

Introduction

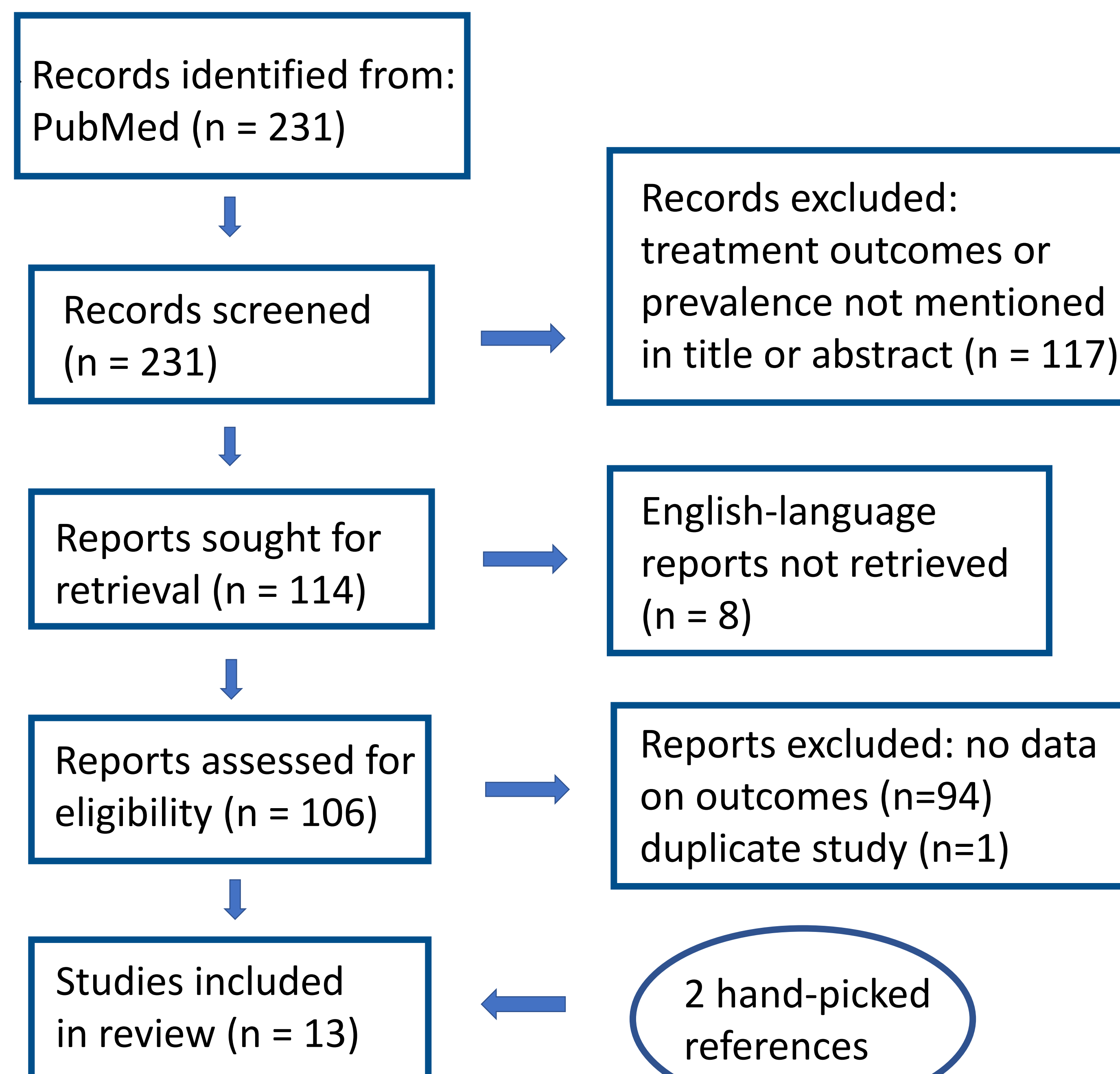
- Demoralization is a syndrome of psychological distress involving poor coping, hopelessness, and loss of meaning-in-life (Robinson et al. 2015), and is associated with physical symptom burden and a desire for hastened death.
- Demoralization is rather prevalent among end of life and palliative care (EOLPC) patients (≥25%) (Gan et al. 2021).
- We currently lack systematic data on treatment responses of demoralization that can be used to guide clinical decision-making.

Methods

- We conducted a systematic review following PRISMA guidelines, with publications found through a PubMed search: **'(demoralization AND (prevalence OR rate)) OR (demoralization AND treatment)'**, plus hand-picked references.
- Inclusion criteria: publication years 2013—Jan 16 2022; patients with serious medical illness; data on clinical response to an intervention for demoralization syndrome.
- We performed a qualitative synthesis of outcomes.

- The search was conducted on January 16, 2022.
- Studies were initially screened by title and abstract, and then the full text for eligible studies was sourced and screened. Data abstracted included: authors, year of publication, title, patient population, efficacy measures, and efficacy outcomes.

Flow Diagram



Results

Demographics	
Total N	841
Age range (years)	22-90
Gender	Women: 432 (51%)
Countries	USA (5), Italy (1), Spain (3), Portugal (1), Taiwan (2), Canada (1), Australia (1)

Study Characteristics				
Author (year)	N	Population	Study Design	Intervention
Anderson (2020)	18	Long-term AIDS survivor men	Pilot study (single arm)	Psilocybin-assisted group therapy
Fraguell-Hernando (2020)	32	Cancer	Two-arm randomized feasibility trial	IMCP-PC
Haddas (2020)	45	Degenerative lumbar spondylolisthesis	Prospective cohort study	Lumbar decompression and fusion
Iani (2020)	35	Terminally ill	RCT	Dignity Therapy
Julião (2017)	80	Terminally ill	RCT	Dignity Therapy
Kissane (2019)	57	Cancer	Pilot RCT	Meaning and Purpose Therapy
Li (2020)	30	Cancer	Quasi-experimental	Dignity Therapy
Nelson (2019)	59	Cancer	Pilot RCT	CARE
Quílez-Bielsa (2021)	30	Cancer	Pilot (RCT + single arm phases)	MCP-PC
Rodin (2018)	305	Cancer	RCT	CALM
Ross (2016)	29	Cancer	RCT	Psilocybin-assisted psychotherapy
Soto-Rubio (2020)	60	Terminally ill	RCT	Kibo Therapeutic Interview
Sun (2021)	61	Cancer	Quasi-experimental	Logotherapy

Notable Efficacy Findings

In a RCT (n=29) with patients with a history of life-threatening cancer, significant improvement in demoralization was found 2-weeks post-drug for patients who received psychotherapy + psilocybin vs psychotherapy + placebo (niacin). Between-group Cohen's d = 1.04 (95% CI 0.24, 1.83) (Ross et al. 2016)

Managing Cancer and Living Meaningfully

Psilocybin-assisted therapy

In a RCT (n=305) with advanced cancer patients, in the subgroup of patients with moderate death anxiety at baseline, there was a medium effect size for improvement in demoralization of d=0.5 at 6 months in patients who received CALM + usual care, compared to patients in the control group receiving usual care alone. (Rodin et al. 2018)

Notable Efficacy Findings (cont.)

Dignity Therapy

The largest study included of Dignity Therapy (DT), with 80 patients from Portugal with life-threatening disease (prognosis <6 months) found that DT plus Standard Palliative Care (SPC) was associated with a significant decrease in demoralization post-intervention compared with the control group, SPC alone. Demoralization prevalence = 12.1% (DT) vs 60.0% (SPC), p<0.001 (Julião et al. 2017)

Discussion

We systematically reviewed and synthesized data from 2013 to 2021 on clinical responses to interventions for the demoralization syndrome among EOLPC patients. Most studies (9/13) evaluated a psychotherapy only intervention, while 2 studies were of a drug-assisted psychotherapy, 1 was psychotherapy + symptom management, and 1 was a surgical intervention. Nine of 13 studies were in patients with cancer. Three focused on patients with a range of terminal illnesses. Nine utilized the Demoralization Scale (DS) (of which two were Mandarin Version), while 4 utilized the shorter Demoralization Scale-II (DS-II). Findings suggest that existential psychotherapies, and psychedelic-assisted psychotherapies, may relieve patient suffering in clinically significant ways. Standing out in particular were a RCT of psilocybin-assisted psychotherapy and a RCT which assessed the effectiveness of CALM, both for patients with cancer. Limitations of this review include its small size (k=13), and the early phase of many of the included studies—most are small trials (n< 100) and lacking rigorous control groups (ie., they use waitlist or usual care controls). Other interventions have shown efficacy in improving meaninglessness and hopelessness (e.g. Breitbart et al. 2018) but were not included in our review because they did not assess change in demoralization per se.

Conclusion

Data suggest existential psychotherapies, as well as psychedelic-assisted therapies, may significantly improve demoralization in EOLPC patients. Future research would be beneficial on existential and psilocybin-assisted therapy interventions for demoralization syndrome in seriously medically ill patients, with large sample sizes and rigorous control groups.

References

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