



**A companion guide for  
health care professionals –**  
looking after your metastatic colorectal  
cancer patients' emotional health

MyMood Program

# Welcome to the MyMood companion brochure

MyMood is part of the **Support Harmonized Advances for better Patient Experiences (SHAPE)** program: an international, multi-stakeholder initiative that aims to transform the lives of patients with metastatic colorectal cancer (mCRC). The SHAPE program is funded by Servier.

Naturally, a diagnosis of mCRC will impact patients' emotional health. Mood disorders like depression and anxiety are reported to occur in up to 20% and 10% of people with cancer, respectively.<sup>1</sup> Some people may need extra help from a psycho-oncologist or another specialist health care professional.

However, evidence has shown that health care professionals may substantially underestimate,

underdiagnose or undertreat their oncology patients' psychological distress (including mood disorders such as depression and anxiety)<sup>1,2,3</sup> or have difficulty dealing with their patients' distress.<sup>4</sup>

The MyMood patient brochure is designed to help patients understand the different emotions they may experience during their cancer journey. It includes practical tips to help patients manage the emotions they feel day-to-day and advice in case they need to seek help from a specialist in counseling or psycho-oncology.

**This companion brochure aims to remind you of the importance of your patients' emotional health and to introduce you to the MyMood patient brochure.**

## Developed with special input from:

- **Zorana Maravic**, patient advocacy leader, Serbia
- **Sarah Dauchy**, psycho-oncologist, France
- **Claire Taylor**, oncology nurse, UK
- **Carlos Hué**, patient representative, Spain

“ As health care professionals, it can be difficult to pay as much attention to patients' emotional health as we do to their physical health – but their mental health is vitally important and should be high up our priority list. Patients who are emotionally healthy are more likely to adhere to treatment, and outcomes may be improved. ”

**Sarah Dauchy**, Société Française et Francophone de Psycho-Oncologie (French and French-speaking Psycho-Oncology Society) (SFFPO)

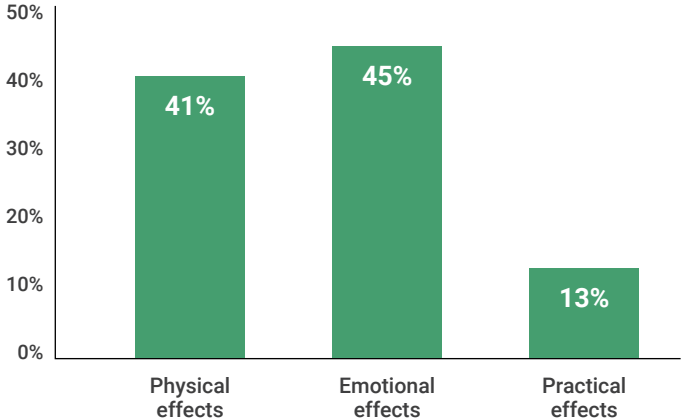
<https://sffpo.fr>

# Looking after patients' emotional health – why is it so important?

People with cancer report that they find it just as difficult to cope with the emotional effects of living with cancer as they do the physical ones, if not more difficult (*Figure 1*).<sup>5</sup>

Even so, nearly six in 10 people with cancer report that their emotional needs are not looked after to the same extent as their physical needs.<sup>5</sup>

**Figure 1.\* Having thought about the various effects of cancer, from your experience, which are the most difficult effects to cope with?**



Base (all respondents): with cancer 606

\*Figure adapted from: Macmillan. Worried Sick: The Emotional Impact of Cancer. Available at: [https://www.macmillan.org.uk/documents/getinvolved/campaigns/campaigns/impact\\_of\\_cancer\\_english.pdf](https://www.macmillan.org.uk/documents/getinvolved/campaigns/campaigns/impact_of_cancer_english.pdf)

## Why might this be?

It can be difficult for health care professionals to face their patients' emotions, given the often stressful job they are doing themselves:

- Faced every day with life and death decisions
- Giving toxic therapies with narrow therapeutic windows
- Keeping up to date with rapid scientific advances
- Always walking a fine line between palliation and administering toxic treatments.<sup>6</sup>

HCPs may not always feel personally or professionally equipped to manage their patient's emotional distress.<sup>7</sup> Sometimes, it may be easier not to explore emotional distress,<sup>8</sup> perhaps saying "Don't be anxious" or "Hold on," instead of asking why the person feels anxious or depressed.



**The MyMood brochure** is a tool to help you support your patients with their emotional health.



# Why use the MyMood patient brochure?

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## MyMood encourages patients to:



**Accept that they may experience different emotional reactions throughout their cancer journey, and legitimize these feelings**

- Encourages patients to think about how they feel



**Think about what they can do to potentially prevent increasing depressive or anxious feelings**

- Explains the different signs of depression
- Provides suggestions for potential ways patients can manage their own emotions by continuing pleasant activities, seeking social support, maintaining a healthy lifestyle, expressing their emotions, and so on



**Ask for the help they need, and to recognize when emotional suffering is becoming unmanageable, so they can seek appropriate professional help**

- Encourages patients to effectively communicate with their family, friends and health care professionals, so they ultimately ask for the help they really need
- Provides information, advice, and signposting in case patients require extra support from a psychologist or psychiatrist



**Monitor how they are feeling on a day-by-day basis using the MyMood weekly diary**





**Looking after your  
emotional health**  
for people with metastatic  
colorectal cancer

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# Who needs more help? Evaluating your patients' emotional health

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## Create an environment where patients can discuss psychosocial concerns

**Supporting patients' emotional health requires an environment conducive to discussing such matters.**

The environment should feel safe – private, quiet, and free from distractions: phones on silent, a sign up to stop people walking in. A counseling room with soft chairs facing each other (and a table with water and tissues) may work well.

**Assessment tools and brief screening questions can be easily and effectively implemented into routine care.**

Certain assessment tools could help you remain vigilant for signs of patients' emotional distress. For example, the 'distress thermometer'\* asks the patient to circle the number (0–10) that best describes how much distress they have been experiencing in the past week, including today.<sup>9</sup>

\*Available at: [https://www.nccn.org/patients/resources/life\\_with\\_cancer/pdf/nccn\\_distress\\_thermometer.pdf](https://www.nccn.org/patients/resources/life_with_cancer/pdf/nccn_distress_thermometer.pdf)





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## Use an open questioning technique to help patients explore their thoughts and feelings

**Rather than assume we know what is 'happening' for the patient, we must allow them to tell us.**

Start with open questions such as 'How are you?', 'What concerns would you like to discuss today?' to allow the patient to drive the agenda and get them talking.

Even once they have spoken, ask again 'Is there anything else you would like to share today?'

If a patient has expressed an emotion such as anger, summarize what they have said *'I am hearing that you are angry about the appointment being cancelled'* and then try and go further: *'Are there any other reasons for your anger?'*

There is a place for more specific questions like *'Have you been feeling low in mood?'* or *'How anxious are you feeling about your treatment?'*, but these will likely come later.



See example case studies over the page



# Putting it into practice

## – example case studies

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**Review these example case studies. How might you respond to these instances of emotional distress if it was your patient?**

**Patient:** Female, aged 72, diagnosed with metastatic colorectal cancer 2 years ago. Married with two children and three grandchildren. Experiencing symptoms of mild depression.

**Situation:** An oncologist has told this patient there are no further palliative oncological treatments available to her. Later, the patient asks you, a nurse, *'So, is there nothing that can be done for me?'*

**Ideal response: what do you do?**

Ask the patient to tell you more: *"Why do you say this? Allow time for a response before asking any further questions which might include: What has the doctor said? What do you mean when you say 'nothing'? What are you afraid of?"*

This way, you will first reassure the patient of your commitment. Then, you can talk to the patient more about palliative care and propose that you discuss their situation with the doctor again.

You should not avoid answering such an important question, either with false reassurance (*"Don't say that, you cannot give up, we need you to keep fighting"*) or simple avoidance (*"I do not know, I need to ask your oncologist; how is your fever/appetite today?"*)

Also, avoid answering too quickly: *"Of course there are things to be done! We have palliative care specialists, we won't give up!"*. This may be true, but if answered too quickly, the patient may stop talking about how they are feeling.

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**Patient:** Male, aged 65. Has been living with colorectal cancer for 18 months. Not yet aware of test results that show his cancer has advanced. Lives alone.

**Situation:** You are a nurse (or another HCP who is not a physician) who is aware of your patients' poor test results, but their oncologist has not yet told him this news. The patient is visibly distressed and concerned about his future.

***Ideal response: what do you do?***

While you may not be authorized to give this news, you should feel empowered to do something to relieve the patient's distress.

For example, you can:

- Identify how the patient is feeling and his current concerns and openly acknowledge any disclosed feelings and concerns
- Encourage the patient to ask for support when feeling distressed:
  - Explore the social support resources the patient has access to
  - Inform the patient about any professional resources available in the hospital, including psychological support
- Talk through 'What if?' scenarios – eg, *"So if the news today isn't as good as hoped, have you imagined how you might manage this?"*
- Agree on a plan of communication with the oncologist – you may be able to shorten the time before the next consultation
  - *"A plan of care will not be possible without the oncologist"*

### The SHAPE Steering Committee:

- **Chair:** Professor Alberto Sobrero, oncologist, Italy
- Alexander Stein, oncologist, Germany
- Zorana Maravic, patient advocacy leader, Serbia
- Sarah Dauchy, psycho-oncologist, France
- Claire Taylor, oncology nurse, UK
- Klaus Meier, oncology hospital pharmacist, Germany

The MyMood Program is part of the Support Harmonized Advances for better Patient Experiences (SHAPE) initiative which is an unbranded patient program by Servier.

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### Index of SHAPE brochures:

1. MyMove – moving more with mCRC
2. **MyMood – managing your emotional health with mCRC**
3. MyDialogue – getting more from your conversations with health care professionals
4. MyFood – managing your nutrition with GI cancers (planned)
5. MyJourney – negotiating the GI cancers journey (planned)

### References:

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