

Acute and Chronic GvHD: Through a Psychosocial Lens

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The Physical Impact



GvHD – both acute and chronic – can affect many parts of the body (i.e. skin, oral, ocular, lung, GI, etc.)



There is often a high symptom burden, which can necessitate close outpatient follow-up and, potentially, frequent readmissions for management (including palliative/supportive care)



Symptoms of GvHD can be compounded by more common post-transplant side effects, such as fatigue

The Impact on Quality of Life

Many with GvHD feel stuck in treatment with a medicalized sense-of-self. They may exist in a space where their previous identity is “suspended” or put on hold.

They are, in many respects, tethered to the medical team due to:

- Frequent outpatient follow-up beyond D+100
- High medication burden, including prolonged steroid use for medical management of symptoms
- Supportive services (i.e. physical and/or occupational therapy, clinical dietitians, supportive care)

This, in turn, can lead to:

- Continued caregiver support
- Relocation to be close to the medical center
- Changes in income status, often due to an inability to return to work at the same capacity, if at all
- Consistent reminder of diagnosis, treatment/transplant, mortality

The Mind/Body Connection

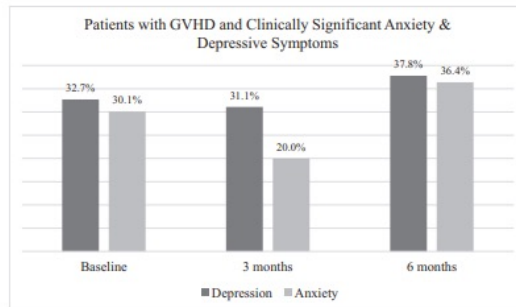


Figure 2. Percentage of patients with chronic GVHD who met criteria for clinically significant anxiety and depressive symptoms across 3 study time points. Clinically significant anxiety and depression indicated by score ≥ 8 on the HADS.



Psychological distress, namely anxiety and depression, is highly prevalent in this population



Many patients and caregivers may experience post-traumatic stress symptoms, hopelessness, demoralization, and significant resilience



Ambiguous loss and disenfranchised grief

Supporting Patients and Caregivers

Empathic and active listening

Trauma-informed approach

Validation/normalization

Psychoeducation

Goals of Care/Family meetings

Ensuring access to hospital and community resources

Coping and Support

Individual support and psychoeducation with oncology social workers, psychologists, and/or psychiatrists

- NMDP: Patient and Caregiver Emotional Support (PACES)

Specialized support groups facilitated by appropriate support staff

- MSKCC: Monthly Post-Transplant Online Group for Young Adults
- NMDP: BMT Survivorship Chats

Patient/Caregiver peer connections

- nbmtLINK: Peer Support On-Call Program
- LLS: Patti Robinson Kaufmann First Connection Program

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