

Psychotropic Medications in Oncology

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Introduction

- Psychological distress is common in patients with cancer.
- Treatment of psychological distress can positively affect treatment outcomes.
- Oncologists are the most common prescribers of psychotropic medications for patients with cancer
- **Study goal:** capture oncology providers' perspectives on their current role in using medication to treat psychological distress at a comprehensive cancer center in the Mountain West.

Methods

Doctor, nurse practitioner, and physician assistant oncology providers voluntarily completed a survey through REDCap.

Participants were asked to:

- Rate **comfort with prescribing** psychotropic medications (1 indicates extreme comfort; 5 indicates extreme discomfort)
- Indicate medication subtypes prescribed
- Specify factors contributing to prescribing practices
- Define **barriers** to adequately treating distress

Results

| Professional Degree | Median Prescribing Comfort |
|-----------------------------|----------------------------|
| Doctor (N = 48) | 3 |
| Nurse Practitioner (N = 10) | 3 |
| Physician Assistant (N = 7) | 2 |
| Total (N = 65) | 3 |

| | |
|--------------------------------|----------------------------------|
| Median Years in Practice: 11.5 | Range of Years in Practice: 1-40 |
|--------------------------------|----------------------------------|

| Subspecialties* | Medications Prescribed* |
|-----------------|-------------------------|
| GI | Benzodiazepine |
| Cutaneous | Sleep Aid |
| Lung/Bronchus | SNRI |
| GU | TCA |
| Breast | Stimulant |
| Hematology | Atypical Antipsychotic |
| Sarcoma | Typical Antipsychotic |
| Head and Neck | SSRI |
| CNS | Mood Stabilizer |
| Gynecologic | |

| Contributors to Prescribing* | Barriers to Prescribing* |
|-------------------------------|----------------------------------|
| Oncology Practice | Lack of Support Resources |
| Patient Self-Report | Mental Health Education |
| Formal Medical Training | Patient Disclosure |
| Psychiatry/Psychology Consult | Appointment Limitations |
| Patient Distress Screenings | Insurance Coverage |

| Resources to Increase Prescribing Comfort* |
|--|
| Access to Specialized Psychiatric Care |
| Continued Mental Health Education |
| Mental Health Education During Formal Training |

No difference in prescriber comfort per medication subtype, professional degree, or years in practice

*In descending order of frequency

Conclusions

- Prescribers may benefit from **focused mental health education** during formal medical training
- Continue mental health education during oncology career: **interdisciplinary approach**
- **Care pathway** integrating information from medical literature, palliative care, psychology, psychiatry, pharmacology colleagues
- **Community resources** needed for long-term mental health follow-up

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