Depression and Anxiety in MDS and Related Diseases

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Distress in Cancer

Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears, to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis.

NCCN® Distress Management Guidelines Version 1.2004
Prevalence of Distress by Cancer Diagnosis

<table>
<thead>
<tr>
<th>Cancer Site or Type</th>
<th>Prevalence of Distress (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>31.1</td>
</tr>
<tr>
<td>Lung</td>
<td>43.4</td>
</tr>
<tr>
<td>Brain</td>
<td>42.7</td>
</tr>
<tr>
<td>Hodgkin’s</td>
<td>37.6</td>
</tr>
<tr>
<td>Pancreas</td>
<td>38.6</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>38.0</td>
</tr>
<tr>
<td>Liver</td>
<td>33.4</td>
</tr>
<tr>
<td>Head and neck</td>
<td>33.1</td>
</tr>
<tr>
<td>Adenocarcinoma (unknown primary)</td>
<td>34.9</td>
</tr>
<tr>
<td>Breast</td>
<td>32.8</td>
</tr>
<tr>
<td>Leukemia</td>
<td>32.7</td>
</tr>
<tr>
<td>Melanoma</td>
<td>32.7</td>
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<tr>
<td>Colon</td>
<td>31.6</td>
</tr>
<tr>
<td>Prostate</td>
<td>30.5</td>
</tr>
<tr>
<td>Gynecological</td>
<td>29.6</td>
</tr>
</tbody>
</table>


Dimensions of Patient Distress

- physical
  - pain
  - other physical symptoms
  - physical disability

- psychological
  - anxiety
  - depression
  - cognitive impairment
  - unresolved previous loss
  - control


Existential Dimensions of Patient Distress

- current personal integrity
  - changes in body image and function
  - changes in intellectual function
  - changes in social and professional function
  - changes in sexual attractiveness

- retrospective distress
  - disappointment, remorse

- anticipation
  - hopelessness
  - futility
  - meaninglessness
  - death concerns

Depression is:

- An emotion common in the everyday experience of life
- A psychological reaction to stress or loss (grief)
- A neuropsychiatric disorder with characteristic psychological and physical symptoms

Who is Depressed?

- Major depression
- Depression due to a medical disorder
- Adjustment disorder with depressive features
- Suffering/demoralization
- Bipolar depression
Adjustment Disorders

- development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within three months of the onset of the stressor(s).
- symptoms or behaviors are clinically significant as evidenced by either of the following:
  1) marked distress in excess of what would be expected from exposure to the stressor
  2) significant impairment in social or occupational functioning
- the disturbance does not meet criteria for another Axis I disorder and is not an exacerbation of a previously existing Axis I or Axis II disorder
- the symptoms do not represent Bereavement
- once the stressor (or its consequences) has terminated the symptoms do not persist for more than an additional 6 months

DSM-IV

Major Depressive Episode

- depressed mood
- diminished interest or pleasure in activities
- significant weight loss/gain or decrease/increase in appetite
- insomnia or hypersomnia

DSM-IV

Major Depressive Episode

- fatigue or loss of energy
- feelings of worthlessness or excessive guilt
- diminished ability to think or concentrate, or indecisiveness
- recurrent thoughts of death or suicidal ideation
Atypical Presentations of Depression in the Elderly

- cognitive deficit/pseudodementia
- pain syndromes
- somatization
- anxiety/irritability
- alcohol abuse

Suffering

- threat to integrity of self, loss, negative emotion, enduring and promoting helplessness (Cassell 1982)
- unrecognized depression, existential distress, poor symptom control, communication failure, fatigue & family dysfunction (Cherny 1994)

Prevalence of Major Depression

- men 2-4%
- women 4-8%

- 15-20% of the population has some depressive symptoms at any one time
Natural History of Major Depression

- 66% will recover within one year
- 80% will recover within two years
- 33% relapse within one year of recovery
- 75% relapse within five years of recovery
- ~2-3% will eventually commit suicide (up to 30x risk for general population)

Risk Factors for Depression in the Cancer Patient

- prior history
- uncontrolled pain
- alcoholism
- advanced disease
- medications

Treatment of Mood Disorders

- antidepressants
- psychotherapy
- behavioral therapy
- combination therapy
Antidepressants

No antidepressant has been shown to have superior efficacy in the general population or in the oncology setting. The choice of medication is usually based on the patient’s symptoms and the side effect profile of the antidepressant.

Selected Antidepressants

- **SSRIs**
  - citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft)
- **TCAs**
  - amitriptyline (Elavil), nortriptyline (Pamelor)
- **5-HT/NE RIs**
  - venlafaxine (Effexor), duloxetine (Cymbalta)
- **atypicals**
  - bupropion (Wellbutrin), mirtazapine (Remeron)
- **stimulants**
  - methylphenidate (Ritalin), modafanil (Provigil)

Antidepressant Treatment of Major Depression

A sustained response should be achieved and maintained for 4-6 months before therapy is discontinued.
Anxiety Disorders

- adjustment disorder
- generalized anxiety disorder
- panic disorder
- phobic disorders
- obsessive-compulsive disorder
- posttraumatic stress disorder

Anxiety Symptoms

- cognitive  worry, rumination
- affective  dysphoria, fear
- behavioral  restlessness, avoidance
- physiologic  tachycardia, tremor, hyperventilation
Prevalence of Cancer-Related Anxiety
- anxiety symptoms present in >50% of patients at some point in disease trajectory
- predominant adjustment disorders
- anxiety disorders/subtypes 12-18%
- symptoms often coexist with depression

Cancer-Related Anxiety
Psychological/Reaction to Threat
- initial dx
- check-ups, labs, scans
- end of active tx
- increased surveillance intervals
- chronic fear of recurrence
- genetic testing

Cancer-Related Anxiety
Phobic reactions
- claustrophobia
- needle phobia

Conditioned responses
- anticipatory nausea
- PTSD
Cancer-Related Anxiety

Drugs
- anticholinergics
- stimulants
- sympathomimetics
- steroids
- immunosuppressants
- antiemetics
- drug withdrawal

APOS Quick Reference 2006

Treatment of Anxiety Symptoms

- address contributing medical conditions
- anxiolytic medications
- supportive/behavioral therapy

Anti-anxiety Medications

- benzodiazepines
  - short acting: lorazepam (Ativan), alprazolam (Xanax)
  - long acting: diazepam (Valium), clonazepam (Klonopin)
- atypicals
  - buspirone (Buspar)
- antipsychotics
- selective serotonin reuptake inhibitors
  - citalopram (Celexa)
  - escitalopram (Lexapro)
  - fluoxetine (Prozac)
  - paroxetine (Paxil)
  - sertraline (Zoloft)
….the best way to help people cope with cancer is to support their usual ways of coping by helping them apply the strategies that have worked in the past.

Holland JC. Cancer Medicine, 1973

When to Treat?

- symptoms cause intolerable or unmanageable distress
- symptoms interfere with social, family, or vocational function
- symptoms interfere with treatment