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

Person with Cancer

Physical
Fatigue, nausea, pain, sleep issues, sexual dysfunction, disability

Psychological/Emotional
Fear, sadness, anger, body image, helplessness, loss of control

Spiritual/Existential
Search for meaning, confrontation with mortality, forgiveness, afterlife

Family/Interpersonal
Role disruptions, communication ruptures, emotional distance and isolation, anticipated separation

Practical
Financial and occupational security

- Fatigue, nausea, pain, sleep issues, sexual dysfunction, disability
- Fear, sadness, anger, body image, helplessness, loss of control
- Search for meaning, confrontation with mortality, forgiveness, afterlife
- Role disruptions, communication ruptures, emotional distance and isolation, anticipated separation
- Financial and occupational security
Continuum of Distress

Normal (50%)
Shock, fear, anger, sadness, vulnerability

Subsyndromal (20%)
“Adjustment reaction”
Mild–mod sx of dep/anx

Severe (30%)
Adjustment, mood, and anxiety disorders

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

Responsive to Psychotherapeutics alone

- Waves – Esteem intact
- Meaninglessness, helplessness, incompetence
- Anhedonia & chronic mood

Sadness/Dysphoria
Grief
Demoralization
AD w/DEP
PDD
Major Depression

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, despite ability to do so; not functioning despite improved medical condition
## Risk Factors for C-R Depression

<table>
<thead>
<tr>
<th>Cancer-related Risk Factors</th>
<th>Non-cancer –related Risk Factors</th>
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<tbody>
<tr>
<td>Depression at time of dx</td>
<td>History of depression (2&gt;EPI)</td>
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<td>Uncontrolled pain</td>
<td>Younger age at diagnosis</td>
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<tr>
<td>Advanced stage of cancer</td>
<td>Lack of family support</td>
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<tr>
<td>Physical impairment or discomfort</td>
<td>Concurrent life stressors</td>
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<tr>
<td>Pancreatic cancer</td>
<td>Avoidant coping style</td>
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<tr>
<td>Unmarried w/ H&amp;N cancer</td>
<td>Concurrent illness</td>
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<tr>
<td>Tx w/ some chemotherapeutic agents</td>
<td>Hx mental health tx</td>
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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
Figure 1: Tiered Model of Psychosocial Care in Oncology

Severe distress

Acute care: Intensive or comprehensive therapy for acute and complex problems e.g. mental health team, psychiatrist.

Moderate to severe distress

Specialist care: Specialised therapy for depression, anxiety, relationship problems e.g. psychologist, psychiatrist, tele-based Cancer Counselling Service.

Moderate distress

Extended care: Counselling, time limited therapy, skills training e.g. psychologist, social work, tele-based Cancer Counselling Service.

Mild to moderate distress

Supportive care: Emotional, practical, spiritual care, psychoeducation, values based decision support, peer support e.g. social worker, peers, chaplain, Cancer Helpline.

Minimal to mild distress

Universal care: Information, brief emotional and practical support e.g. health care team, Cancer Helpline.
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**

- **Self-Help Websites**
  - https://www.depressioncenter.org/depression-toolkit

- **Psychosocial Oncology Consultation**
  - Call (315) 464-3510
  - Request appointment with Dr. Jeffrey Schweitzer, Ph.D.
  - Multi-disciplinary Suite, 3rd Floor Upstate Cancer Center
References