



Rehabilitation for Cancer-Related Cognitive Changes

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Learning Outcomes

- Background of occupational therapy role, oncology setting and Cancer-Related Cognitive Changes (CRCC)
- How healthcare professionals can support people experiencing CRCC
- Cognitive rehabilitation strategies used with service users and their relatives/carers

Beatson West of Scotland Cancer Centre

- Largest centre in Scotland for specialist non-surgical oncology
- Serves population of over 2.8 million
- 151 inpatient beds



THE beatson
WEST OF SCOTLAND CANCER CENTRE

Occupational Therapy and Oncology

Rehabilitation within Oncology:

“Aims to restore, as far as possible, a person’s roles and functions whether affected by physical or mental ill health and help them adjust to limitations where required.”



National Cancer Action Team (2013)



Royal College
of Occupational
Therapists

Cancer-Related Cognitive Changes

- Sometimes referred to as “chemo fog” or “chemo brain”
- More common with higher dose chemo/whole brain radiotherapy
- Key strategies:
 - Compensatory
 - Normalisation
 - Acceptance



“This information about CRCC is ME!!! Exactly ME!!! Thank heavens, I really thought I had lost my marbles!”

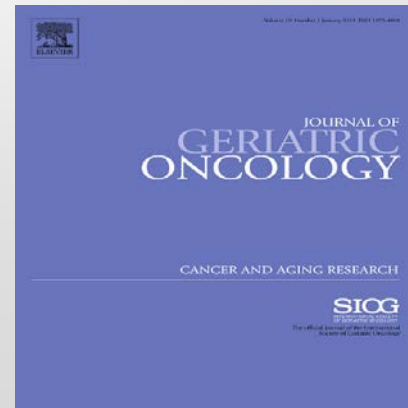
Contributory Factors

- Fatigue/low mood/anxiety
- Depression is a common cause of neurocognitive dysfunction
- Screening tests for neurocognitive dysfunction can be useful but should be interpreted with care

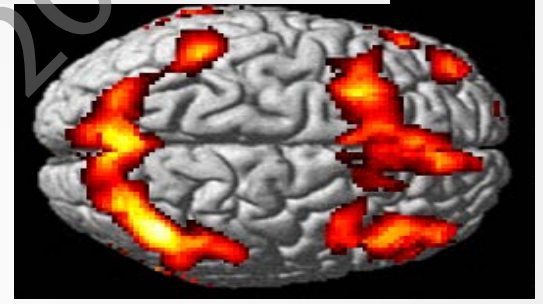
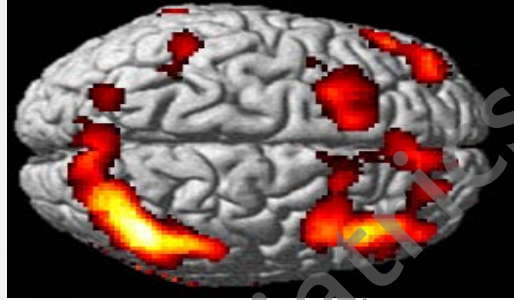
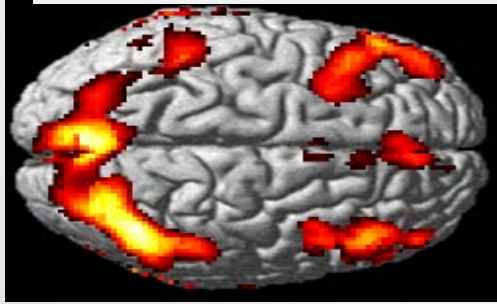


Evidence

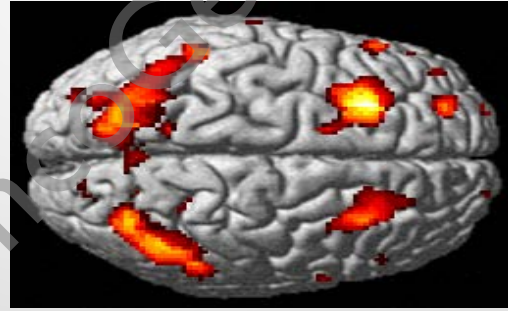
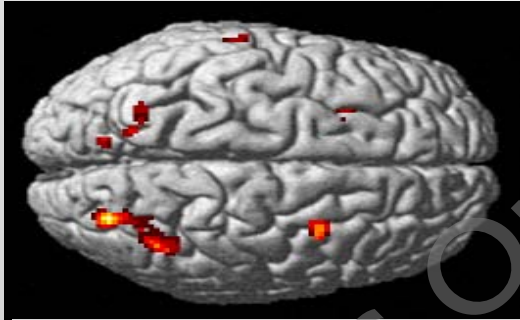
- Research is ongoing in a developing area
- It is estimated more than 75% of older adults with a cancer diagnosis experience CRCC
- Approx 25% of cancer survivors over 65 years continue to experience CRCC up to 20 years post treatment



Twin Comparison Study



Twin A – completed chemotherapy for Breast Ca



Twin B – no history of Ca

CRCC Project Beatson

- Provide training to health, social care and 3rd sector colleagues to raise awareness of CRCC
- Compile information booklets/resources for use in community, acute and primary care settings, outlining specific cognitive rehabilitation strategies relevant to CRCC
- 6-week group-based intervention for patients presenting with CRCC and their carers

Impact on Activity/Participation

- ADLs
- Driving
- Employment/Volunteer Work
- Leisure
- Family Roles
- Other Life Roles



Aim of Intervention

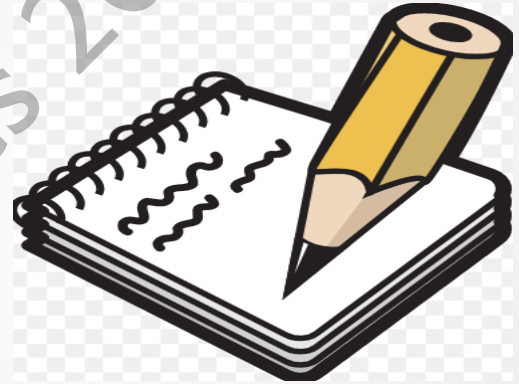
- Improve memory performance
- Joint goal setting
- Normalise
- Identify triggers/times of day/situations in which memory failures occur
- Stress reduction
- Compensatory strategies



Tips to Improve Attention

Set up the right conditions:

- Remove distractions
- Focus on one thing at a time
- Clear and concise information
- Break tasks down into smaller pieces – “information chunking”
- Write things down



Memory Compensatory Strategies

- Consider the environment
- Reminders
- Diaries/calendars/notebooks (either paper or electronic) or mobile phone apps



Learning New Information

Make it as easy as possible:

- Remove distractions
- Repetition helps learning, repeat the information as much as possible

Tricks and strategies:

- Rhymes, rules or stories can help memory



- Making associations with something meaningful or forming visual images can help

Case Study

- 71 year old male
- Recent diagnosis Myeloma
- Chemotherapy, neutropenic – isolated to single side-room
- Cognitive changes reported
- During admission - memory exercises, activity participation intervention for social isolation and mood/motivation, compensatory strategies for both pt and family, daily journal
- Post-treatment follow-up at out-pt clinic, 3rd sector support



Responding to Cognitive Support Needs

Tier 1

Informal
Conversational
e.g. 'normalising'

Tier 2

As part of HNA
Information giving
Screening
Signposting

Tier 3

Support processing of experiences in broader context of survivorship
Psycho-education for anxiety
CBT approach for increasing resilience

Tier 4

Clinical assessment
Formulation of presenting issues
Cognitive rehab intervention

BGS Onco Geriatrics 2019

Resources

The Knowledge Network - **Cancer Rehabilitation: AHP Services and Best Practice**

<http://www.knowledge.scot.nhs.uk/cancerrehab.aspx>

“Information on Cancer-related Cognitive Changes” and NHS GG&C Clinical Psychology videos:

<http://www.knowledge.scot.nhs.uk/cancerrehab/resources-library/search-resources.aspx?q=&tagname=%2cchemo+brain>

Thanks for Listening



Any Questions?

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