov 2007

Prevalence of anxiety in medical settings 15-20%,
general population 6-13%

Causes of Anxiety / Panic in Palliative Care

- Trait
- State / Situational / Precipitants:
impending procedure, disease relapse, Rx withdrawal, physician abandonment, impending death, loss of control and autonomy...
- Disease:
Psychiatric: Delirium, GAD, Major Depression, PTSD...
Organic: pain, corticosteroids, bronchodilators, alcohol/hypnotic withdrawal, akathisia, cerebral irritation, impending catastrophic event (PE).....
- **Multifactorial** (trait + situation + disease)

Fear at the End of Life

- ? Universal
- 8.5% 'non-peaceful' deaths (Lichter & Hunt, 1990)
- Most (in hospice care) have 'easeful' (Warnock) deaths

Management of Fear

- **Behavioural Therapy** (not cognitive)
 - avoidance of fearful stimuli
 - distraction
 - desensitisation
 - flooding
- **Medication** (prophylactic):
 - intoxication (alcohol, benzodiazepines)
 - physiological blockade (β -blockers)
- **Psycho-philosophical**

Fear and Cognitive Therapy

If fear is an innate, pre-verbal, pre-emotional, reflex response to a recognisable danger is cognitive therapy likely to be therapeutic ?

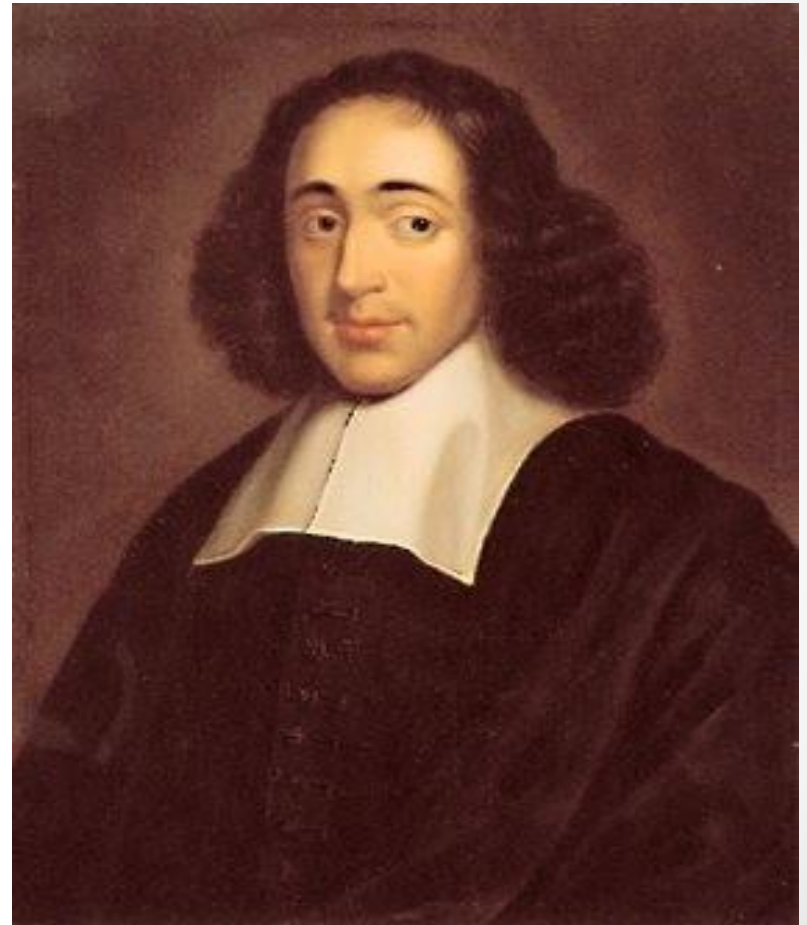
Psycho-philosophical Management of Fear

Achieving Fearlessness

- Manipulations of Hope
- *‘Teaching’* Courage
- The Acquisition of Bravery

Baruch de Spinoza (1632-1677)

- Defined fear in juxtaposition to hope
- “Fear cannot be without hope, nor hope without fear”



Fear is an 'uncertain pain' arising from the idea that something we hate may befall us.

Hope is an 'uncertain pleasure' arising from the idea that a good we wish will come to pass.

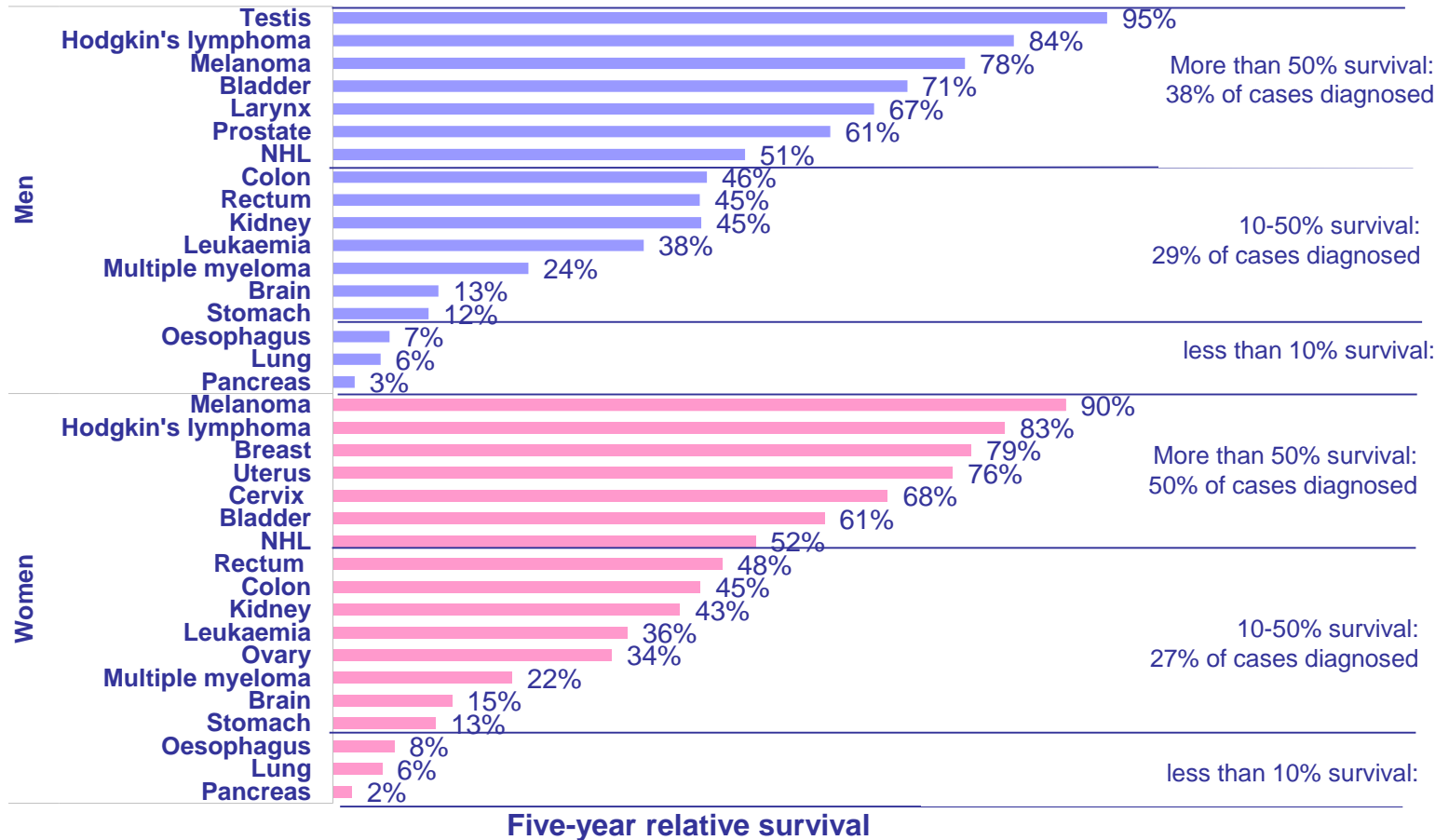
Spinoza

Manipulation of Hope: The Provision of Certainty

- **Emotional Palliation**
 - empathic support
 - reassurance
 - protective emotional custody ('holding')
- **Exploitation of innocent / naïve / unrealistic hopes**

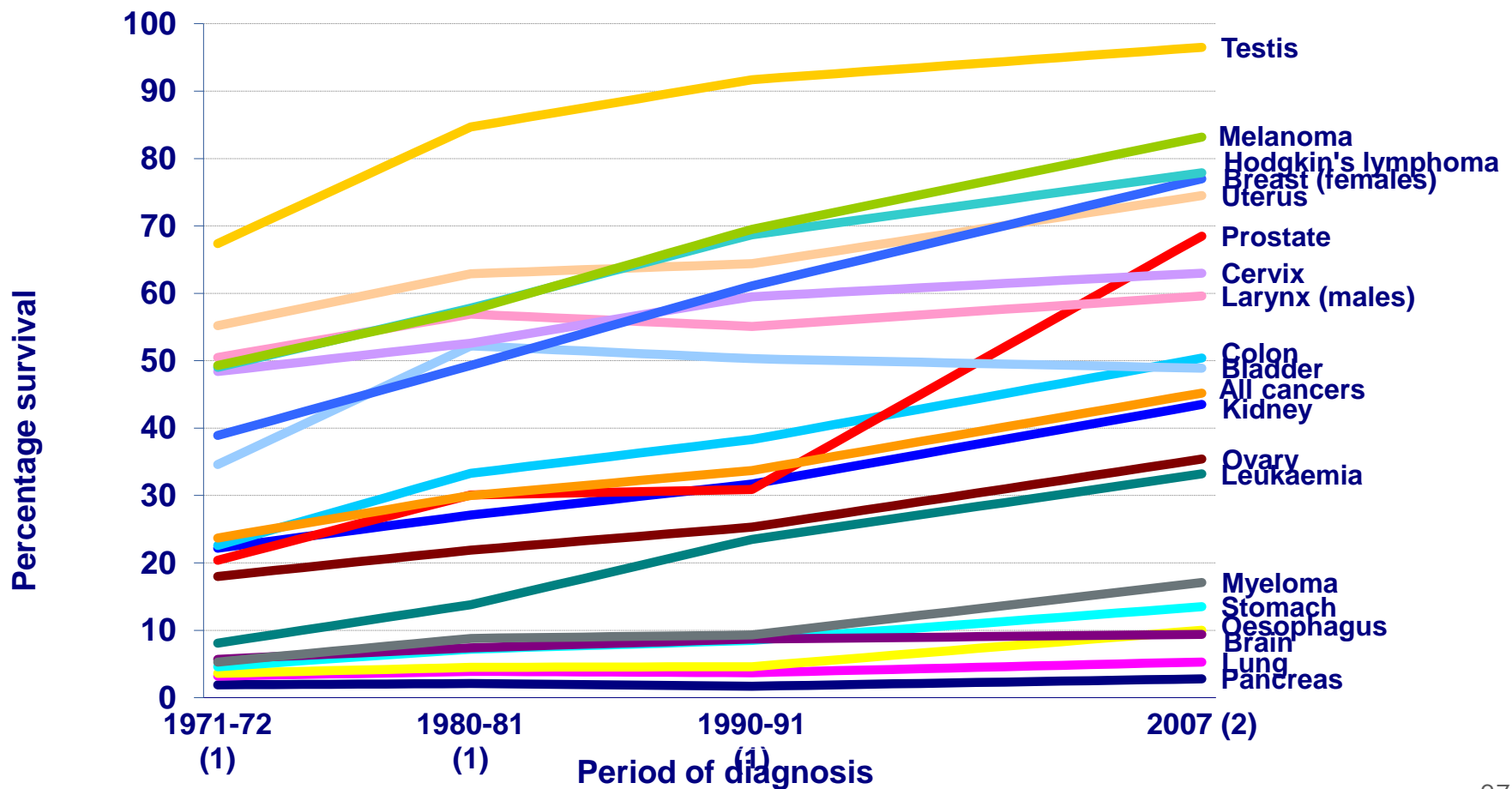
Innocent / Naïve Hope and Fearlessness

Five Year Relative Survival



Unrealistic Hope and Fearlessness

Ten Year Survival Trends



Courage and Fearlessness

- Courage (f.L 'cor' heart): the ability to do something that frightens one (OED)
- Courage is the willpower to overcome “the dread malady of fear” – Lord Moran, 1945
- “Death Talk” - the intent of education, instruction, advice, and anticipatory discussions of death is to foster courage
- ? effectiveness

The Limitations of *Teaching* Courage

- Tolstoy : “Can this be death ?” asks the mortally wounded Prince Andrew in *War and Peace*
- Wittgenstein : “Death is not an event in life: we do not live to experience death”
- Freud: “In the unconscious every one of us is convinced of his immortality”

Bravery and Fearlessness

Brave: endure or face unpleasant conditions or behaviour without showing fear (OED)

- **The innately brave**

rare

unable to be predicted

- **Acquired bravery**

not uncommon in the dying

“[Lovat] was beheaded yesterday, and died extremely well, without passion, affectation, buffoonery or timidity: his behaviour was natural and intrepid”

Horace Walpole (1717-1797)

Intrepidity: A state of fearlessness, firmness of mind in the presence of danger,

boldness, **bravery** (OED). From Latin, *in* + *trepidus* (alarm)

Lord Lovat (Simon Fraser) (1667-1747)

Last man to be beheaded in
England. 20 died watching
his execution.

Personal Hx: violent feuding,
opportunism, deception,
rape.

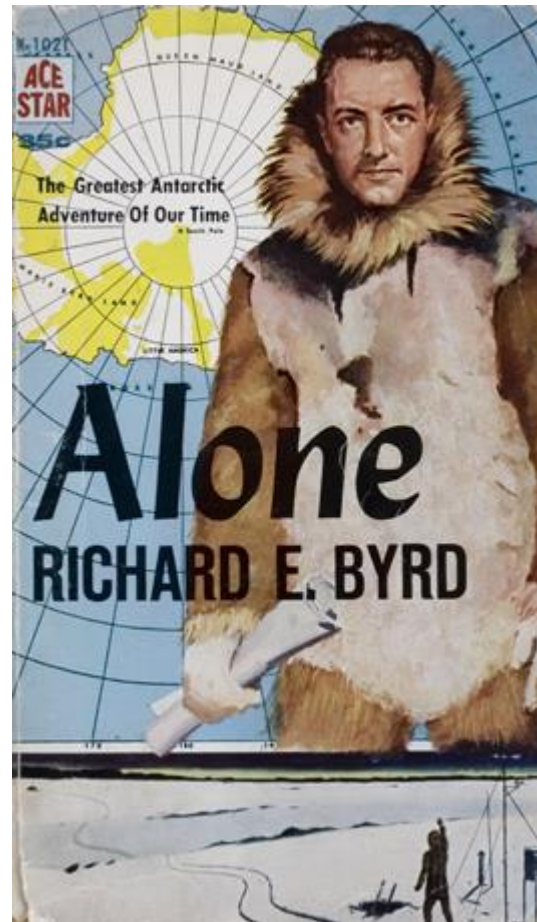
Jacobite.



Simon Lord Lovat
Drawn from the life and Etched in Aquafortis by Will^m Hogarth.
Published according to the Act of Parliament, August 25th 1746.

Fearlessness and the Surrender of Hope

No future = No hope = No Fear



No Hope

v.

Hopeless

- **No hope** – appreciating the present and past for there is no future, affect neutral, survival mode (affiliation with others), certainty (Spinoza's uncertainty is removed)
- **Hopeless** – concerned about the future (anxiety symptom), distressed affect

Management of Acute Anxiety / Panic

- **Psychological** (emotional palliation): reassurance, explanation, distraction, relaxation, empathy, therapeutic touch
- **Pharmacological anxiolytics** : benzodiazepines, β -blockers, buspirone, barbiturates, opioids

Management of Chronic Anxiety

- **Psychotherapy** (CBT, psychoanalytical)

+/-

- **Pharmacotherapy** (SSRIs / TCAs)

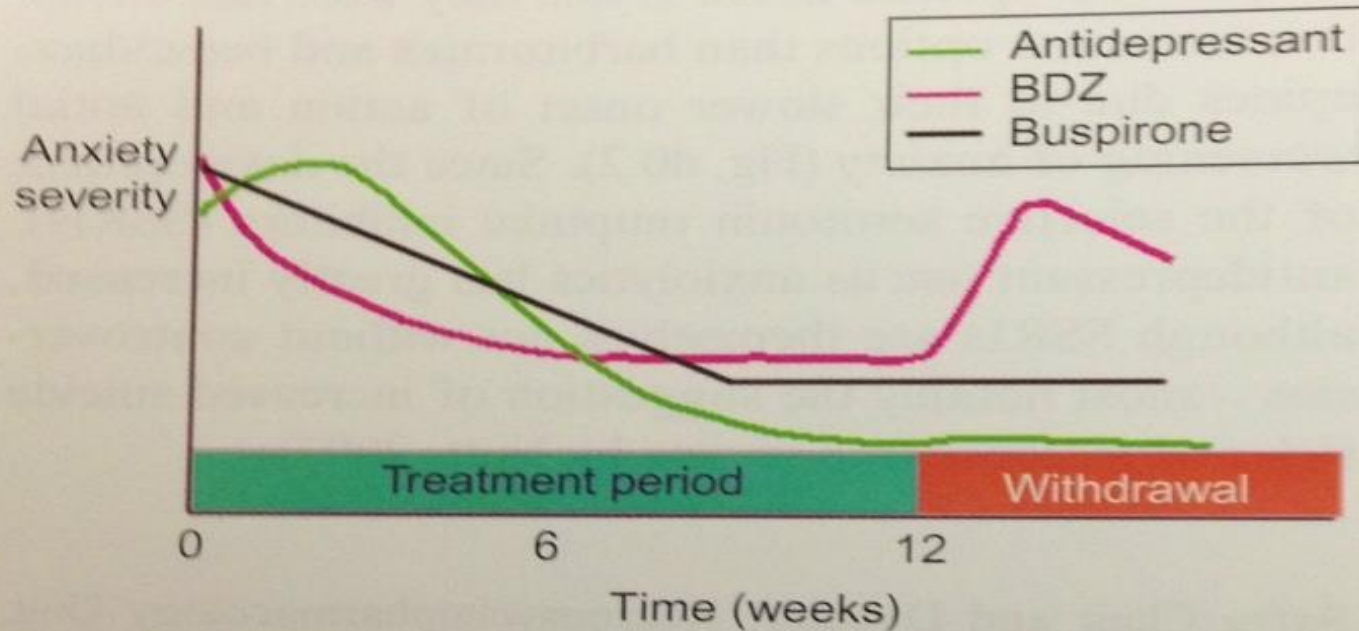


Fig. 40.2. Comparison of the change in symptoms during treatment with antidepressant, buspirone, and benzodiazepines (BDZ).

Management of 'Anxiety' Disorders in Palliative Care

- disorders of fright – avoid the stimulus
- disorders of fear – behavioural therapies, prophylactic intoxicating medications, psycho-philosophical Rx
- disorders of anxiety – psychotherapy +/- psycho-active medication

Thankyou