How to Recognize and Treat Demoralization Syndrome in Medical Illness

Learning Objectives:

1) Describe demoralization and distinguish it from depression
2) Recognize risk factors associated with demoralization
3) Learn strategies to treat demoralization

Step 1: What is demoralization?

- Demoralization in patients with terminal illnesses such as cancer or progressive disease is a syndrome of existential distress
- Morale is a dimensional state that ranges from optimism to loss of morale [feeling demoralized]. Demoralization occurs on a spectrum with progressive loss of morale.
    - Disheartenment (loss of confidence) → despondency (losing hope) → despair (all hope is lost) → meaning and purpose are lost (2)
- Some of the main findings in demoralization are (3, 4):
    - Loss of meaning and purpose
    - Feeling incompetent or a sense of failure
    - Hopelessness
    - Helplessness
    - Difficulty self-evaluating
    - Problems with planning and initiating action
    - Inability to cope with the stressful life situation (e.g. illness)
- Demoralization warrants clinical attention because it is a treatable condition and can be associated with a desire for hastened death (2).
- The Demoralization Scale (DS) or the Diagnostic Criteria for Psychosomatic Research (DCPR) (5, 6) are research tools that can be lengthy to administer in clinical settings; however, clinicians can familiarize themselves with common thoughts and concerns that are present in demoralization by reviewing these scales.
- Coding
    - It is commonly coded as an Adjustment Disorder when the DSM classification system is used (2). Other psychiatric disorders if present must be concurrently coded.

Step 2: Differentiate demoralization from depression

- While there are overlapping symptoms for depression and demoralization (hopelessness, helplessness, feeling like a failure) there are distinguishing features as well. These features are listed in Table 1.

Table 1: Differentiating between demoralization and depression (4)

	Pleasure	**Inhibition of action**
Demoralization	Lack of anticipatory pleasure (pleasure anticipated from future events)	Caused by a subjective sense of incompetence
Depression	Lack of both anticipatory and momentary pleasure (pleasure from the experience of an activity)	Caused by a lack of motivation

- Demoralization may coexist with or be an aspect of clinical depression; when this occurs the depressive disorder also warrants clinical attention (2).

Step 3: Recognize the prevalence and correlates of demoralization in cancer and progressive disease

- The prevalence of demoralization in progressive disease or cancer is 13%–18% (1-3).
- Certain factors have been associated with demoralization in cancer populations (2):
    - Demographic: living alone, being single; more common in women
    - Physical: physical symptom burden, fatigue, restricted mobility, respiratory concerns, cognitive problems, and constipation.
        - Duration of cancer diagnosis, cancer stage, type of cancer treatment, and cancer site are not typically associated with demoralization.
    - Psychiatric and psychological: Depressive and anxiety disorders (2); maladaptive coping, particularly avoidant coping - thinking or behaving in ways that disease has not occurred (2).

Step 4: Learn management strategies for demoralization in medical illness

- The clinician's primary task is to restore morale, meaning, and purpose, and to improve coping.
- Addressing physical symptom burden can improve morale, helplessness, and coping.
- Treating comorbid psychiatric disorders such as depressive and anxiety disorders is essential
- Psychotherapy is a key intervention for demoralization.
    - Mild demoralization can be addressed with empathic listening and supportive psychotherapy.
    - Patients with moderate to severe demoralization in the setting of terminal illness may benefit from referral to targeted interventions such as meaning-centered psychotherapy and dignity therapy (1, 7-10).
        - Meaning-centered psychotherapy can be delivered in individual and group format and strives to enhance meaning, spiritual well-being, and quality of life. Some of the areas of focus include:
            - How a terminal diagnosis might change one's sense of meaning and how to derive meaning
            - Hopes for the future
        - Dignity therapy is a simple, brief, individual psychotherapy
            - Patients are guided with standardized questions to reflect on issues that are important to them or ideas they want to transmit to others. Responses are used to create a legacy document that is given to patients.

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