Depression screening in cancer patients: A narrative review

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ABSTRACT

Depression is a significant and most common psychological symptom in cancer patients that causes a high risk of emotional and somatic consequences leading to poor quality of life. Despite the high prevalence of depression in cancer patients, the lack of screening and under-diagnosis of depression continues to be common. Numerous studies have shown that depression is a substantial complication in cancer patients that may lead to a variety of psychological and physical (somatic) symptoms. Presently, there are no depression screening practices at the Hamad Medical Corporation’s (HMC) National Center for Cancer Care and Research (NCCCR), which is the principle public healthcare provider in the State of Qatar. The aim of this narrative review is to explore depression in cancer and discuss the need for screening for depression and to recommend suggestions and implications for future practice and research.

Key Words: Depression, Cancer, Screening, Prevalence

1. INTRODUCTION

Cancer is a major public health problem world-wide with a significant impact on the lives of many people. Studies have shown that cancer is experienced personally by one in four of the population, and it is estimated there will be 1,735,350 new cases worldwide by the year 2018.[1] Like many other developing countries, the prevalence of cancer is increasing in the State of Qatar, partly because of a rapid transition in its socioeconomic status.[2, 3] The incidence of cancer among the population of the Middle East alone is predicted to rise by 50%-70% between 2009 and 2020.[3] A growing body of literature indicates that a cancer diagnosis may cause a significant psychological distress in up to 75% of cases.[4] The most common psychological distresses in cancer patients include anxiety, depression, confusion, hostility, and anger.[5–7] However, the rate of depression is estimated to be four times higher than that of the other psychological distresses.[8] Based on prevalence studies, it is estimated that two in four to five cancer patients suffer from a major depressive episode after the time of diagnosis.[1, 9] Moreover, the prevalence of depression is higher in cancer patients than in the general population.[10] This narrative review is built on a constructionist framework and to this end the purpose of this paper is to look toward the literature that seeks to highlight the need for screening for depression of those patients who are diagnosed with cancer.

2. METHODS

Electronic databases including Cumulative Index of Nursing and Allied Health Literature (CINAHL), Evidence-Based Nursing, Evidence-Based Mental Health, MEDLINE, PubMed, and Cochrane Library were searched from 2000 until June 2015. Other databases including PsycINFO, Psy-
chology and Behavioral Sciences Collection, and Science Direct were also searched.

The initial search terms were kept broad by using wildcard characters, i.e., *, and MeSH terms to get a comprehensive literature search. These terms included “cancer” OR “neoplas*” OR “oncolog*”, AND “depression screening”, AND “instrument” OR “scale” OR “survey” OR “assessment” OR “tool” OR “inventory”. The search of the databases also included search for articles in Arab states of the Gulf region using the terms; “Cooperation Council for Arab States of the Gulf” OR “CCASG” OR “Gulf cooperation council” OR “Bahrain*” OR “Emirat*” OR “Kuwait*” OR “Oman*” OR “Qatar*” OR “Saudi Arabia*”. Other Arab countries included: “Egypt” OR “Iraq” OR “Jordan” OR “Lebanon” OR “Libya” OR “Palestine” OR “Syria” OR “Yemen”.

The inclusion criteria were: (1) studies published in English from 2000 to the present (June/2015), (2) studies including adult cancer patients in a hospital setting, (3) studies developing and evaluating instruments used for screening depression in all types of cancer patients, (4) studies evaluating the psychometric properties of screening instruments, (5) studies comparing the psychometric properties of different screening instruments, (6) studies reporting the depression item separately while evaluating the effectiveness of screening instruments, and (8) available and accessible in online or printed formats.

Using a combination of these search terms resulted in 331 articles, which after examination of abstracts and inclusion/exclusion criteria 24 articles were selected. The reference lists of these articles identified two more articles that were deemed eligible. The final list included 26 articles for this narrative review.

3. Depression

Depression includes a range of feelings and emotions including normal sadness in response to loss of health, well-being, disability, and possible death.[11] The 4th edition of the Diagnostic and Statistical Manual (DSM-IV), published by the American Psychiatric Association (2000)[12] has long been regarded as the gold standard of the diagnostic criteria for depression. The DSM-IV defines depression as the core symptoms of persistent low mood, and/or anhedonia (pervasive loss of pleasure/interest), lasting for two weeks or more.[12] The DSM-IV describes two categories of depression, minor and major, mainly based on the severity of depressive symptoms. Major depression in characterized by having either low mood and/or loss of interest or pleasure (the core symptoms of depression) for at least two weeks. This is accompanied by at least four of the nine depressive symptoms, which include changes in sleep, changes in appetite, weight changes, agitation, fatigue, excessive guilt, difficulty thinking or concentration, psychomotor retardation, and recurrent thoughts of death or suicide ideation.[12] Minor depression is characterized by having either low mood and/or anhedonia for two weeks or more, accompanied by at least two but not more than three of the depressive symptoms described by the DSM-IV.

4. Depression and Cancer

Numerous studies have shown that depression is a substantial complication in cancer patients that may lead to a variety of psychological and physical (somatic) symptoms. These symptoms include fatigue, appetite disturbance or weight loss, sleep difficulties, difficulty with memory and concentration, an increase in pain perception, and a reduction in tolerance of side-effects of cancer treatment.[1, 9] Evidence suggests that these symptoms lead to a marked impairment in patients’ functional capacity, social roles, quality of life, compliance with treatment, and may even have an effect on mortality.[11–13] Studies have shown that depression in cancer patients is aggravated by fear of disability, fear of disfigurement, loss of control, uncertainty about the future, effects of the treatment, physical pain and financial worries.[14] Moreover, depression may be influenced by the site, prognosis, and stage of cancer.[5, 14]

Literature also indicates that almost half of cancer patients who have depression are not screened for depression,[15, 16] although the benefit of such screening has been well established.[17–20] A report from the European Association for Palliative Care indicates that depression may remain unrecognized in more than 50% of cancer patients.[21] According to the American Psychiatric Association (2000), despite the high levels of depression in cancer patients, the lack of screening and under-diagnosis of depression continue to be common. Hardman, Maguire, & Crowther (2006) conducted a study of clinicians’ ability to recognize depression in oncology patients.[22] They found that physicians and nurses recognized only half of the depressed patients on a medical oncology service. Similarly, Jones and Doebbeling (2007) reported that depression is identified in less than one third of cancer patients, which is lower than the 50% recognition rate in the general population.[14] Moreover, recent studies have shown that depression is an independent predictive factor for cancer-related mortality.[23, 24] Evidence indicates that unrecognized depression can be especially serious, causing unnecessary medical evaluation, longer hospital stays, disability, medical illness, and increased mortality due to suicide or accidental death.[16, 25] Depression in cancer patients is totally avoidable and treat-
A growing body of literature indicates the importance of validating and reliable instruments with established cut-offs that can be used to measure physical symptom burden as well, especially when cancer patients suffer from clusters of symptoms such as fatigue/anorexia/cachexia, neuropsychology, debility, or pain. For this purpose, a variety of screening instruments have been developed over the past three decades to screen cancer patients for depression. Some of these instruments include: the Hospital Anxiety and Depression Scale (HADS), the Brief Case Find for Depression (BCD), the Hamilton Rating Scale for Depression (HRSD), the Beck Depression Inventory (BDI), the Center for Epidemiological Studies of Depression (CES-D), the Montgomery-Asberg Depression Rating Scale (MADRS), the Edmonton System Assessment System (ESAS), the Distress Thermometer (DT), and the Patient Health Questionnaire (PHQ). However, studies have shown that many of these screening instruments may not provide an accurate evaluation of depression in cancer patients because of the complex relationship between the physical symptoms of cancer itself and the symptoms of depression.

Some studies have indicated that these instruments seem to measure physical symptom burden as well, especially when cancer patients suffer from clusters of symptoms such as fatigue/anorexia/cachexia, neuropsychology, debility, or pain. Thus, interpreting the results of screening instruments in these patients may be more challenging and, hence, a complete assessment is essential. Despite the increasing rate of cancer in the State of Qatar, to the best knowledge of this author, no published study has been conducted on the prevalence and screening of depression in cancer patients. Furthermore, discussion with oncologists, clinical nurse specialists, and staff nurses at the National Center for Cancer Care and Research (NCCCR) also revealed a lack of depression screening in cancer patients upon their assessment.

5. SCREENING FOR DEPRESSION

A growing body of literature indicates the importance of screening cancer patients for depression. The National Comprehensive Cancer Network (NCCN) has recommended screening for depression in cancer patients as a standard of care. A 2002 US National Institutes of Health (NIH) State-of-the-Science Conference Statement called for routine use of screening instrument to identify untreated and under-diagnosed depression in cancer patients. Moreover, the Institute of Medicine (IOM), the United States Preventive Services Task Forces (USPSTF), the American Society of Clinical Oncology (ASCO) and the UK National Institute for Clinical Excellence (NICE) have also recommended screening for psychological “distress” including depression, in cancer patients. The Pan-Canadian Practice Guidelines recommend that all cancer patients be screened for depression at their initial visit, at appropriate intervals, and as indicated clinically, especially with disease or treatment changes and transition to palliative care. Moreover, the guidelines recommend that screening should be done using valid and reliable instruments with established cut-offs that are clinically meaningful.

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The findings of this narrative review suggest a number of implications for future research. Oncology nurses and educators play an important role in educating all clinicians regarding the need for routine depression screening in cancer patients. However, one of the significant findings of this review is the contextual validation of the word “depression”. The findings of this review indicate that the word “depression” may have different meanings and understandings in different cultures. Therefore, the multi-ethnic population in the State of Qatar may make it difficult to evaluate in populations where their first language is not English unless these screening tools are translated into Arabic. The authors declare that there is no conflict of interest.

7. Recommendations
The findings of this narrative review suggest a number of recommendations as well as future research implications for health care providers. Currently, while there are no depression screening practices at the NCCCR, the recommendations from this study are relevant to both oncologists and nurses, as both routinely spend time with patients. Based on the evidence from this review, there is a strong need to implement a standardized, easy-to-use instrument to screen depression in cancer patients. However, one of the significant findings of this review is the contextual validation of the word “depression”. The findings of this review indicate that the word “depression” may have different meanings and understandings in different cultures. Therefore, the multi-ethnic population in the State of Qatar may make it difficult to evaluate in populations where their first language is not English unless these screening tools are translated into Arabic.

Oncology nurses and educators play an important role in educating all clinicians regarding the need for routine depression screening in cancer patients, including depression screening protocol for oncology clinics. Moreover, nurses may also take the lead in educating patients that it is part of the normal routine for healthcare providers to ask patients about their mood and loss of interest. The recommendation to screen cancer patients for depression apply to other healthcare providers as well who routinely interact with cancer patients, such as social workers and radiation therapists.

This review also raises a number of implications for future research. First, a qualitative research study is needed to investigate the attitudes of healthcare providers, mainly oncologists and nurses, toward depression screening in cancer patients, to understand their depression screening behaviors and to help clarify the lack of depression screening practices among oncologists and nurses at NCCCR. Second, research is needed to explore how frequently and on what basis cancer patients are referred to psychosocial care at NCCCR since there are no depression screening practices. Third, well-designed and executed randomized controlled trials (RCTs) are needed to investigate the benefits of depression screening in cancer patients to support recommendations for the incorporation of routine depression screening into standard cancer care. Such studies would make important contributions to nursing research, would help in understanding healthcare providers’ depression screening attitudes, and would encourage the implementation of depression screening protocols at NCCCR.

Conflicts of Interest Disclosure
The authors declare that there is no conflict of interest.

References