Cancer-related Depression: Causes, Consequences, and Management

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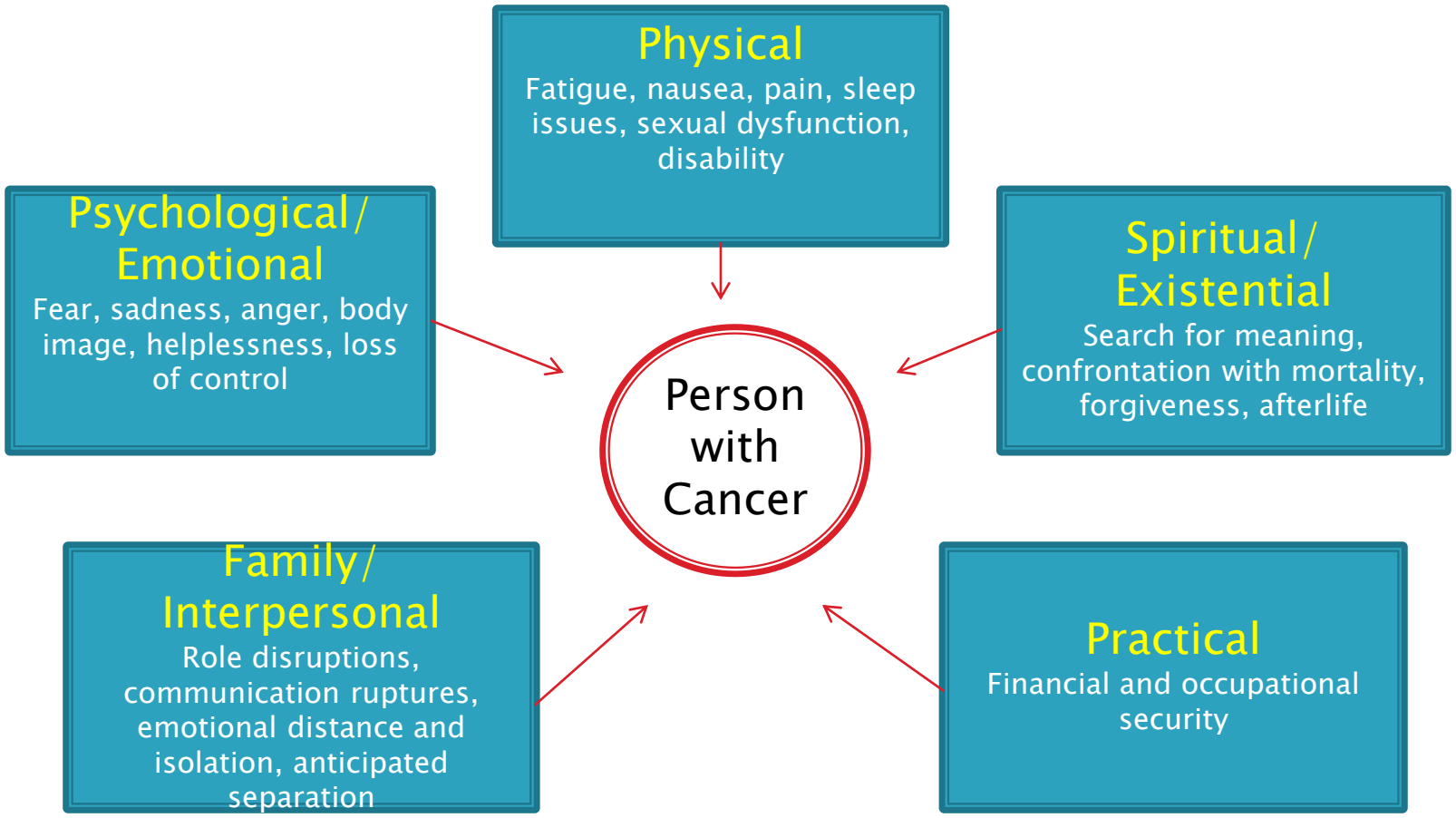
Key Points

- Persons with cancer are at higher risk for depression
- Depression differs from “normal sadness”
- Multiple factors places one at risk for depression
- Family and spouses can be at risk for depression
- Depression is associated with poorer QOL and outcomes (tx and mortality)
- Depression can be effectively treated

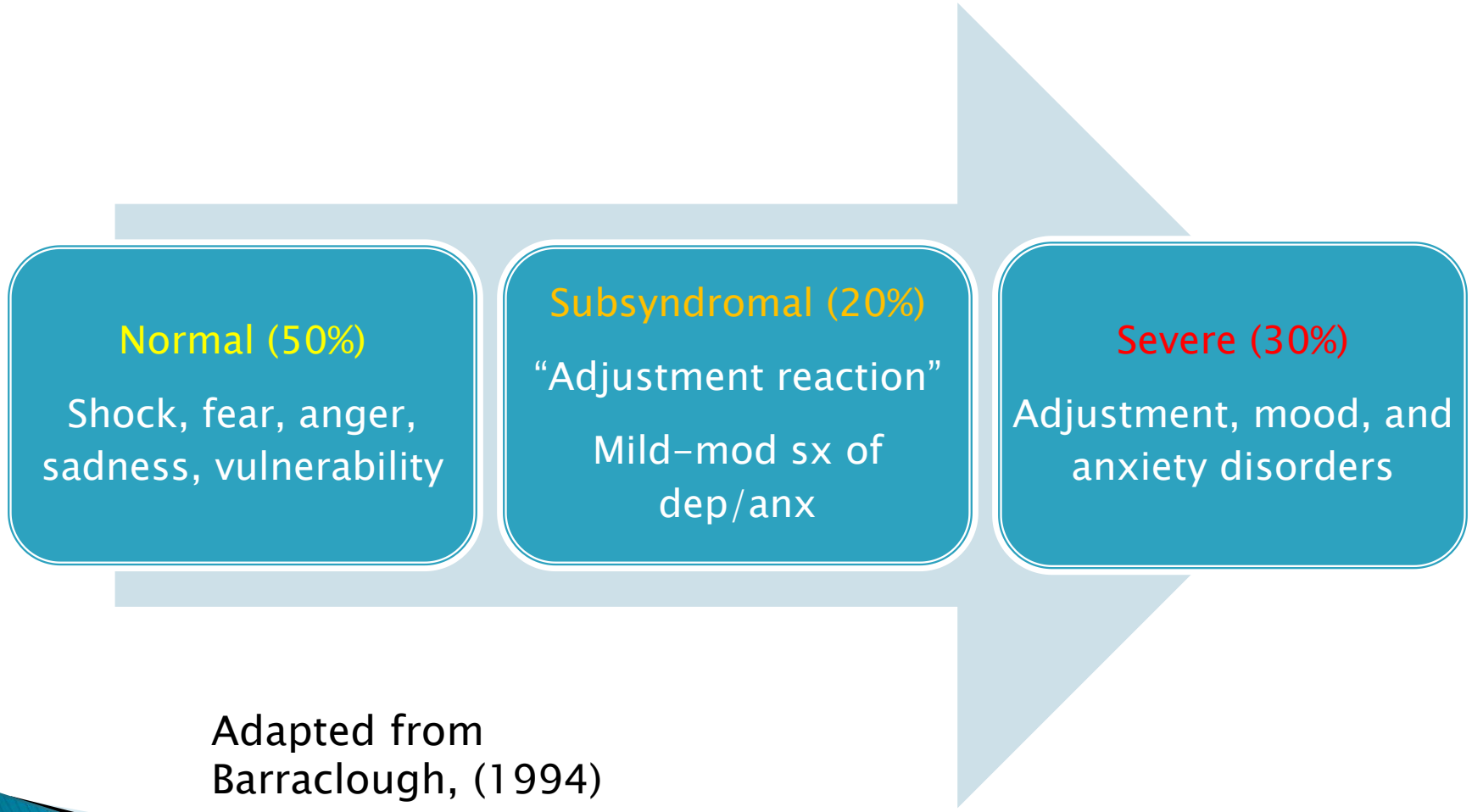
Prevalence Rates of Depression

- Proportion of global general population with depression estimated at 4.4% (WHO, 2015)
  - 6.7% in United States (NIMH, 2016)
- Much higher rates seen in cancer population
  - Meta-analyses bear out pp rates ranging from 16.3% to 24% (Mitchell et al., 2011; Krebber et al., 2014)
  - Highest in acute phase of disease, decreasing over time
  - Prevalence of depression and anxiety among men with prostate cancer (Watts et al., 2014)
    - Pretreatment (17%), On-treatment (15%), Post-treatment (18%)

Impact of Cancer



Continuum of Distress



Adapted from Barraclough, (1994)

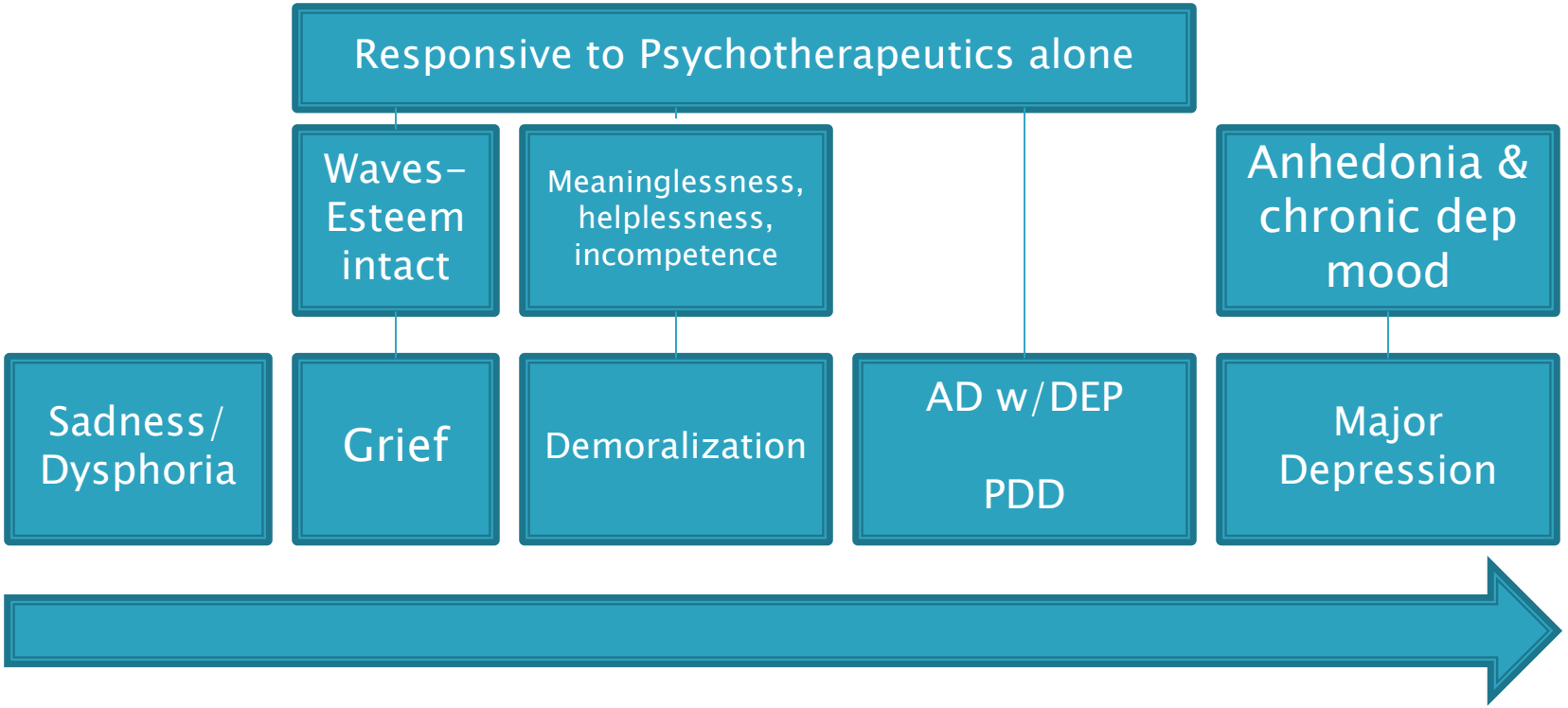
Psychological Responses to Cancer Diagnosis

- Sadness and grief reactions are common
  - Shock/disbelief, denial
  - Sadness, crying, despair
  - Sleep problems
  - Loss of appetite
  - Fear, nervousness, worry about the future
- Often acute psychological reactions subside in a few days to a few weeks
  - Formulation of tx plan-support of medical team
  - Family support

Myths of Cancer and Depression

- All people with cancer are depressed
  - 2 of 10 people with cancer will become depressed
- Depression in a person with cancer is normal
- Treatments for depression are not helpful
  - Highly treatable via psychotherapeutic and pharmacological interventions

C-R Depressive Spectrum



Duration, Severity, Impact of Sx

Episode of Major Depression

- **Five (or more)** of the following symptoms have been present during the same **2-week period** and represent a change from previous functioning; **at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure**
- A depressed mood for most of the day on most days
  - **OR**
- Decreased pleasure or interest in most activities for most of the day, nearly every day
- **And at least 4 of the below-sx:**
  - Significant change in appetite
  - Insomnia/hypersomnia
  - Psychomotor agitation or slowing
  - Fatigue
  - Feelings of worthlessness or excessive guilt
  - Poor concentration
  - Recurrent thoughts of death or suicide

Depressive Sx Clusters

Neuro-vegetative Sx

- Fatigue/Low Energy
- Insomnia/Hypersomnia
- Weight loss/gain
- Restlessness/Slowing down
- Impaired ability to concentrate/make decisions

Cognitive-affective Sx

- Depressed mood (sad, empty, hopeless), most of the day, nearly every day
- Sig. diminished pleasure in all/almost all activities, most of the day, nearly every day
- Feelings of worthlessness or excessive, inappropriate guilt
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal thoughts w/o plan, suicide attempt or specific plan for attempting suicide

Diagnostic Issues

- But…
  - NV sx of depression overlap with sx of cancer or cancer tx
- Solutions
  - **Inclusive approach**: all sx (including NV sx) counted
  - **Substitute approach**: NV symptoms replaced with additional cognitive-affective items (e.g., depressed appearance; social withdrawal; brooding, pessimism) [Endicott, 1984]
  - **Alternative approach**: some new CA symptoms added to the original DSM criteria [Cavanaugh, 1995]
  - **Exclusive approach**: exclusion of NV symptoms—use of only CA symptoms
    - Hopelessness, helplessness, not caring as mandatory
    - Not participating in medical care, depsite ability to do so; not functioning despite improved medical condition

Risk Factors for C-R Depression

Cancer-related Risk Factors	Non-cancer –related Risk Factors
Depression at time of dx	History of depression (2>EPI)
Uncontrolled pain	Younger age at diagnosis
Advanced stage of cancer	Lack of family support
Physical impairment or discomfort	Concurrent life stressors
Pancreatic cancer	Avoidant coping style
Unmarried w/ H&N cancer	Concurrent illness
Tx w/ some chemotherautic agents	Hx mental health tx

Possible Medical Causes

- Metabolic abnormalities
  - Hypercalcemia, sodium/potassium imbalance, anemia, B12 or folate deficiency, fever
- Endocrine abnormalities
  - Hyperthyroidism or hypothyroidism
  - Adrenal insufficiency
- Medications
  - Steroids, cytokines, methyldopa, reserpine, barbituates, propanolol, some antibiotics, some chemotherapeutic agents

Risk of Depression in Families and Spouses

- Emotional communication and problem solving associated with lower levels of depression (Edwards & Clark, 2004)
- Female partners of men with Pca report more distress than the men themselves (Couper et al., 2006)
  - Twice rate of MDD and GAD
  - 36% reported mild to moderate anxiety (Chambers et al. 2013)
  - Man's psychological distress and sexual bother most strongly related to partner's mental health status

Consequences of C-R Depression

- Deterioration of quality of life
- Reduced treatment adherence
- Elevated mortality predicted by depression diagnosis and higher depressive sx (Pinquart & Duberstein, 2010)
- Poorer adjustment
- Higher risk of suicide

Tiered Model of Psychosocial Care in Oncology (Steginga et al., 2006)

Figure 1: *Tiered Model of Psychosocial Care in Oncology*

Management of C-R Depression

- EB Self-Management
  - Peer support groups
  - Group-based exercise
    - Moderate resistance/aerobic exercise x3/week
- EB Psychosocial Interventions
  - Psychoeducation
  - Stress Management and Coping Skills Training
  - Supportive Psychotherapy
  - Cognitive-Behavioral Therapy (CBT)
  - Interpersonal Therapy (IPT)

Management cont.

- Pharmacological Interventions
  - Selective Serotonin Reuptake Inhibitors [SSRI] (e.g., Sertraline, Escitalopram)
    - Most "effective" and "acceptable" (Patrick et al., 2009)
  - Serotonin and Norepinephrine Reuptake Inhibitors – [SNRIs](e.g., duloxetine, venlafaxine)
  - Therapeutic benefits can take 2-6 weeks
- Combination of anti-depressant and psychotherapy regarded as most effective tx
- Herbal Remedies
  - St. John's Wort
  - S-adenosyl-methionine (SAM-E)
  - Omega-3
  - Vitamin B12 & Folate

Resources

- Informational Websites
  - https://www.cancer.gov/about-cancer/coping/feelings/depression-pdq
  - http://www.prostate.org.au/media/195765/proscare_monograph_final_2013.pdf
- Self-Help Websites
  - https://www.depressioncenter.org/depression-toolkit
  - https://www.beyondblue.org.au/
- Psychosocial Oncology Consultation
  - Call (315) 464-3510
  - Request appointment with Dr. Jeffrey Schweitzer , Ph.D.
  - Multi-disciplinary Suite, 3rd Floor Upstate Cancer Center

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