



Editorial

Recognition of Demoralization Should be Part of Multidisciplinary Care for Elderly Cancer Patients



Although the cancer survival rates are increasing, cancer is still equated with death because cancer disproportionately affects the elderly. Not everyone affected by cancer are comfortable to talk about it especially if the disease attacks intimate parts of the body that can heighten the fear of how people will react. Demoralization, a collective psychological distress from hopelessness and helplessness, is common presentation in cancer patients and has been associated with a desire for hastened death.¹ It has been reported that patients who are single, isolated or jobless, have poorly controlled physical symptoms, or have inadequately treated anxiety and depressive disorders are at increased risk for demoralization,¹ however, little study was done in elderly population with cancer.

In this issue, Ko et al.² investigated the demoralization syndrome in patients with a variety of cancer over 61 years and showed 43 out of 113 (38.1%) studied patients had this problem, suggesting demoralization is a significant mental condition in this population. In multivariate analysis, lower education level, cancer types, distress, depression, suicide ideation, and distress are independently associated with demoralization. Being afraid of revealing their condition and worried about the reaction from others, gynecological cancer patients had higher rate of demoralization than other cancer types.

Elderly cancer patients often feel it's difficult to decide whom to talk when the diagnoses are informed. In stead of discussing death on a spectrum and helping patients understand they might no longer to do the things they've always wanted, early recognition of demoralization by health professionals can help introduction of more focused interventions on suicide screening.

References

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Ying-Wen Su

Division of Hematology and Medical Oncology, Department of Internal Medicine, Mackay Memorial Hospital, Taipei, Taiwan
E-mail address: yingwensu@gmail.com.

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