Depression and Anxiety in Cancer Patients

“The Perfect Storm”
John

- The patient is a 67 year old Caucasian man diagnosed with stage II pancreatic cancer.
- He is married (43 years) and has 2 adult son’s.
- He is self employed and owns several successful companies.
- His favorite movie star is Al Pacino
- His favorite food is In and Out Burger
- He thinks “twitter is for the birds”
- He frequently says “back in the day...”
Cancers Associated with Higher Levels of Depression and Anxiety

• Pancreatic (33%-50%)

• Oropharyngeal (22%-57%)

• Lung (11%-44%)

• Breast (1.5%-46%)

Please Note: The reported prevalence (major depression and depression spectrum syndromes) varies significantly due to varying conceptualizations of depression, different criteria used to define depression, differences in methodological approaches to the measurement of depression, and different populations studied.

Most cancer patients do not meet the diagnostic criteria for any specific mental disorder; however, many do experience a variety of psychosocial distress. Distress is emotional, mental, social, or spiritual suffering. Patients may have a range of feelings from fear and sadness to depression, anxiety, panic, and isolation.

What is Normal?

• Overwhelmed
  • Doctor visits and treatments replace normal routine
  • Unfamiliar, frightening medical terms and procedures

• Denial
  • Difficulty believing or accepting the fact that they have cancer

• Fear, anxiety, extreme vulnerability, helplessness, out of control
  • Pain and feeling sick
  • Looking different
  • Financial and occupational losses
  • Dying

• Anger
  • Why me? Unfair!

https://www.cancer.gov/about cancer/coping/feelings#overwhelmed
Adjustment Disorders

• An inadequate, non-adaptive response to a known psychosocial stressor resulting in significant impairment in psychological, social, occupational and or relational functioning. May include:
  • Depressed mood
  • Anxiety
  • Mixed anxiety and depression
  • Impairment in decision making, problem solving, stress management, healthy coping strategies

DSM 5 Anxiety Disorders

• A variety of disorders characterized by the following common symptoms causing impaired social, occupational, relational and personal functioning.
  • Fear
  • Anticipation of future threat (worry)
  • Dread
  • Apprehensive/anxious ruminating thoughts
  • Inability to relax
  • Muscle tension
  • Nausea

DSM 5 Major Depressive Disorder

Greater or equal to 5 of the following symptoms (present in the same two week period) and represent a change from the previous level of functioning; at least one of the symptoms is **depress mood (most of the day, every day) or marked loss of interest or pleasure.**

- Significant change in weight
- Sleep disturbance
- Slowing down of thought and/or movement
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt
- Diminished ability to think and concentrate
- Recurrent thoughts of death and/or suicidal ideation
- Causing significant distress and impairment

Cancer Related Risk Factors for Depression

- Diagnosis of cancer when patient is already depressed [1]
- Poorly controlled pain [2]
- Advanced stage of cancer [2]
- Pancreatic cancer [3]
- Treatment with certain chemotherapeutic agents [4]

Non-cancer Related Risk Factors for Depression

• History of depression
• Lack of family support [1]
• Additional concurrent life stressors [2]
• Family history of depression or suicide
• Previous suicide attempts
• History of alcohol or drug abuse
• Concurrent illnesses that produce depressive symptoms (e.g. stroke, myocardial infarction)
• Past treatment for psychological problems

Assessment

- **Hospital Anxiety and Depression Scale**: Designed to provide a simple and reliable tool for use in medical practices. Seven of the items relate to anxiety and seven relate to depression. [1]

- **The Distress Thermometer**: The NCCN Distress Thermometer and Problem List for Patients measures distress on a scale of zero to 10, 10 being the worst. The NCCN Problem list allows patients to inform their doctor if they are having concerns in areas such as practical, family, emotional, spiritual, and physical problems.[2]

- **The Psychosocial Screen for Cancer (PSSCAN)**: 21-item instrument measuring depression and anxiety in cancer patients. [3]

Assessment Intervals for Depression and Anxiety

- Initial visit
- Changes to diagnosis or treatment
- Beginning, middle and end of treatment
- Personal life changes (i.e. relational loss or distress, financial distress)
- Recurrence
- Progression of disease

Standards of Care for Depression, Anxiety and Distress

• 2009 International Psycho-Oncology Society (IPOS) endorsed distress as the “sixth vital sign”. [1]

• NCCN: Distress should be recognized, monitored, documented and treated promptly at all stages of disease and in all settings.[2]

• 2015, the American College of Surgeons’ Commission on Cancer required cancer programs to establish a method to screen all newly diagnosed patients for their level of distress, and based on results, offer appropriate levels of psychosocial care. [3]


Suicide Risk in Cancer Patients

• Significant increased rates of suicidal ideation, behaviors and attempts as compared with the general population [1]

• Risk factors:
  • Caucasian men, age 80-84 with no significant other [2][3][10]
  • First year after diagnosis, especially in the first 3-5 months [3]
  • Type of cancer: head and neck, bladder, pancreatic, lung, brain, cervical and cancers of upper digestive tract [1]
  • Aggressive, advanced, nonlocalized cancers with a survival rate of fewer than 5 years [4]
  • Cancer related pain [5]
Suicide Risk Assessment Tool

- Sex (male)
- Age younger than 19 or older than 45 years
- Depression (patient admits to depressive symptoms)
- Previous suicide attempt or psychiatric care
- Excessive use of alcohol or drugs
- Rational thinking loss
- Separated, divorced or widowed
- Organize plan or serious attempt
- No social supports
- Sickness, chronic disease

1 point to each of 10 items. A score from 7 to 10 indicates that the person is at high risk for attempting suicide.

Suicide Precautions

• If the patient is in the clinic and there is inadequate staff or assistance to monitor and control the patient’s behavior, call 911.

• If the patient is at home, ask a family member to bring the patient to the emergency department.

• If the patient is in the hospital, call a security officer. You may need to write an order for one-to-one constant observation for safety.

• If there is no family member who can transport the patient, call 911 to take the patient to the nearest emergency department. Since this can be a life or death situation, family members can be notified without fear of violating HIPAA (Health Insurance Portability and Accountability Act) legislation.

When to Refer for Psychosocial Care

- High scores on assessment tools
- Patient appears hopeless and/or meets risk factors suicide
- Patient exhibit symptoms of an adjustment disorder, anxiety disorder or depressive disorder
- Patient is reactive to medical team and/or resistant to treatment protocols
- Patient appears to be unaffected by the diagnosis or treatment
- History of depression
- Lack of family support
- Additional concurrent life stressors
Coping Successfully .............

- Sense of humor
- Resilience
- Productive communication
- Healthy relationships
- Maintaining involvement in daily life
- Minimizing disruption to life roles
- Regulating emotional reactions
- Spirituality

Stuff to do when you have cancer...
#16: Use a Nerf Ball™ to see if your oncologist has a sense of humor.
Resources

• American Cancer Society

• Cancer Care
  https://www.cancercare.org/tagged/counseling

• Center for the Psychology of Cancer
  www.centerforcancercounseling.org

• Hope Wellness Center
  https://hopewellnesscenter.vpweb.com/Counseling.html

• Susan G. Komen (breast cancer)
  https://komenoc.org

• National Comprehensive Cancer Network
  https://www.nccn.org/patients/resources/life_with_cancer/distress.aspx

• Orange County Cancer Coalition
  https://myoc3.org/about