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**Wholistic News Reviews**  
**Traditional, Complementary, Alternative, and Psycho-Social**  
**Modalities of Treatment**  
**Larry Lachman, PsyD**

**Using bright light instead of drugs to treat pregnancy-related depression**

Dan A. Oren, MD, from Yale University School of Medicine, in New Haven, Connecticut, described his treatment of 16 pregnant women with major depression for 3 to 5 weeks with bright light therapy for 1 hour after awakening each morning. On the Hamilton Depression Rating Scale, Seasonal Affective Disorders Version, mean depression ratings improved by 49% after 3 weeks of treatment and by 59% in the 7 patients who had 5 weeks of treatment. Pending the results of a randomized, controlled trial, the authors conclude that morning light therapy has an antidepressant effect during pregnancy. "The exact mechanism has not been elucidated," Oren said. "Some data suggest that light therapy advances the timing of the daily biological clock, which may then bring about the antidepressant effect."

*American Journal of Psychiatry* 2002, 159(4), 666-669

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**Cognitive function in older men linked to testosterone**

Higher levels of bioavailable testosterone in older men are associated with significantly better cognitive function. Dr. Kristine Yaffe, from the University of California San Francisco, tested cognitive functioning and measured sex hormone levels in 310 men, mean age 73 years. Although there was no consistent link between total testosterone and scores on the Mini-Mental Status Exam, Trails B, and Digit Symbol tests, men with high bioavailable testosterone scored better on all three tests. Dr. Yaffe concludes by saying, "This finding supports the hypothesis that higher levels of endogenous testosterone prevent cognitive decline and suggests that the bioavailable forms of testosterone may be more closely correlated with cognitive function."

*Journal of the American Geriatrics Society* April 2002

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**Survival increases for women between 65 and 85 with vigilant mammography**

Researchers collected data on 5,186 women with invasive breast cancer and found that those who mammographically detected their cancer with no co-morbidity had a significantly lower risk of death compared to those with clinically detected disease. Dr. Martin W. Lee and colleagues

at the Park Nicollet Institute in Minneapolis concluded by saying, "breast cancer risk inevitably increases with age, but with proper early detection, mortality in older women from this disease can perhaps be lessened"

*Journal of the American Geriatric Society* 2002, 50, 1061-1068

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### **Acute coronary syndromes helped more with anticoagulants than with aspirin**

Dr. Robert F. van Es of the University Medical Center in Utrecht, Netherlands studied 999 patients with acute coronary syndrome admitted with either acute myocardial infarction or unstable angina. He found that prescribing high intensity anticoagulants such as *phenprocoumon* or *acenocoumarol*, either used alone or combined with aspirin, was more effective than using aspirin alone in reducing recurrent coronary events in patients diagnosed with acute coronary syndrome.

*The Lancet* 2002, 360, 109-113

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### **Nutritional problems with people with cancer**

Based on clinical work, Susan Blacker, LCSW finds that between 15% and 40% of patients with cancer develop problems with nutrition early in the course of their illness, and substantial weight loss is experienced by more than 50 percent of patients undergoing cancer treatment. Blacker reports that dialogue and structured problem-solving with the food preparer can be very effective for both the patient and caregivers regarding nutritional interventions to minimize distress, maximize coping and control, and allow them to participate fully in their own care.

Citing the case study of "Robert G.," a 58-year-old cancer patient who was admitted to the hospital for intractable nausea and vomiting, Blacker goes on to say that after eight days, he was unresponsive and dying from metastatic colon cancer. His family members angrily asked his nurse: "Why isn't he being fed? How can you starve him like this?"

The social worker learned that Robert's wife had been very concerned about his weight loss. She had been encouraging him to eat and preparing only his favorite meals. He dismissed her concerns and even became angry with her at times. She felt helpless – and now blamed herself, seeing him wasted and unable to respond. Their three adult children were equally frustrated and perceived that their father was wasting away without appropriate nutritional intervention.

At the beginning of his hospitalization, Robert had clearly told his physician that he did not want his life to be prolonged by any means, including invasive nutritional interventions. Unfortunately, he did not discuss his wishes with his family, and slipped from consciousness two days later, further complicating the situation.

The team (physician, nurse, social worker, and dietician) met to decide how to optimally support Robert's family. They held a family meeting to provide them with an opportunity to receive information about his cancer, how it had progressed, and an explanation of the symptoms they had noticed. They shared information about their father's expressed wishes about his code status and nutrition and explained that the decision was in keeping with good palliative and supportive care. Robert's wife expressed enormous relief when the team explained that Robert's lack of appetite was normal and that even if he had eaten more or

received invasive nutritional support, it would not have changed the outcome of his disease. Robert died, comfortably, surrounded by his family, two days later.

Blacker concludes by saying that interventions in Robert's case could have been made earlier and suggests: 1) initiating earlier discussions with the patient and his family members about advancing cancer and what symptoms to expect, including anorexia wasting away physically; 2) encouraging the patient to articulate her wishes and concerns to her health care team and her family, including those related to artificial nutrition and hydration; 3) making attempts to educate the patient about the importance of involving his family and offering support and education for them; and 4) referring the patient earlier to a hospice program.

*Oncology Issues* 2002, 17 (2), 41-44

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Dr. Lachman leads a weekly cancer patient therapy group, two bereavement therapy groups, and is working on two cancer-related books: *The Path of Courage* and *Under The Hammer of Fate*. His psycho-social cancer related web resource center is located at: <http://www.thepathofcouragecentral.com>

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