Acute and Chronic GvHD: 
Through a Psychosocial Lens

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The Physical Impact

GvHD – both acute and chronic – can affect many parts of the body (i.e. skin, oral, ocular, lung, GI, etc.)

There is often a high symptom burden, which can necessitate close outpatient follow-up and, potentially, frequent readmissions for management (including palliative/supportive care)

Symptoms of GvHD can be compounded by more common post-transplant side effects, such as fatigue
Many with GvHD feel stuck in treatment with a medicalized sense-of-self. They may exist in a space where their previous identity is “suspended” or put on hold.

**The Impact on Quality of Life**

They are, in many respects, tethered to the medical team due to:

- Frequent outpatient follow-up beyond D+100
- High medication burden, including prolonged steroid use for medical management of symptoms
- Supportive services (i.e. physical and/or occupational therapy, clinical dietitians, supportive care)

This, in turn, can lead to:

- Continued caregiver support
- Relocation to be close to the medical center
- Changes in income status, often due to an inability to return to work at the same capacity, if at all
- Consistent reminder of diagnosis, treatment/transplant, mortality
The Mind/Body Connection

Psychological distress, namely anxiety and depression, is highly prevalent in this population

Many patients and caregivers may experience post-traumatic stress symptoms, hopelessness, demoralization, and significant resilience

Ambiguous loss and disenfranchised grief
Supporting Patients and Caregivers

- Empathic and active listening
- Trauma-informed approach
- Validation/normalization
- Psychoeducation
- Goals of Care/Family meetings
- Ensuring access to hospital and community resources
### Hospital & Community Resources

#### Coping and Support

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<tr>
<th>Individual support and psychoeducation with oncology social workers, psychologists, and/or psychiatrists</th>
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<td>• NMDP: Patient and Caregiver Emotional Support (PACES)</td>
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<th>Specialized support groups facilitated by appropriate support staff</th>
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<td>• MSKCC: Monthly Post-Transplant Online Group for Young Adults</td>
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<td>• NMDP: BMT Survivorship Chats</td>
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<td>• nbmtLINK: Peer Support On-Call Program</td>
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<td>• LLS: Patti Robinson Kaufmann First Connection Program</td>
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References
