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## Comprehensive Cancer Information for Patients, Families and Medical Professionals Printed from CancerHelp®

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## Depression 02/03

### -- Overview --

Depression is a comorbid, disabling syndrome that affects approximately 15% to 25% of cancer patients.[1] [2] [3] [4] Individuals and families who face a diagnosis of cancer will experience varying levels of stress and emotional upset. Fear of death, disruption of life plans, changes in body image and self-esteem, changes in social role and lifestyle, and financial and legal concerns are significant issues in the life of any person with cancer, yet serious depression is not experienced by everyone who is diagnosed with cancer.

There are many myths about cancer and how people cope with it, such as the following: all people with cancer are depressed; depression in a person with cancer is normal; treatments are not helpful; and everyone with cancer faces suffering and a painful death. Sadness and grief are normal

reactions to the crises faced during cancer. All people will experience these reactions periodically. Since sadness is common, it is important to distinguish between "normal" degrees of sadness and depressive disorders. A recent end-of-life consensus panel review article describes details regarding this important distinction and illustrates the major points using case vignettes.[5] A critical part of cancer care is the recognition of the levels of depression present and determination of the appropriate level of intervention, ranging from brief counseling or support groups to medication and/or psychotherapy. For example, relaxation and counseling intervention has been shown to reduce psychological symptoms in women with a new diagnosis of gynecological cancer.[6] Some people may have more difficulty adjusting to the diagnosis of cancer than others and will vary in their responses to the diagnosis. Major depression is not simply sadness or a blue mood. Major depression affects approximately 25% of patients and has recognizable symptoms that can and should be diagnosed and treated because it has an impact on quality of life.[7] [8]

Normally, the person's initial emotional response to a diagnosis of cancer is brief, extending over several days to weeks, and may include feelings of disbelief, denial, or despair. This normal response is part of a spectrum of depressive symptoms that range from normal sadness to adjustment disorder with depressed mood to major depression.[5] Other syndromes described include dysthymia and subsyndromal depression (also called minor depression or subclinical depression). Dysthymia is a chronic mood disorder in which a depressed mood is present on more days than not for at least 2 years. In contrast, subsyndromal depression is an acute mood disorder that is less severe (some, but not all, diagnostic symptoms present) than major depression.

The emotional response to a diagnosis of cancer (or cancer relapse) may begin as a dysphoric period marked by increasing turmoil. The individual will experience sleep and appetite disturbance, anxiety, ruminative thoughts, and fears about the future. Epidemiologic studies, however, suggest that at least one half of all people diagnosed with cancer will successfully adapt. Markers of successful adaptation include maintaining active involvement in daily life; minimizing the disruptions of the illness to one's life roles such as work, spouse, parent, etc.; regulating the normal

emotional reactions to the illness; and managing feelings of hopelessness, helplessness, worthlessness, and/or guilt.[9] The following indicators may suggest a need for early intervention: a history of depression; a weak social support system (not married, few friends, a solitary work environment); evidence of persistent irrational beliefs or negativistic thinking regarding the diagnosis; a more serious prognosis; and greater dysfunction related to cancer. When the clinician begins to suspect that a patient is depressed, he or she will assess the patient for symptoms. Mild or subclinical levels of depression that include some but not all of the diagnostic criteria for a major depressive episode can cause considerable distress and may warrant interventions such as supportive individual or group counseling, either by a mental health professional or through participation in a self-help support group.[10] Even in the absence of any symptoms, many patients express interest in supportive counseling, and clinicians should try to accommodate those patients by a referral to a qualified mental health professional. However, when symptoms are more intense and longer lasting or recurrent after apparent resolution, treatment to alleviate symptoms is essential.[8] [11] [12] [13] Anxiety and depression in early treatment are good predictors of these same problems at 6 months.[14]

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