Updates in Anxiety & Depression

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Debra E. Heidrich will be discussing healthcare information and unapproved use of commercial products.

"Depression and anxiety, frequent illnesses in their own right, are even more common in patients with serious illness."[1]

- Anxiety Disorders[1,2]
  - General population: 6%-29%
  - Medical illness: 12%-70%
- Clinical Depression[1,3]
  - Primary care settings: 5%-10%
  - With cancer diagnosis: up to 38%
- Left untreated affect length of life and quality of life

Diagnostic Challenges

- Symptoms of depression and anxiety may overlap with those of the illness
- Depression and anxiety may present as physical problems
- Boundary between anxiety vs anxiety disorder or sadness vs clinical depression may be hard to distinguish

➢ **Likely underdiagnosed in persons with advanced illness.**

Anxiety

- Definition: vague, subjective, non-specific feeling of fear, apprehension, dread, or foreboding accompanied by an autonomic response[4]
- Common response to illness and life events
  - Mild – adaptive: motivator
  - Severe – interferes with function and QoL

Assessment of Anxiety

- No "Gold Standard" assessment scale
- Self-rating assessment scales
  - State Trait Anxiety Inventory
  - Symptom Checklist
  - Beck Anxiety Inventory
- Clinician rating assessment scales
  - Hamilton Anxiety Scale
  - Anxiety Status Inventory
- Self-report: Have you felt nervous or anxious lately?
- Direct observation of staff & family

Key Words[5]

- Concerned
- Scared
- Worried
- Nervous

Multiple Causes of Anxiety

- Pre-existing anxiety disorders
- Anxiety due to medical condition
- Anxiety as a medication side effect
- Anxiety due to substance withdrawal
- Anxiety as a psychological reaction to illness/condition

Pre-Existing Anxiety Disorders

- Generalized anxiety disorder
- Phobia
- Panic disorder
- Obsessive compulsive disorder
- PTSD

Anxiety Due to Medical Condition

- Adrenal dysfunction
- Carcinoid syndrome
- Coronary insufficiency
- Hyperparathyroidism
- Pulmonary embolism
- Infection/Sepsis
- Hypoxia
- Poorly controlled symptoms

Anxiety Due to ± Medications

- Multiple! – e.g.:
  - Caffeine
  - Antihistamines
  - Antihypertensives
  - Bronchodilators
  - NSAIDS
  - Steroids
- Medication/substance withdrawal
  - Opioids
  - Benzodiazepines
  - Alcohol
  - Marijuana

Anxiety as Psychological Reaction to Illness

- Uncertainty about diagnosis
- Changes in body image, identity, livelihood
- Fear of disability and death
- Fear of symptoms out of control
- Financial implications
- Impact on family
- Unfinished business
- Spiritual distress

Treat the Treatable Medical Conditions

- Manage underlying diseases, as possible
- Treat infections (when appropriate)
- Maintain adequate oxygenation
- Discontinue or reduce dose of medications contributing to anxiety, when possible
- Maintain (or wean) from medications to which the patient is physiologically dependent
  - Be prepared to treat alcohol withdrawal

Nonpharmacological Interventions: Care Tenor

- Compassionate, patient-centered care is foundation[6]
  - Frequent meetings with physician
  - Involvement in decision-making
  - Ample information about diagnosis and prognosis
  - Psychosocial support

Supportive Interventions

- Maintain calm environment
- Provide with education
  - Disease, treatment
  - Symptom management
- Assess understanding of information and correct misperceptions
- Anticipate the "what ifs"
  - "Tell me about your fears or concerns"
- Provide consistent caregivers
- Augment support systems
  - Integrative therapies
  - Community resources
  - Family/extended family

Pharmacological Management: Benzodiazepines are 1st-line

- Lorazepam (Ativan) and alprazolam (Xanax) have shortest half-life
- Others: clonazepam (Klonopin), chlordiazepoxide (Librium), diazepam (Valium), temazepam (Restoril)
- **Caution:** known contributing factor for delirium, especially in elderly

Pharmacological Management: Other Medications

- Atypical psychiatric: buspirone (BuSpar), trazodone (Desyrel)
- Antihistamines: diphenhydramine (Benedryl), hydroxyzine (Vistaril)
- Antipsychotics: haloperidol (Haldol), olanzapine (Zyprexa), quetiapine (Seroquel)
  - Preferred if anxiety associated with delirium
- Alternative med: Gabapentin (Neurontin)

Pharmacological Management: Antidepressants for Primary Anxiety Disorders

- Sertraline (Zoloft), citalopram (Celexa), and escitalopram (Lexapro) have fewer drug-to-drug interactions
- Mitazapine (Remeron) may be helpful in persons with insomnia, anorexia, and weight loss
- Consider tricyclic antidepressant in patients with anxiety, chronic pain, and diarrhea (amitriptyline [Elavil], nortriptyline [Pamelor], desipramine [Norpramin])

Depression

- Ranges from mild & temporary ("normal" reactive depression) to major depressive disorder (MDD)
- MDD is a medical illness
  - Affects how one feels, thinks, and behaves
  - Can lead to a variety of emotional and physical problems
  - Considered a chronic illness, requiring long-term treatment

DSM-5 Criteria for MDD[7]

- ≥ 5 symptoms of following for 2 weeks (every day or nearly every day)
- At least one of the symptoms is (1) or (2)

1. Depressed mood most of day
2. Loss of interest or pleasure in activities
3. Significant weight loss or weight gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or guilt
8. Inability to concentrate or make decisions
9. Recurrent thoughts of death/suicidal ideation

MDD in Advanced Disease

- ≥ 5 symptoms of following for 2 weeks (every day or nearly every day)
- At least one of the symptoms is (1) or (2)

1. **Depressed mood most of day**
2. **Loss of interest or pleasure in activities**
3. Significant weight loss or weight gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. **Feelings of worthlessness or guilt**
8. Inability to concentrate or make decisions
9. **Recurrent thoughts of death/suicidal ideation**

Medical Conditions w/Depressive Sx

- Neurological - MS, Parkinson's disease, Huntington's disease
- Endocrine – Cushing's, Addison's, hyper- or hypothyroidism
- Infectious/inflammatory – AIDS, chronic fatigue syndrome, systemic lupus erythematosus
- Trauma – cerebral contusion, subdural hematoma
- Cancer – pancreatic, head & neck, lung
- Cardiopulmonary conditions
- Vitamin B12 deficiencies
- Uremia

Medications that Precipitate Depressive Symptoms

- Opioids & NSAIDS
- Antibacterial and antifungal
- Antihypertensive and cardiac drugs
- Anticancer therapies, e.g., bleomycin, vincristine, interferon
- Antiretroviral meds, e.g., AZT
- Neurologic and psychiatric meds, e.g., anticonvulsants, benzodiazepines
- Steroids
- Hormonal therapies, e.g., tamoxifen

Risk Factors for Depression

- Malignancy
  - Pancreas, oral/pharyngeal, lung, brain
- Terminal diagnosis/prognosis
- Personal or family hx of depression
- Past suicide attempt
- Substance abuse
- Poorly managed symptoms/suffering
- Poor social supports
- Cognitive loss

Assessment for Depression

- H & P
  - Rule out treatable medical cause of depressive symptoms
  - Identify risk factors
- Simple screening
  - "Are you depressed?"[8]
  - "Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?"; "Do you have little interest or pleasure in doing things?"[9]

Screening Instruments

- Hospital Anxiety and Depression Scale
- Beck Depression Inventory
- Geriatric Depression Scale
- Zung Depression Scale
- Hamilton Depression Scale

Treatment of Depression

- Assure pain & other symptoms are treated
- Options:
  - Psychotherapy alone
  - Antidepressants alone
  - Psychotherapy + antidepressants (most effective)

Antidepressant Medications

- Relatively well-tolerated – threshold for initiating should be low[3]
- Evidence about effectiveness in advanced illness is low, but ***most*** studies show better than placebo[10]
- STAR*D trial[3]
  - Response rates of 30% after 8 weeks
  - Non-responders switched to different antidepressant or adding 2nd agent had 20%-30% responses
  - Those with anxious depression had lower response rates

Antidepressant Medications

- SSRIs
  - Citalopram (Celexa)*
  - Escitalopram (Lexapro)*
  - Fluoxetine (Prozac)
  - Fluvoxamine (Luvox)
  - Paroxetine (Paxil)
  - Sertraline (Zoloft)*
- SNRIs
  - Desvenlafaxine (Pristiq)
  - Duloxetine (Cymbalta)
  - Venlafaxine (Effexor)

*fewer drug-to-drug interactions

Antidepressant Medications

- Atypical
  - Bupropion (Wellbutrin)
  - Mirtazapine (Remeron)
- Tricyclic
  - Amitriptyline (Elavil)
  - Desipramine (Norpramin)*
  - Nortriptyline (Pamelor)*
- Stimulants
  - Methylphenidate (Ritalin)
  - Dextroamphetamine (Dexedrine)

*fewer anticholinergic effects than amitriptyline

Herbal & Dietary Supplements

- St. John's Wort
  - Inhibits reuptake of serotonin, norepinephrine & dopamine
  - Studies show mixed results
  - Drug interactions
  - Risk of serotonin syndrome if combined with SSRIs
- Omega 3 fatty acids
  - Studies show mixed results
- SAMe (S-adenosylmethionine)
  - Studies show mixed results

Factors in Selecting Antidepressant

- Good response in past to a antidepressant?
- Good response of 1st degree relatives to a specific antidepressant?
- Potential of drug-to-drug interactions
  - Caution with fluoxetine, fluvoxamine, paroxetine
- Renal & hepatic function (may want short half-life drugs), e.g., paroxetine vs. fluoxetine
- Trouble sleeping?
  - Mirtazapine, paroxetine
- Need more energy?
  - Fluoxetine, bupropion, duloxetine, venlafaxine

Psychotherapy

- Consider consultation with psychiatric APN, psychiatrist, psychologist, or counselor
- Active listening
- Life review
- Explore fears and concerns
- Dignity Therapy[11]
  - Promotes sense of purpose and meaning
  - Helps patient define how they want to be remembered after death
  - Promotes living in the moment, maintaining normalcy, and finding spiritual comfort

Treatment When Limited Life Expectancy

- Days to weeks
  - Psychostimulant
  - Patient/family education
  - Supportive counseling
- Weeks to months*
  - Psychostimulant + SSRI
  - Patient/family education
  - Supportive counseling

* Some say not to use SSRI if prognosis is < 6 months[3]

Suicidal Thoughts

- Assess
  - Do you find yourself wishing death would come soon?
  - Have you thought about killing yourself?
  - (If yes to above) Have you thought about how you would kill yourself?
  - Do you have the [pills, gun] you would use to kill yourself?
- Provide for safety
  - Contract with patient not to harm self
  - Remove means to do harm, as able/legal
  - Psych evaluation and treatment
  - Continuous surveillance

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