Identify, Treat Depression in Cancer Patients

By Jane Salodof McNiel

Santa Fe, N.M. — Clinical depression is common in cancer patients and can affect outcomes of cancer therapy if not treated. About 13% of cancer patients develop a major depressive disorder within 2 years of diagnosis, according to Dr. Weisb, a psychiatrist at the university in Tucson.

"Depression really is an overrepresent- ed phenomenon, even compared to other kinds of illness," she said, describing the likelihood of depression as more than twice the experience in patients diagnosed with heart disease (Arch. Intern. Med. 2005;165:1260-6).

A recent monograph reported depres- sion to be most prevalent in patients with oropharyngeal (22%-57%), pancreatic (33%-50%), breast (1%-46%), and lung (11%-44%) cancers (J. Natl. Cancer Inst. Monogr. 2004;32:57-71). Depression was also common for patients with colon can- cer (13%-25%), gynecological cancer (12%-23%), and lymphoma (9%-19%).

Depressed breast cancer patients have higher mortality than those who are not treated, according to Dr. Weisb. One study put their relative risk at 1.42 (J. Am. Geri- atr. Soc. 2004;52:106-11).

Often depression is accompanied by symptoms of post-traumatic stress disor- der, though not the full syndrome, she added. About 75% of depressed breast cancer patients will have intrusive memo- ries 19 months after diagnosis. Also with cancer type, she cited dis- ease severity (threat of early death), pain, declining physical status, and the effects of cancer treatment as general risk factors for depression. Changin, according to Dr. Weisb, a care receiver can cause distress, she said, and patients with a history of depression are vulnerable.

Physical and psychological symptoms are more common with chemotherapy, ac- cording to Dr. Weisb. One study found clinical depression in 28% of women who underwent chemotherapy and mastectomy but only 17% of women who had mastectomy without chemotherapy (J. Natl. Cancer Inst. 2004;96:376-87).

Cytokines probably play a role in can- cer-related depression, she said, noting that cancerous tumors are characterized by high cytokine release. Depressed can- cer patients have elevated cytokines com- pared with cancer patients who are not de- pressed, she added.

Some cancer drugs may promote de- pression. Dr. Weisb noted that procar- bazine inhibits dopamine-beta-hydroxy- lase, while vincristine and vinblastine decrease conversion of dopamine to nor- ephinepine.

In addition, higher depression rates have been reported in women on tamoxifen: 13%, versus 3% in a control group (Breast Cancer Res. Treat. 1993;27:277-81).

Interferon-α, used to treat malignant melanoma and renal cell cancer, has been linked to major depressive disorder in 21%-58% of patients, she added. Increasing dosage and duration increases risk.

Most of what is known about depres- sion and cancer comes from breast cancer studies. According to Dr. Weisb, the most enrolled well-educated white women, she noted that high point preva- lence of depression has also been found in low-income, Hispanic women (J. Clin. Oncol. 2005;23:3052-60).

Distinguishing clinical depression from grief over a cancer diagnosis is challeng- ing, especially in patients with a terminal prognosis. "For people who don’t see a lot of cancer patients, it’s hard to know what is disproportionate," said Dr. Weisb.

She recommended approaching cancer patients on a mental health continuum. Many will function well at diagnosis, she said, and some who react poorly improve over time. About 12% deteriorate and should be considered depressed. Accordingly, Dr. Weisb suggested staging depression in cancer pa- tients as follows:

► Priority: Study when to recur with the can- cer.

► First episode occurs during acute treat- ment for cancer.

► Related to medication or a medical complication.

► Starts after acute treatment in sur- vivorship phase.

Few studies have tested antidepressants in cancer patients, but Dr. Weisb said the results were consistent. Treatment reduces depression scores on standard measures. One caveat is that paroxetine (Paxil) should not be given to patients who are taking tamoxifen, as it may inhibit the drug’s activity.

She also recommended psychosocial in- terventions, including education, behav- ioral therapy, and individual and group psychotherapy for cancer-related distress. Psychostimulants should be reserved for patients with short life expectancy, as tol- erance is not a risk and rapid action is needed, Dr. Weisb said.

Psychosocial Factors Linked to Carpal Tunnel Syndrome

By Diana Mahoney

Boston — Patients diagnosed with carpal tunnel syndrome (CTS) are more likely to be anxi- ous and depressed and to have lower levels of mental and physical health functioning and job satisfaction, compared with individ- uals without the common wrist condition, said Dr. Goodson of Utah State University, Logan.

Findings in a study suggest that brief as- sessments of psychosocial functioning when evaluating patients for carpal tunnel syn- drome (CTS) might be useful for under- standing and treating the condition, as well as for improving the prognosis, Mr. Good- son said at the annual meeting of the Soci- ety of Behavioral Medicine.

The case-control study compared the psychosocial functioning of 87 patients diag- nosed with CTS (based on clinical symp- toms and electrodiagnostic confirmation) with that of 74 gender-matched control pa- tients from the same orthopedic clinic. All of the study participants completed sev- eral questionnaires that included measures of depression, anxiety, somatization, health locus of control, job satisfaction, and mental and physical functioning.

Univariate analyses showed that the CTS patients had significantly higher levels of anxiety, depression, and other health locus of control beliefs. They had significantly lower levels of job satisfaction and mental and physical health functioning, said Mr. Goodson of Utah State University, Logan.

Measures of job satisfaction and physical health functioning were statistically signifi- cant predictors of CTS in a multiple logis- tic regression analysis, with adjusted odds ra- tios of 0.92 and 0.70, respectively, noted Mr. Goodson, who conducted the study under the direction of M. Scott DeBerard, Ph.D.

Previous studies have identified biologic and psychosocial factors as risk factors for CTS, but potential psychosocial variables have received less attention, Mr. Goodson said. And those studies that do exist “have frequently used nonspecific measures of psychosocial func- tioning, such as general distress, rather than specific measures, such as anxiety, depression, and somatization,” he said, noting that the spe- cific measures have more relevance when it comes to designing interventions.

By assessing patients psychosocial func- tioning when evaluating CTS, clinicians can refer patients who are struggling emotion- ally or appropriating mental health care to enhance coping resources and improve their ability to understand and manage the asso- ciated pain and disability. Cognitive-behav- ioral therapy and stress management are among the techniques that have shown promise for mitigating the emotional pain of the condition, Mr. Goodson said.

Sense of Dignity Drives Will to Live Among Terminally Ill Patients

By Heidi Splete

E xistentia! issues were significantly correlated with the will to live in a study of 189 end-stage cancer patients.

Harvey Max Chochinov, M.D., pro- fessor of psychiatry at the University of Manitoba (Canada), and his col- leagues examined the simultaneous influences of existential, psychiatric, and physical issues on the will to live in terminally ill patients (Psychosoma- tics 2005;46:7-10).

In a multiple regression analysis, each of the existential issues assessed— hopelessness, sense of dignity, and be- ing a burden to others—was significa- ntly correlated with the will to live.

In addition, psychiatric issues such as depression, anxiety, and concentration were significantly associated with the will to live. Social variables— including support from family friends and health care providers, and patient satisfaction with this support—also were signifi- cant predictors of the will to live.

Physical issues, particularly dyspnea, appetite, and appearance, were signifi- cantly correlated as well, but to a less- er degree than were existential, psy- chiatric, and social issues.

The patients, who were recruited from two Canadian palliative care facili- ties, shared information about their end-of-life experiences, which were rat- ed on a symptom distress scale devel- oped for cancer patients and an index of independence in activities of daily living. The mean age of patients was 69 years, and almost half were men. The most common cancers were lung (29%), gast- rointestinal tract (26%), genitourinary system (16%), and breast (15%).

In a univariate analysis, hopelessness was highly predictive of suicidal ideation, as was a feeling of being a burden to others and a wish to die with dignity. The inclusion of dignity in the model suggests that patients who lose their sense of self and feel that their lives are no longer valued have less will to live. “It would appear that los- ing one’s sense of meaning and pur- pose—experience life as having be- come redundant or futile—is an important existential underpinning of the loss of will to live among the dy- ing,” Dr. Chochinov and his associates noted.

Although the study was limited by its focus on cancer patients, the results highlight the need to examine the fac- tors driving terminal patients’ wills to live in order to provide appropriate palliative care. The study was support- ed in part by the National Cancer In- stitute of Canada.