

Depression Management During Cancer Treatment

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Case Study

C.D. is a 28-year-old woman with acute myelogenous leukemia that currently is in remission. Over the past six months, she received induction and consolidation chemotherapy that was complicated by febrile neutropenia and hospitalization. C.D. is married and has a 14-month-old son. She was employed as a media specialist but has not worked since she went on maternity leave approximately 15 months ago. She has been admitted to the adult bone marrow transplant unit for a matched sibling allogeneic stem cell transplant. She has no other health problems. Her medications on admission include the antidepressant escitalopram oxalate 10 mg that was started by C.D.'s local oncologist. C.D. states, "He just thought I needed it. I'm not really sure why."

On admission, C.D. describes herself as positive: "Let's get started. The sooner I get this over with, the sooner I can get home to my family." She lives in a city about three hours from the medical center, and her husband has to work to maintain health insurance and support the family. C.D.'s 22-year-old sister is staying in her home to care for her young son. C.D. tolerates her high-dose chemotherapy without complications other than moderate nausea.

On transplant day +7, she develops mucositis that worsens over the next few days to the point that she cannot swallow. She is started on total parenteral nutrition but is not able to swallow pills, including the oral escitalopram. C.D. spends much of her time sleeping, but she is compliant with requests to walk daily with a physical therapist. On day +12, C.D. is found crying in bed. She complains of feeling miserable and missing her husband and son. The psychiatric clinical nurse specialist (PCNS) is called to meet with C.D. to evaluate her for depression.

Clinical Problem Solving

What are the symptoms of depression in someone who is in the midst of cancer treatment?

The commonly recognized signs of depression include sleep disturbance, weight and

appetite changes, cognitive changes (i.e., concentration or memory), feeling sad, crying, irritability or agitation, fatigue, diminished interest or pleasure in activities, feelings of guilt and worthlessness, and recurrent thoughts of death or suicide (American Psychiatric Association, 2000). In patients with cancer, many of these symptoms are not reliable indicators because they also can result from medication and treatment side effects; therefore, the most reliable indicators of depression are the psychological symptoms the patient is experiencing—guilt, hopelessness, or worthlessness. Suicidal thoughts also may be present (Block, 2000; Bowers & Boyle, 2003). Healthcare providers also should consider the timing and duration of symptoms. To be diagnosed with major depression, symptoms must be present every day, for a great part of the day, for two weeks or more. An adjustment disorder with depressed mood can be diagnosed in response to an identified stressor (e.g., cancer diagnosis, treatment, hospitalization, separation from family) when the predominant symptoms include depressed mood, tearfulness, or feelings of hopelessness.

The prevalence of depression in patients with cancer ranges from 15%–50%, but most cases represent adjustment disorders rather than major depressive disorders (Block, 2000; Massie, 2004). Because adjustment disorders are linked to a psychosocial stressor, the symptoms generally improve within six months of the resolution of the stressor. If the symptoms persist beyond six months, the patient should be evaluated for another disorder.

In talking with C.D., the PCNS observes a tearful but organized conversation in which C.D. vacillates between "feeling sorry for myself" and saying, "I know I will get through this. It's just very hard!" She is particularly troubled because her family is not able to visit more often. Her husband must work, her father is disabled and cannot travel, and her sister is caring for her young son. C.D. understands these facts but misses her family terribly. She talks daily by telephone with her husband and sister, and friends from work and church call or write regularly.

What is an appropriate treatment plan at this point for C.D.?

In considering a plan of care, the PCNS notes that at day +12 C.D. is confronting a very difficult time of transplant. Typically patients are very motivated to begin when first admitted to the hospital; their decision making is behind them, and they want to proceed as quickly as possible. They often have few physical symptoms during the early days of chemotherapy and feel that they are doing something active to fight the cancer. The stem cell infusion often is celebrated as a new beginning with a new immune system, but over the next week, the situation often changes. Patients may develop physical symptoms and become very uncomfortable. Side effects of the disease or treatment may interfere with patients' ability to use their usual coping strategies. For example, patients may not be able to concentrate to read or watch movies and may be too sedated or uncomfortable to visit with family. Waiting for engraftment is a time of heightened emotional and physical vulnerability; as a result, patients often become discouraged at this stage in treatment (Andrykowski & McQuellon, 2004).

C.D. has been off the antidepressant for five days. She is unable to swallow pills, and even swallowing liquids is very difficult. After venting her concerns, C.D. is able to recognize the positive events to which she is looking forward (e.g., seeing her son) and remains compliant with her daily treatment regimen. She smiles when staff members joke with her. C.D., the PCNS, and the treating team decide to monitor C.D.'s symptoms further. A sleep plan is created to allow her four hours of undisturbed sleep at night, and

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