

# allycon 2022

## colorectal cancer alliance

### **Coping with Anxiety and Insomnia in Survivorship**

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# Objectives

- Describe Cancer Related Anxiety and Insomnia and understand why this happens
- Discuss various examples of interventions to improve or treat these symptoms

# What is anxiety?

anx·i·ety | n. | Feelings of unease, fear and dread related to stressful, dangerous and unfamiliar situations

- Feeling nervous, restless or tense
- Having a sense of impending danger, panic or doom
- Having an increased heart rate
- Sweating
- Trembling
- Feeling weak or tired
- Trouble concentrating or thinking about anything other than the present worry
- Having trouble sleeping
- Experiencing gastrointestinal (GI) problems
- Having difficulty controlling worry
- Having the urge to avoid things that trigger anxiety



# What causes anxiety in individuals with cancer?

- Being screened
- Waiting for results
- Being treated for cancer
- Cancer recurrence

- Financial concerns
- Relationship concerns
- Caring for family members

# Scanxiety

- looks different for every person
- Can change at different stages of disease
- Can impact your quality of life

- It's normal to feel stress leading to, during and while waiting for results of tests
- Learn how to identify these feelings and how you can manage them

# Managing scanxiety

- Schedule tests early in the day
- Take someone with you who eases anxiety
- Plan something fun for after your scans

# Get outside!



- *There are only two days in the year that nothing can be done. One is called yesterday and the other is called tomorrow, so today is the right day to love, believe, do and mostly live.”*

- *The Dalai Lama*



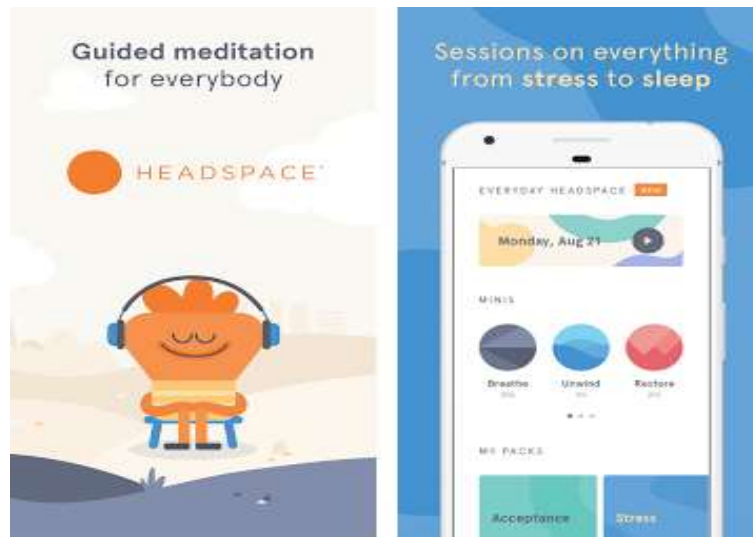
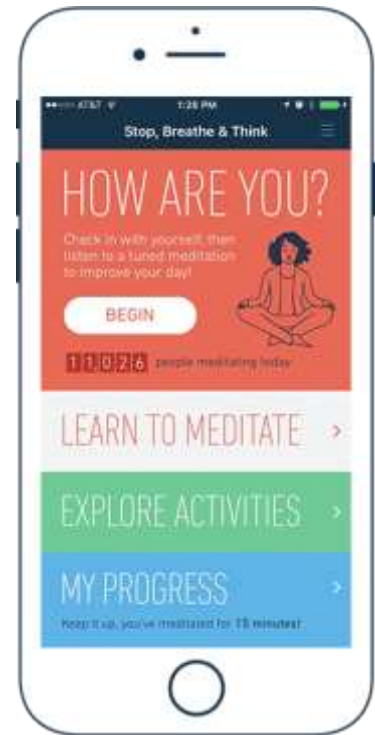
# Mindfulness Meditation

- Began as a Buddhist tradition
- Seated meditation technique
- Focuses on breathing, bodily sensations, relaxation
- Recognized by psychotherapists



# Mindfulness Meditation

- Create time and space
- Set a timer
- Get comfortable
- Check your posture
- Take deep breaths
- Direct and maintain attention on your breath
- Be kind to yourself
- Prepare for a soft landing





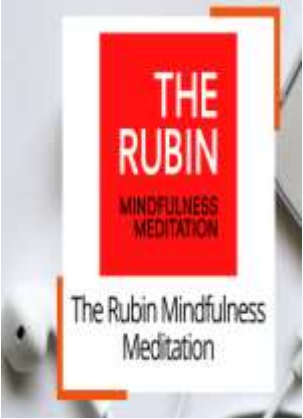
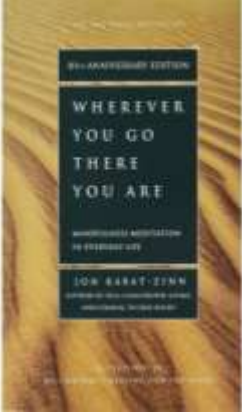
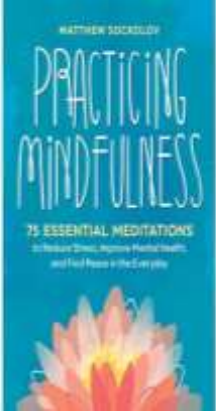
Let them come, let them be, let them go.

*Culadasa*

#DAILYCALM

*Calm*

# Other resources



# Other non-pharmacologic approaches to ease anxiety

- Exercise
- Counseling and talk therapy
- Progressive muscle relaxation
- Grounding
- Massage therapy
- Yoga
- Play music

# You are not alone!

- Speak with your care team
- Find support
- Education sessions

# Pharmacologic Approaches to Anxiety

- 1st line agents
  - Antidepressants: sertraline (Zoloft), venlafaxine (Effexor), etc
  - Not habit forming, meant to lower overall levels of anxiety
  - Use on a daily basis, not intended for as needed use
  - Lag time to effect, usually 2-4 weeks



# Pharmacologic Approaches to Anxiety

- 2nd line agents
  - Benzodiazepines: lorazepam (Ativan), alprazolam (Xanax), etc
  - Risk: memory impairment, sleepiness, falls
  - Habit forming
  - Can be used as needed
  - May be helpful prior to procedures or for extra 'anxiety' help around scans

# Pharmacologic Approaches to Anxiety

- After completion of treatment
  - Can stop treatment if anxiety has subsided
  - Want to slowly reduce doses for both antidepressants and benzodiazepines to prevent any unwanted effects when stopping
  - Best to use benzodiazepines sparingly

# What is Sleep Disturbance, Insomnia?

Sleep Disturbance is highly prevalent in cancer population (25-59%).

- Difficulty in maintaining or initiating sleep in response to anxiety, stress, or physical symptoms; *can be transient*
- Insomnia can become chronic
  - Typically > 3 times per week
  - Difficulty initiating or maintaining sleep
  - Ratio of time sleeping to time in bed <85%
  - impairment in function, relationships, mood, cognition
  - Those suffering from insomnia are often “tired but wired”

# Insomnia in Cancer Survivorship

- Ongoing issues with sleep disturbance and poor quality sleep is common
  - Among long-term cancer survivors at 9 years, 20% reported poor sleep quality, 51% high degree of sleep disturbance
  - 28% reported taking sleep medications
  - Presence of physical distress had strongest association with sleep problems

# Chronic Insomnia

- Emotional Distress
- Impairment in function
- Poor cognition and memory
- Impact on employment, relationships
- Exacerbation of pain and physical symptoms

# Causes: Why can't I sleep?

- Emotional distress related to cancer diagnosis
- Hospitalization leading to altered sleep/wake cycle
- Anxiety/Depression
- Inflammation related to cancer treatments
- Medications, such as corticosteroids
- Pain
- Excessive daytime napping/cancer related fatigue
- Menopausal symptoms

# Other Sleep Related Disorders

- Sleep apnea
- Restless leg syndrome
- Circadian rhythm disorders
- Narcolepsy

*Speak to your health care provider if you are experiencing excessive daytime sleepiness*

# Sleep Concepts

## **Sleep/Wake Homestasis** (sleep drive):

We all have competing drives for wakefulness/sleep. Throughout the day you build up sleep drive.

- Activity/exercise can help build sleep drive
- Naps and excess rest can diminish sleep drive





# Sleep Concepts

**Circadian Rhythm** (Body Clock): Helps promote wakefulness during the day, sleep at night.

- Can become a challenge with shift work, jet lag, hospitalization (as sleep drive adapts)
- Regular timing is helpful



# Sleep Concepts

Stage 1: drowsy or dozing stage, move quickly into phase 2

Stage 2: brain activity, heart rate, breathing slows (typically ~50% of time asleep)

Stage 3 (deep or slow-wave sleep): more difficult to arouse, tissue repair, most restorative sleep. Typically occurs earlier in the night

REM (rapid eye movement) sleep stage: associated with dreaming, memory consolidation, emotional processing. Typically occurs later half of night.

# Sleep Hygiene

- Regular sleep and wake schedule
- Bedtime routine/Buffer time
- Avoid excessive alcohol, no alcohol within 4 hours of sleep
- Avoid late in the day caffeine
- Exercise regularly, but not within 2-4 hours of bedtime
- Keep bedroom dark, cool
- *Sleep Hygiene should not be thought of a treatment for insomnia*

Armstrong, T. & Gilbert, M. (2012). Practical strategies for management of fatigue and sleep disorders in people with brain tumors. *Neuro-Oncology*. 14. iv65-iv72. 10.1093/neuonc/nos210.

Howell, T. et al. (2014) Sleep disturbance in adults with cancer: a systematic review of evidence for best practices in assessment and management for clinical practice, *Annals of Oncology*, 25 (4), Pages 791–800, <https://doi-org.proxy1.lib.tju.edu/10.1093/annonc/mdt506>

# Non-Pharmacologic Insomnia Treatments

- Cognitive Behavioral Therapy for Insomnia (CBT-I): gold standard for first line insomnia treatment
- Addresses non-helpful beliefs about sleep, introduces behavioral interventions to induce sleepiness
- Can be used together with pharmacologic treatment
- CBT-I is usually completed in 4-8 sessions
- Individual components can be used as a single therapy

# Cognitive Behavioral Therapy for Insomnia (CBT-I)

- Cognitive Interventions: how inaccurate thoughts/feelings affect our sleep or behaviors
  - Provides education about connection between thoughts, feelings and behaviors in regards to sleep
  - Explore willingness to adopt new behaviors aimed at restoring sleep
  - Sleep diaries/logs are helpful in understanding the problem

# Cognitive **Behavioral** Therapy for Insomnia (CBT-I)

Stimulus control: With insomnia, the bedroom is often associated with wakefulness/difficulty falling asleep.

- Use the bed/bedroom only for sleep or sexual activity
- Only go to bed when you feel sleepy
- If you are in bed for 20 min without falling asleep (or it feels effortful), get out of bed.
- You can create a restful "nest" outside of the bedroom

# Cognitive **Behavioral** Therapy for Insomnia (CBT-I)

Create a List for "nest" activities:

- Crossword puzzles
- Relaxing book
- Podcast/music
- Even a slow tv show is ok
- Avoid social media, news, paying bills or things that can cause worry/anxiety
- Keep the environment lower lit, comfortable
- Return to bed when you feel sleepy

# Cognitive **Behavioral** Therapy for Insomnia (CBT-I)

Sleep Restriction Therapy (*or* time-in-bed restriction, sleep efficiency training)

- used to induce sleepiness, improve sleep quality/efficiency. Works to increase your body's sleep drive
- Initially, the prescribed time in bed is the amount of sleep you tend to get on a nightly basis (diary)
- Bedtime/Wake time is consistent until the efficiency (% of time asleep in bed) improves. Prescribed time is gradually increased



# Cognitive **Behavioral** Therapy for Insomnia (CBT-I)

Relaxation: used throughout the day and at night

- Breathing exercises
- Meditation
- Biofeedback
- Progressive Muscle Relaxation

# Resources

- First talk to your healthcare provider to determine if CBT-I could be helpful
- University of Pennsylvania Directory; <https://cbti.directory>
- Cleveland Clinic online CBT-I course [Go! to Sleep Online Program — Cleveland Clinic Wellness](#)
- CBT-I Coach app designed by VA
- Brief Behavioral Therapies for Insomnia (BBTI): 1-4 sessions, primarily behavioral and designed to be delivered by primary care

Bernstein AM, Alexandre D, Bena J, et al. “Go! to Sleep”: A Web-Based Therapy for Insomnia. *Telemedicine journal and e-health*. 2017;23(7):59-599. doi:10.1089/tmj.2016.0208

Reilly ED, Robinson SA, Petrakis BA, et al. Mobile Intervention to Improve Sleep and Functional Health of Veterans With Insomnia: Randomized Controlled Trial. *JMIR formative research*. 2021;5(12):e29573-e29573. doi:10.2196/29573

Edinger JD, Arnedt JT, Bertisch SM, et al. Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2021;17(2):255–262.

# Pharmacologic Approaches For Sleep

- Very little research with use in cancer patients
- Intended for short term use
- Start at lowest dose and work with provider to taper off

Armstrong, T. & Gilbert, M. (2012). Practical strategies for management of fatigue and sleep disorders in people with brain tumors. *Neuro-Oncology*, 14. iv65-iv72. 10.1093/neuonc/nos210.

Howell, T. et al. (2014) Sleep disturbance in adults with cancer: a systematic review of evidence for best practices in assessment and management for clinical practice, *Annals of Oncology*, 25 (4), Pages 791–800, <https://doi-org.proxy1.lib.tju.edu/10.1093/annonc/mdt506>

Sie, M. (2010), An update on sleep disorders and their treatment. *Prog. Neurol. Psychiatry*, 14: 9-20. doi:[10.1002/pnp.162](https://doi.org/10.1002/pnp.162)

# Pharmacologic Approaches for Sleep

Benzodiazepines: Ativan (lorazepam), Klonopin (clonazepam), restoril (temazepam)

- Sedative, reduces anxiety
- can lead to daytime sleepiness
- Changes “architecture” of sleep, unclear if this leads to less “restorative sleep”
- Caution in use with opioid pain medication

# Pharmacologic Approaches For Sleep

Z-hypnotics: Ambien (zolpidem), Sonata (zaleplon)

- First line for short term use
- Less effective sleep architecture
- Less rebound sleepiness
- Fall risk
- Potential for memory impairment

# Pharmacologic Approaches For Sleep

Antihistamines: Benadryl, Tylenol PM, etc. (diphenhydramine)

- Concern with risk of confusion, paradoxical reaction
- Morning “hangover”
- Inappropriate for older adults

Melatonin: naturally occurring hormone

- Regulates circadian rhythm
- Less daytime effects
- May vary by manufacturer
- Least toxic to the body, need to take 2-3 hours before sleep

# Pharmacologic Approaches For Sleep

- After completion of treatment
  - Use sleep aids only as needed
  - Not helpful long-term
  - Best approach is to use behavioral changes to impact sleep

# Pharmacologic Approaches

- Treatment of Depression/Anxiety as primary problem
- Pain Management
- Treatment of RLS



Questions?