# **Pediatric Psycho-oncology**

# Childhood cancer accounts for loss than 2%

of all cancers diagnosed each year. about 12-14/000 children will be diagnosed in a given year with any type of cancer



### cure rates 5 year survival year

Psycho social support is defined as an intervention to help patient cope with stressors at home , during treatment, or in the community.

It can also be defined as the attentiveness to the social , psychological and emotional health of the patient while attending to life threatening medical symptoms and therefore covers a broad range of psychological services.

# Pediatric psycho- oncologist an child life specialists

There is a risk of mental health disorders in cancer patients, anxieties of Diagnosis, therapy, and disruption of activities of daily living.

# Most patients do not meet full Diagnostic statistical manual criteria for psychiatric dis

In parents and siblings increase stress of caring for a child with cancer : increase risk of mild to sever psychological symptom

## In child

Cancer occurs during a period of great physical, cognitive, behavioral and social development.

# **Cancer treatment :** Difficulties in cognition.

Poor coping skills Disordered behavior. Child is affected by cancer and their psychological response varies with their developmental age at Diagnosis.

infants and toddler (age < 3 years )
Making procedures and treatment as painless as
possible</pre>

Rooming in Secure attachment

Preschool age: Egocentric center of everything magical thinking and use associative logic (pre-operational thinking).

 punishment for being and & procedures and treatment are additional punishment .
 prolonged Seperation from family can cause anxiety Transitional object but having a parent nearby School age 6-13 y/o: Become more logical appreciate others view points and rule became very important cancer is disruptive and frustrating.

- \* Missing school
- \* Disrupted friend ships

### Adolescence :

- \* Identity establishing .
- \* Independency.
- \* Seeking intimacy.

#### **Treatment:**

Many psychiatric symptoms and disorders such as anxiety and depression are under diagnosed and under treated . Psychosocial care:

Including early cognition and emotional assessments and continuing psychological care concurrent with medical treatment is necessary for Individual child and its well as for the family as a whole. IQ cognitive assessment: evaluation of verbal and non verbal Learning level of anxiety and Diagnostic interview of Depression and coping difficulties .

# Pre school age: Storytelling fantasy play, games School age :

medical play and behavioral interventions **Adolescents**:

medical decision-making and working with the family.

#### Social support:

Greater perceived support predicted significantly lower psychological distress and higher self – steam class mate support  $\rightarrow$  successful adaptation older age  $\rightarrow$  $\wedge$ Depressive symptom (male)  $\rightarrow$   $\wedge$  externalizing behavior female received greater parental an peer support.

# Anxiety

## Delirium

# pediatric Anesthesia emergence Delirium (PAEDS)

pediatric confusion Assessment method Delirium Rating scale olanzapine ,quetiapine , risperidone Family issues: The initial family meeting with the psychosocial team should occur as soon as possible after a diagnosis is reached in order to initiate a trusting doctor- pt- family relationship.

# There is relationship between child emotional Distress and parent distress

# SIBLING ISSUE

Survivorship issues : 2/3 of childhood cancer **survivors have at least one** " Late effects" and one fourth of complication will be sever or life threatening.

### Radiation and chemotherapy effects

# Neuro cognitive effects up to (40%) of childhood cancer survivors

### Protective factors :

- \* Early returning to school
- \* Age

### End of life and (Advanced care planning)

### Conclusions

# Communicating Bad news

### Step 1: S

### Setting up the interview .

# Step 2:P: Assessing the parents perception

# Steps 3:I: Obtaining the parents invitation.

# Steps4: K: Giving knowledge and information to patient

Steps 5:

# E :Addressing the patients emotions with empathic Responses .

# Step 6 : S: Strategy and summery