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

- 38 year 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

<table>
<thead>
<tr>
<th>Stimulus</th>
<th>Reaction</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>sudden unexpected</td>
<td>pre-emotional innate</td>
<td>startle pattern</td>
</tr>
<tr>
<td>sensory</td>
<td>reflex</td>
<td></td>
</tr>
</tbody>
</table>


## Fright

<table>
<thead>
<tr>
<th>Disorder of Fright</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hyperkplexias</td>
<td>• Prevention and avoidance</td>
</tr>
<tr>
<td>• ?Acute Stress Disorder</td>
<td>• Prophylactic intoxication</td>
</tr>
<tr>
<td>• PTSD</td>
<td>(alcohol, opioids, BDZs)</td>
</tr>
</tbody>
</table>
FEAR
Until you have the courage to lose sight of the shore,
# Fear

<table>
<thead>
<tr>
<th>Stimulus</th>
<th>Reaction</th>
<th>Symptoms</th>
</tr>
</thead>
</table>
| Specific object of threat       | • Differentiated physiological, behavioural & cognitive.  
| • innate                        | • Rational.  
| • learned (derived, not primal) | “one has fear”                                | • Emotional & physiological arousal.  
|                                 |                                               | • Behavioural reactions.                      |
## Anxiety

<table>
<thead>
<tr>
<th>Stimulus</th>
<th>Reaction</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-specific</td>
<td>Undifferentiated emotional, catastrophic reaction.</td>
<td>Psychological – worry, tension ……panic</td>
</tr>
<tr>
<td>Objectless</td>
<td>Irrational.</td>
<td></td>
</tr>
<tr>
<td>Threat to existence, ‘self’, ‘fear of nothingness’</td>
<td>‘one is anxious’</td>
<td></td>
</tr>
<tr>
<td>Maximal at birth and death</td>
<td>‘dissolution of self’</td>
<td>Physiological – tachycardia, sweating, tremor……</td>
</tr>
</tbody>
</table>
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 

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

<table>
<thead>
<tr>
<th>Fear</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reactive to explicit threatening stimulus</td>
<td>• Prompted by generalised, non-specific cues</td>
</tr>
<tr>
<td>• Brief duration</td>
<td>• Intrapsychic</td>
</tr>
<tr>
<td>• Present focused</td>
<td>• Long – lasting</td>
</tr>
<tr>
<td>• Reality-based</td>
<td>• Future focused</td>
</tr>
<tr>
<td>• Adaptive/maladaptive</td>
<td>• Adaptive/maladaptive</td>
</tr>
</tbody>
</table>

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, Cochinov 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

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Five-Year Survival</th>
<th>Less than 10% Survival</th>
<th>More than 50% Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testis</td>
<td></td>
<td></td>
<td>95%</td>
</tr>
<tr>
<td>Hodgkin's Lymphoma</td>
<td></td>
<td></td>
<td>84%</td>
</tr>
<tr>
<td>Melanoma</td>
<td></td>
<td></td>
<td>78%</td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
<td></td>
<td>71%</td>
</tr>
<tr>
<td>Larynx</td>
<td></td>
<td></td>
<td>67%</td>
</tr>
<tr>
<td>Prostate</td>
<td></td>
<td></td>
<td>61%</td>
</tr>
<tr>
<td>NHL</td>
<td></td>
<td></td>
<td>51%</td>
</tr>
<tr>
<td>Colon</td>
<td></td>
<td></td>
<td>46%</td>
</tr>
<tr>
<td>Rectum</td>
<td></td>
<td></td>
<td>45%</td>
</tr>
<tr>
<td>Kidney</td>
<td></td>
<td></td>
<td>45%</td>
</tr>
<tr>
<td>Leukaemia</td>
<td></td>
<td></td>
<td>38%</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td></td>
<td></td>
<td>24%</td>
</tr>
<tr>
<td>Brain</td>
<td></td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>Stomach</td>
<td></td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>Oesophagus</td>
<td></td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Lung</td>
<td></td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>Pancreas</td>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Hodgkin's Lymphoma</td>
<td></td>
<td></td>
<td>90%</td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
<td>83%</td>
</tr>
<tr>
<td>Uterus</td>
<td></td>
<td></td>
<td>79%</td>
</tr>
<tr>
<td>Cervix</td>
<td></td>
<td></td>
<td>76%</td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
<td></td>
<td>68%</td>
</tr>
<tr>
<td>NHL</td>
<td></td>
<td></td>
<td>61%</td>
</tr>
<tr>
<td>Colon</td>
<td></td>
<td></td>
<td>52%</td>
</tr>
<tr>
<td>Rectum</td>
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<td></td>
<td>48%</td>
</tr>
<tr>
<td>Kidney</td>
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<td>45%</td>
</tr>
<tr>
<td>Leukaemia</td>
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<td></td>
<td>43%</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td></td>
<td></td>
<td>36%</td>
</tr>
<tr>
<td>Brain</td>
<td></td>
<td></td>
<td>34%</td>
</tr>
<tr>
<td>Ovary</td>
<td></td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>Rectum</td>
<td></td>
<td></td>
<td>22%</td>
</tr>
<tr>
<td>Kidney</td>
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<td>15%</td>
</tr>
<tr>
<td>Leukaemia</td>
<td></td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Brain</td>
<td></td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td>Stomach</td>
<td></td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>Oesophagus</td>
<td></td>
<td></td>
<td>2%</td>
</tr>
</tbody>
</table>

Five-year relative survival

Men

- 10-50% survival: 29% of cases diagnosed
- Less than 10% survival: 38% of cases diagnosed

Women

- 10-50% survival: 27% of cases diagnosed
- Less than 10% survival: 38% of cases diagnosed

More than 50% survival: 38% of cases diagnosed
Unrealistic Hope and Fearlessness

Ten Year Survival Trends

The image shows a graph plotting the percentage survival of various cancer types over different periods of diagnosis. The x-axis represents the period of diagnosis: 1971-72, 1980-81, 1990-91, and 2007. The y-axis represents the percentage survival. The graph includes lines for various cancer types such as Testis, Melanoma, Hodgkin's lymphoma, Breast (females), Ovarian cancer, Prostate, Cervix, Larynx (males), Colon, Bladder, All cancers, Kidney, Ovary, Leukaemia, Myeloma, Stomach, Uterus, Brain, and Pancreas. The data appears to show an improvement in survival rates over time for many cancers.
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.
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