CANCER JOURNEY

Cancer+

If you're managing cancer and other illnesses in parallel, you face unique physical and mental health challenges. Being organized, inquisitive and positive can help you overcome them.

By Matt Alderton

AA

Arnie Bishop was having a rough 18 months. First, in February 2013, the 62-year-old was diagnosed with prostate cancer. The following November, he found out he had non-Hodgkin's lymphoma. Finally, amid both cancers, his doctors determined something might be wrong with his thyroid.

"My thyroid kept lighting up in all the PET scans, and with the two cancers I'd already had they were worried it might be thyroid cancer," says Bishop. He received treatment for his cancers—radiation for his prostate cancer, followed by chemotherapy for his non-Hodgkin's lymphoma—at Cancer Treatment Centers of America® (CTCA) in Goodyear, Arizona, a six-hour drive from where Bishop lived with his wife, Jill.

In December 2014, he had thyroid surgery—but it was the pre-op that may have saved his life. "I'd been calling my thyroid 'my pesky thyroid' the whole time I was being treated for cancer because it kept showing up on all my tests," says Bishop.

The pre-op EKG showed an anomaly with his heart—even though he had no symptoms of heart disease. "As it turns out, it was actually my hero thyroid, because if I hadn't had that EKG for thyroid surgery, I would not have known about my heart problem."

That July, Bishop had an angiogram. His doctor told him that as soon as the surgeon could fit him in, he'd be undergoing triple bypass surgery to treat coronary heart disease—tough news to hear.

Luckily, his story ends well—Bishop is currently cancer-free and heart-healthy—but its outcome wasn't certain. On the contrary, because of his coinciding conditions, he faced hurdles above and beyond those encountered by many cancer patients.

Ranging from pharmacological to logistical to emotional in nature, the risks of battling concurrent illnesses made an unpredictable prognosis even more fragile. By collaborating with his medical team, retaining a positive attitude and asking for help when he needed it, Bishop discovered a truism for many cancer patients with multiple conditions: Health outcomes aren't determined by the quantity of medical challenges we face, but by the quality of care we receive.

Problematic Pairs

Bishop's challenges aren't that unusual. Research shows an association between certain types of cancer and some diseases, such as pancreatic cancer and Type 2 diabetes. One study found that the risk of liver cancer increases 250 percent in people with Type 2 diabetes. Another found that the risk of developing endometrial and bladder cancers also increases, as does the risk of developing non-Hodgkin's lymphoma.

Diabetes is just one association, according to Dr. Melissa Haglund, an internist and intake physician at CTCA® in Zion, Illinois. "We see patients come in with common diagnoses in addition to their cancer," says Haglund, adding that common conditions include high blood pressure, high cholesterol, diabetes and asthma. "There are other diagnoses that are just as important but often overlooked by patients, like anxiety, depression and fibromyalgia."

Some conditions develop alongside cancer, while others may cause it. "There are known links, especially with diet and obesity," says Haglund, noting the most common cancers associated with obesity are breast and colon cancer, although there are also links between obesity and pancreatic, gall bladder and kidney cancers. "Inflammatory bowel disease, including Crohn's disease and ulcerative colitis, may also put people at increased risk for colon cancer."

Whatever the conditions, managing more than one at the same time can feel like juggling shot-put balls. "Dealing with a diagnosis of cancer can be overwhelming by itself," Haglund says. "Getting another diagnosis can feel like a blow."

Dueling Drugs

Because having multiple conditions typically translates into receiving multiple treatments, it also can be dangerous, according to Oncology Certified Nurse Niki Ouellett, a patient education specialist at CTCA in Phoenix, where Bishop's cancers were treated.

"A patient who has brain metastases could be receiving high-dose steroids, which could increase blood glucose levels. That's a problem if you have diabetes," Ouellett says.

Another common interaction is between the breast cancer drug tamoxifen and antidepressants. "More than 25 percent of people who are being treated for cancer experience some type of depression, but some antidepressants can render tamoxifen ineffective," Ouellett explains.

Even conditions as seemingly innocent as eczema can cause problems. "If a patient has a history of chronic skin conditions, it's important to know because some chemotherapies can cause skin reactions," Ouellett says.

Over- and under-medicating is also risky. "For instance, if a patient has chronic arthritis and is receiving pain medicine from their primary care physician, and receive more pain medicine because they are being treated for liver cancer, that could lead to respiratory failure from over-medication," Ouellett says. "At the same time, there are cancer medications that when combined with other medications may cause them to be less effective."

Going off medications can be just as problematic as going on them. "Patients diagnosed with cancer may lose focus and stop paying attention to their other illnesses," Haglund says. "For example, they may stop taking their blood pressure or asthma medication."

When they do, they may become symptomatic—the medication is no longer controlling their condition—and they may experience harmful side effects. "There are some medications that, if you stop them completely without weaning off slowly, can cause a great deal of trouble," Haglund explains. "Among them are hypertension drugs. If you abruptly stop a beta-blocker like metoprolol, you can experience a very fast heart rate that can even lead to atrial fibrillation—an irregular and often rapid heart rate that can increase your risk of stroke, heart failure and other heart-related complications.

"Stopping others may lead to dangerously high blood pressure, greatly increasing stroke risk. Another example is steroids," Haglund says. "If patients are taking steroids for conditions like rheumatoid arthritis or lupus, and they stop them abruptly, they can go into adrenal failure, which is an injurious and sometimes deadly condition."

In the case of some drugs, like antidepressants, patients may experience withdrawal. "Someone who suddenly stops taking an antidepressant can have a rebound of depression, but also dizziness, headaches and a buzzing sensation in the head," Haglund says. "It can be very uncomfortable."

Emotional support

Given the high rate of anxiety and depression among cancer fighters, patients with multiple illnesses handle both pharmacological and emotional challenges.
"Patients facing a cancer diagnosis along with other medical conditions can suffer from depression and even become suicidal," Haglund says. "The anxiety can be so overwhelming that they don't sleep, and since they're not getting enough sleep, they lack the energy they need to face their conditions. It's a downward spiral. It's important to focus on a patient's well-being: it's just as important as the medical diagnoses."

For patients with concurrent conditions—who often spend more time in hospitals than out—anxiety and depression can be exacerbated by a lack of free time. "It's easy for patients who have more than one illness to get sucked into the medical world and for that to become their entire life," Ouellett says. "Some begin to identify only as a patient, and it can be a real challenge for them to remember they're still a person."

Organization is only part of the equation for the Bishops. For Jill, equally important is social and emotional support. "When we were at the hospital for Arnie's bypass surgery, I felt so alone," she says. "We didn't live [in Arizona], and we didn't have family there. Next thing I knew, the staff from Cancer Treatment Centers of America started calling and visiting. Even though it was at another hospital, they arranged for someone to sit with me during Arnie's surgery. I can't even begin to express how much it helped me to receive that love, support and caring."

Emotional support is also important for Bishop. "I wouldn't be where I am today without Jill," he says. "You need awesome care—which I got—but you also need an incredible caregiver."

That, and as much normalcy as life allows. "Just because you're a patient doesn't mean your life has to come to a screeching halt," Jill says. "When Arnie felt well enough, we went out to sporting events, theater and dinner. We did fun things, and that was really helpful because it helped us feel like we were still living our life."

Adds Bishop, "I'm very stubborn; I refused to be sick. Everything I did that was normal to me I tried to continue doing. I do all the cooking, for example, and even through chemo I continued to do the cooking because that's what is normal in our life."

"Normal" isn't easy, Ouellett acknowledges. But it can be healing. "It's easier said than done, but you've got to take a mental vacation from your health issues," she says. "We need to manage our diseases, but we also have to live."

Doc Talks: 5 Things to Tell Your Doctors

Your doctors can't know what you don't tell them. If you're managing multiple illnesses, ensure you're well cared for by making sure they know:

1. What conditions you have: Even conditions that seem irrelevant and unrelated—skin conditions, for example—can positively or negatively impact your cancer.

2. What medications you take: When they interact with each other, medications can cause dangerous side effects. They can even reduce one another's efficacy. It's important to disclose to your doctors all medications—prescription and non-prescription—that you take.

3. What supplements you take: Disclosure is also important for vitamins and supplements, which can help or hurt your conditions and interact positively or negatively with medications.

4. Who your other doctors are: Coordinated care is quality care. It's important for specialists to maintain consistent communication with one another about your diagnoses and treatments.

5. If you're feeling tired or depressed: Depression, anxiety and sleeplessness are common when dealing with cancer and other illnesses. Energy, rest and attitude can impact your treatment, so it's important to tell your doctors when you're experiencing these feelings.

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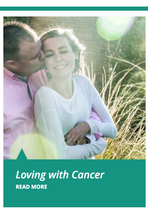

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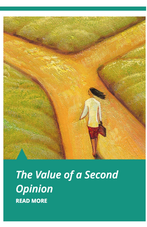

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