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FAST FACTS AND CONCEPTS #7 (PDF)

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Background Diagnosing and providing treatment for a major depressive episode in patients with advanced cancer can improve quality of life. However, diagnosing major depression in an advanced cancer can be complicated by the fact that many cancer symptoms overlap with the somatic symptoms of depression. Clinicians often rely more on the psychological or cognitive symptoms of depression (worthlessness, hopelessness, excessive guilt, and suicidal ideation) than the physical/somatic signs (weight loss, sleep disturbance) when making a diagnosis in advanced cancer patients. Endicott has proposed substituting somatic criteria with affective criteria when evaluating depression in advanced cancer patients:

Physical/somatic symptoms...

1. Change in appetite/weight
2. Sleep disturbance
3. Fatigue, loss of energy
4. Diminished ability to think or concentrate

...are replaced by psychological symptoms

1. Tearfulness, depressed appearance
2. Social withdrawal, decreased talkativeness
3. Brooding, self-pity, pessimism
4. Lack of reactivity, blunting

Teaching Point: The key indicators of depression in the terminally ill are persistent feelings of hopelessness and worthless and/or suicidal ideation. Symptoms of depression can overlap with those of anticipatory grief, a normal aspect of the dying process. See Fast Fact # 43 for a complete description of anticipatory grief and how to differentiate from major depression. See Fast Fact #146 on screening for depression in palliative care.

References

1. Endicott J. Measurement of depression patients with cancer. *Cancer*. 1983; 53:2243-8.
2. Block SD. Assessing and managing depression in the terminally ill. *Ann Intern Med*. 2000; 132:209-217.

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