

# Psychological adjustment of patients with unresectable pancreatic cancer and their caregivers after the first chemotherapy cycle

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## Context

- PDAC's poor prognosis
- 2<sup>nd</sup> cause of death in 2030<sup>1</sup>
  - 10-20% operable in a curative-intent
  - survival at 5 years : 13 %

### Major adjustment challenge

- Patients :**
  - very high anxiety and distress<sup>2</sup>
  - resources : social support / active coping, acceptance<sup>3</sup>
- Caregivers :**
  - heavy functional and emotional burden<sup>4</sup>
  - concomitant distress, sometimes higher than patient<sup>5</sup>

No in-depth data on the experience of patients and their caregivers

Objective : explore **patients'** and **caregivers'** perceptions of their psychological adjustment and coping resources at the critical moment of the 1<sup>st</sup> chemotherapy assessment.

## Methods

Exploratory, qualitative, bi-centric and dyadic design

### Participants

- 19 patients / dyads from 2 oncology units of French university hospitals (in Lille and Villejuif)
- Inclusion criteria : unresectable PDAC, participate with a close volunteer 2 months after the diagnosis

### Data analysis

- semi-structured interviews
- 15-step Braun and Clarke<sup>6</sup> reflexive thematic analysis / COREQ criteria

### Ethics

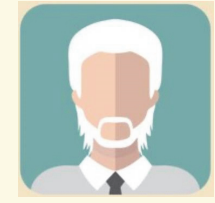
- local ethics committee agreement (2021-A02689-32)

## Results

### Patient (P) characteristics

- 61 years old (avg)
- university degree (80%)
- inactive (70%)
- metastatic / stabilised (70%)
- no problematic distress

70% ♂



	/19 P	/19 CG
<b>1. Psychological adjustment of patients</b>	19	17
Psychological impact	19	17
Cognitive	16	9
Emotional	19	15
Behavioral	19	11
Social support for patients	19	12
Caregiver	15	18
Other family / relationships	17	11
Health professionals	13	8
Coping strategies	19	9
Active coping	19	7
Acceptance	15	5
Distraction	13	4

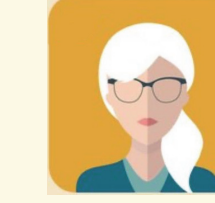
5 themes + 12 sub-themes have been identified

3 themes have been explored

### Caregiver (CG) characteristics

- 57 years old (avg)
- partner (84%)
- university degree (60%)
- inactive (60%)
- no problematic distress

74% ♀



	10	19
<b>2. Psychological adjustment of caregivers</b>	10	19
Psychological impact	9	19
Cognitive	1	8
Emotional	8	19
Behavioral	5	18
Social support for caregivers	1	17
Health professionals	1	14
Other family / relationships	0	14
Coping strategies	7	19
Acceptance	1	16
Active coping	2	16
Distraction	2	11

### 3. Dyadic adjustment\*

#### Agreement

Cognitive: shared vision / needs ("realism", be positive)

/CG: shared disease ; cognitive empathy ; matching personalities

Emotional: empathy, "reciprocal suffering"; instant emotional connection

/CG: protect the other (take it upon oneself, break down outside the home)

Behavioral: mutual support ; protect the CG (+ children), encourage him to live its life ; open communication, find the right distance ; closer links ; aligned coping / keep hope

/CG: distraction

#### Disagreement

Cognitive: vision/personality mismatch (CG + pessimist, anxious, fragile)

/CG: more radical views (give oneself every means, continue chemotherapy, euthanasia) ; different characteristics (P + naive, anxious) ; empathy vs sympathy

Emotional: differing emotional regulation (CG suppression, "panic", mood depression)

/CG: proximity and "whipping boy"; distance the other ; reproach of being overly anxious

Behavioral: misaligned behaviour / coping (excessive monitoring and care / "carelessness" on the part of the CG -> resistance on the part of the P -> tensions, conflicts

/CG: unmatching rhythms / strategies (P distraction vs CG acceptance, P disengagement vs CG active coping or positive reappraisal)

\*black: P + CG's views / pink: additional CG's comments

18 19

15 19

5 15

7 17

13 17

11 15

8 12

6 6

7 9

“ There are times when I'm in too much pain and he feels sorry for me. Gloria, 71 ”

“ I see her suffering and it hurts me. Fred, 70 (Gloria's husband) ”

“ Her support is important, but she overdoes it. She doesn't think about herself at all and gets depressed. I'm a bit worried. Yannis, 66 ”

“ There are times when he wants to confront this alone and that's normal. It's quite difficult for me because I worry about him. Monica, 46 ”

## Discussion

### Patient adjustment

- major challenge but not as globally negative as in quantitative studies<sup>7</sup>
- highly dependent on various factors (e.g. time in cycle / medical results ; coping strategies)<sup>3</sup>

### Caregiver adjustment

- distress sometimes more intense confirmed<sup>5</sup> (e.g. emotional "roller coaster" like patient)
- social support indispensable vs +/- heavy burden<sup>4</sup> ; various coping strategies, shared with patient<sup>8/9</sup>

### Dyadic adjustment

- Agreement :** confirmed "reciprocal suffering"<sup>8</sup> vs a shared disease ; matching views and mutual support sometimes to the detriment of the patient's needs.
- Disagreement :** differences in perceptions (pessimism vs. denial) and emotional regulation, sometimes leading to tension / conflicts

### Limitations

- patient population : over-representation of young men in couples, compared with French epidemiological data<sup>10</sup>

## Conclusion

1<sup>st</sup> dyadic qualitative study on the experiences of inoperable patients and their caregivers after the 1<sup>st</sup> chemotherapy assessment

### Research implications

- mixed and longitudinal studies to define the determinants of individual and dyadic +/- adaptive adjustment

### Clinical implications

- systematic (re)assessment of psychosocial needs -> potential targeted interventions for patients / caregivers / couples