

# Management of Psychological Aspects Before & After HSCT

Dr Mari Campbell

Consultant Clinical Psychologist

Department of Clinical Immunology

Royal Free London NHS Foundation Trust, UK

# Disclosures

Grants:



Financial support and honoraria:



GRIFOLS

world class expertise  local care

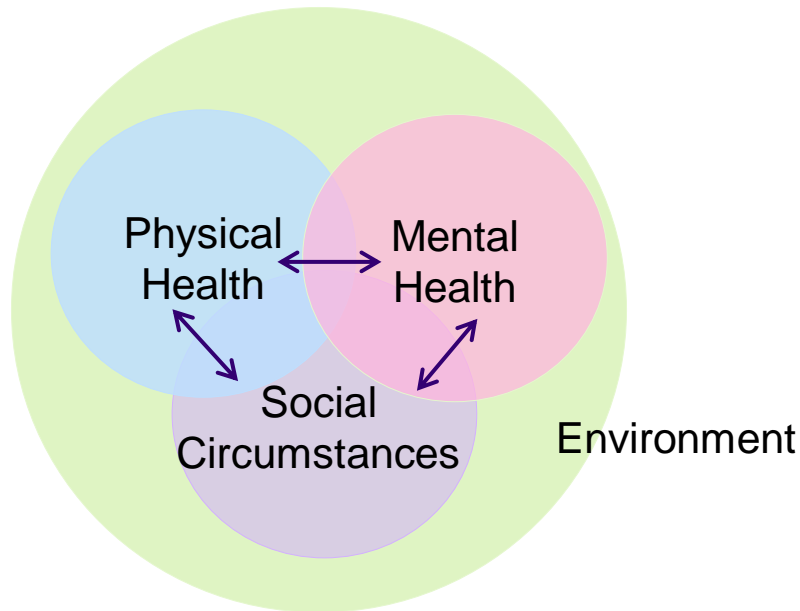
Royal Free London   
NHS Foundation Trust

# Overview

- Health, Mental Health & Quality of Life
- Mental Health & Quality of Life in Immunodeficiencies
- Mental Health & Quality of Life in Post HSCT Population
- Psychological Interventions
- Questions

# What is Health?

- “A state of complete physical, mental, and social well-being not merely the absence of disease...”



World Health Organization (2018)

# What is Mental Health?

- Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.
- Integral part of health - no health without mental health.
- Determined by a range of socioeconomic, biological and environmental factors.

(World Health Organization, 2018)

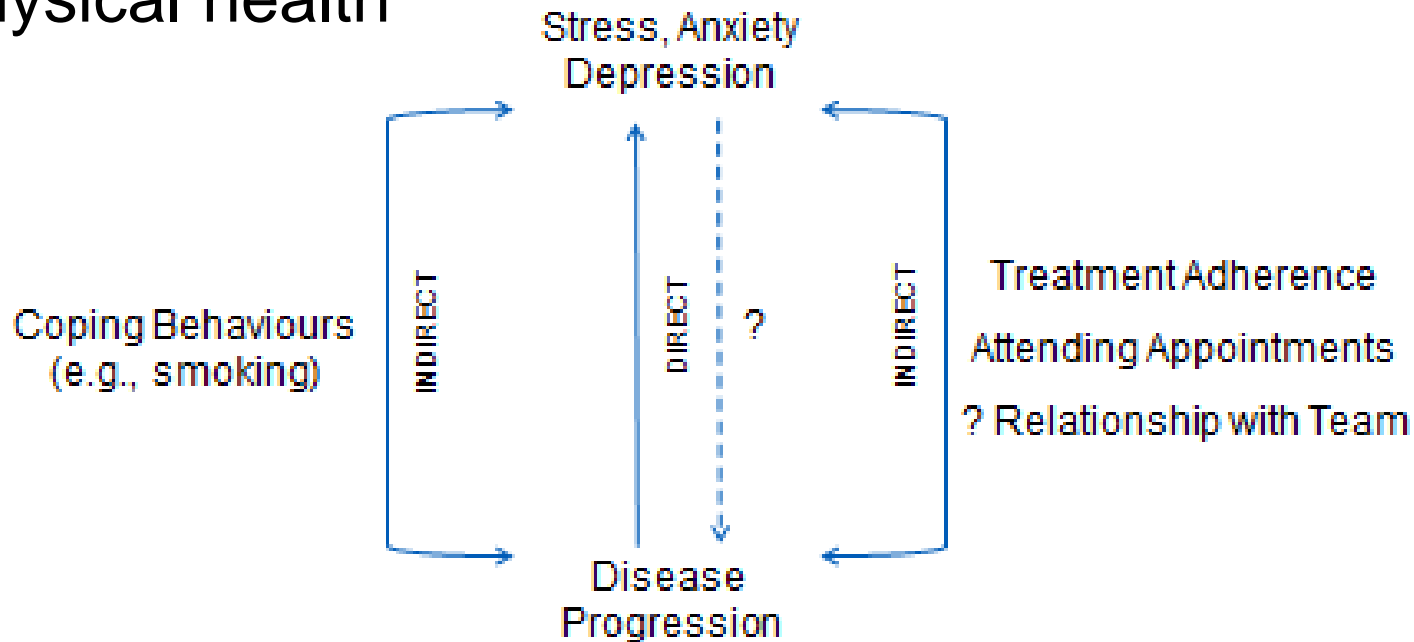
# What is Quality of Life?

- “An individual's perception of their position in life (...) affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment”

World Health Organization (2018)

# Mental and Physical Health

- Bi-directional relationship between mental and physical health



- Need to treat both highlighted by a number of professional bodies and government organisations

# Mental Health & QoL in Immunology

- Patients with CVID report poorer quality of life than the general population

(Edwards et al., 2003 & Quinti et al., 2011)

- ~24% of patients with PADS reported moderate to severe levels of depression and ~27% anxiety

(Booker et al., 2007)

- ~40% of patients with immunodeficiency could benefit from a referral to psychological therapy

(Campbell et al., in preparation)



# Mental Health & QoL in Immunology

- ~1:3 of CGD patients report mild-severe depression and ~1:2 report mild-severe anxiety  
(Holter et al., in preparation)
- Over 40% of XL-CGD carriers suffered from moderate or greater levels of anxiety  
(Battersby et al., 2019)

# Mental Health & Quality of Life Post HSCT Population

- Problems with sleep, energy levels or fatigue, sexual functioning, memory and psychological functioning
- Medical late effects and chronic physical health problems can impact quality of life and/or psychosocial outcomes
- Having a genetic condition in the family can confers an emotional burden

(McAllister et al., 2007)

# Mental Health & Quality of Life Post HSCT Population

- Some emotional and social difficulties and an impact on quality of life in short-term follow-up

(Cole et al., 2013; Nuss & Wilson, 2007; Skucek et al., 2011; Titman et al., 2011)

- Quality of life within normal range for patients no longer on immunoglobulin in the medium-term

(Abd Hamid et al., 2017; 2018)

- Quality of life comparable to the general population in long-term follow-up, however greater functional impairment due to health compared to healthy controls

(Nicholson et al., 2022)

# Mental Health & Quality of Life Post HSCT Population

- Higher rates of anxiety and depression than the general population in long-term follow-up

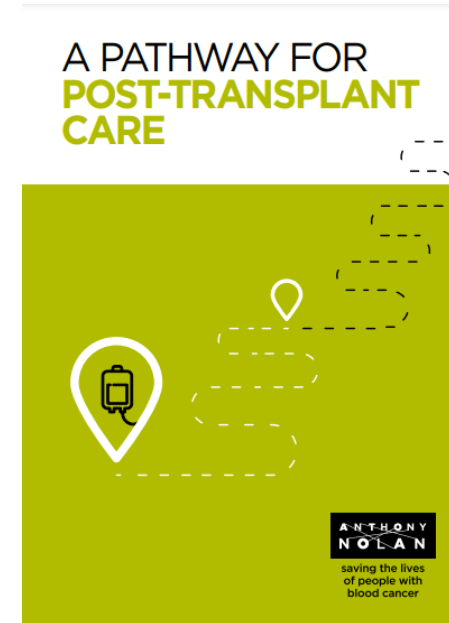
(Nicholson et al., 2022)

- Cognitive functioning within the average range for the general population

(Nicholson et al., 2022)

# Supporting Mental Health & Quality of Life Post HSCT

- Post-Transplant Care Pathway
  1. throughout recovery
  2. preparation for transplant
  3. early post-transplant care
  4. ongoing prevention and monitoring
  5. additional treatment and support



(Anthony Nolan and the Post-transplant Care Expert Steering Group, 2019)

- Support for teams providing care

# Psychological Therapy Pre-Transplant

- Stress
- Low mood
- Worry/Anxiety
- Insomnia
- Fatigue
- Trauma
- Decision making regarding transplant
- Adherence to medication
- Developing coping strategies for inpatient stay
- Procedural difficulties (e.g., needle phobia)
- Reflecting on impact of illness and/or procedure on life
- Cognitive assessment



# Psychological Therapy Peri-Transplant

- Stress
- Low mood
- Worry/Anxiety
- Insomnia
- Fatigue
- Adherence to medication
- Managing inpatient stay
- Reflecting on impact of illness and/or procedure on life



# Psychological Therapy Post-Transplant

- Stress
- Low mood
- Worry/Anxiety
- Insomnia
- Fatigue
- Trauma
- Adherence to medication
- Reintegration into everyday life
- Reflecting on impact of illness and/or procedure on life
- Cognitive assessment
- Managing fertility difficulties





# Accessing Psychological Support

- Self-help guides and workbooks
  - <http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx>
  - <https://web.nrw.nhs.uk/selfhelp/>
  - <http://www.lltff.com/>
  - <https://www.calm.com/calmhealthtrial>
- Primary Care Physicians/GPs

# Accessing Psychological Support

- Local psychology services
- Clinical health psychology services within your hospital
- Private psychology or counselling services
- Develop an in-house psychology service

# Thanks!



world class expertise  local care