ACLP How To Guide: Demoralization

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 is a combination of distress and subjective incompetence.
- Distress refers to existential despair, hopelessness, helplessness, loss of meaning and purpose in life. (1)
- Demoralization is a treatable condition that can occur without any psychiatric comorbidity
- Best understood as a dimensional construct.
  - Mild - "loss of confidence,"
  - Moderate - initial stages of losing hope
  - Severe - "when all hope is lost." (3)
- In research, demoralization is commonly assessed with demoralization scale (DS) or diagnostic criteria for psychosomatic research (DCPR). DS is a 24 item, self- reported instrument, whereas DCPR is a 58-item structured interview tool. (4, 5)

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
Demoralization	Perceived future incompetence; ex: "I won't be able to..." Wider reactive range of affect; ex: patient brightens when friends come to visit
Depression	Reduced motivation and anhedonia (2) ; ex: "I don't want to and it won't be fun anyway" Restricted affective regardless of situation; ex: patient turns away from caregivers and pulls sheets over their head

- Demoralization may coexist with or be an aspec 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

- Demoralization is present in both medically and psychiatrically ill patients.
- The prevalence in progressive disease or cancer using demoralization scale ranges from 13%–18%. (1, 3)
- Specific to oncology (3)

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- Risk factors/associations: live alone, singe, younger, females, physical symptom burden, fatigue, restricted mobility, respiratory concerns, cognition problems, constipation, depression, anxiety, lack of purpose of life, desire for hastened death, disengagement style of coping
- Protective factor: employed
- No association: time since dx, cancer stage, type of cancer, cancer site

Step 4: Diagnosis.

- While DSM 5 does not have a specific diagnosis for demoralization, dimensional approach is helpful.
- Using a continuum
  - For moderate level of symptoms or if symptoms are suspected to arise from inadequate coping, experts recommend use of demoralization as a specifier for adjustment disorder diagnosis.
  - For severe degree of demoralization, experts recommend separate disease recognition and evaluation of other comorbid psychiatric disorder. (3)

Step 5: Treatment.

- Psychotherapy is recommended for demoralization.
- Psychotherapy that aims to improve coping style, find meaning, or help develop a positive attitude is beneficial to lift morale. (6, 7)
- Severe degree of demoralization may warrant treatment of comorbid psychiatric disorder with antidepressants in addition to psychotherapy.
- Attempt to address physical symptom burden.
- Treat comorbid conditions.

References

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