Assessment & Management of Depression in Palliative Care

Carla Jolley, MN, ARNP, ANP-BC, AOCN, ACHPN
Palliative Care APN
WhidbeyHealth Palliative Care Consult Team

Incidence/Prevalence

<table>
<thead>
<tr>
<th>Reported Prevalence of Major Depressive Disorder in Palliative Care Settings Is 15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANCER 40%</td>
</tr>
<tr>
<td>CHRONIC OBSTRUCTIVE PULMONARY DISEASE 38%</td>
</tr>
<tr>
<td>HIV INFECTION 48%</td>
</tr>
<tr>
<td>PARKINSONS DISEASE 40%</td>
</tr>
<tr>
<td>CHRONIC PAIN SYNDROME 30-54%</td>
</tr>
<tr>
<td>CORONARY ARTERY DISEASE 18-20%</td>
</tr>
<tr>
<td>CONGESTIVE HEART FAILURE 9%</td>
</tr>
<tr>
<td>CHRONIC KIDNEY DISEASE 45%</td>
</tr>
<tr>
<td>STROKE 35%-50%</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS 40%</td>
</tr>
<tr>
<td>DIABETES 25%</td>
</tr>
<tr>
<td>DEMENTA 6-30</td>
</tr>
</tbody>
</table>

Florence’s Story

Ralph’s Story
What makes it so complicated??????

- Mood
- Sadness
- Grief
- Depressive symptoms
- Depressive episode
- Depressive disorder

Differentiating grief from depression in seriously ill patients

1) Grief and depression share common symptoms and may coexist
2) Many of the somatic symptoms traditionally used to diagnose depression may be present as part of the serious illness process or due to grief
3) The affective changes used to identify depression (sadness, crying) are also seen in grief
4) There is a common misperception that depression is universal and normal phenomenon in seriously ill population

Periyakoil et al (2012)
Assessment of symptoms of major depression in adults include

- Depressed mood for most of the day on most days
- Diminished pleasure or interest in most activities
- Social withdrawal
- Feelings of worthlessness, hopelessness, and helplessness
- Recurrent thoughts of death or suicide
- Inappropriate guilt

Some symptoms of depression may be due to underlying disease

- Change in appetite or weight gain
- Sleep pattern changes
- Fatigue/reduced energy
- Pain
- Psychomotor slowing
- Loss of libido
- Diminished concentration

Other assessment parameters

- Medication History
- Past Medical History: pain, metabolic imbalances, endocrine abnormalities
- Family history of depression and efficacy of treatments
- Social history: triggers of depression or anxiety, significant loss, abuse, traumas, financial difficulties, smoking

Suicidal evaluation

1) Has anyone close to you attempted or completed suicide?
2) Have you ever tried to hurt yourself?
3) Are you currently thinking about hurting yourself?
4) Do you have a plan?
5) How are you planning on doing it?
6) Do you have means to implement such a plan?
DSM-5 Criteria DX: Major Depressive Disorder

- Entails presence of >5 of following symptoms (including at least 1 of the first 2 core symptoms) for >2 weeks that is change from usual function and causes clinically significant distress or impairment in social, occupation, or other area of life
  - Depressed mood
  - Significantly decreased interest or pleasure in almost all activities
  - Significant change in weight or appetite
  - Insomnia or hypersomnia
  - Psychomotor agitation or retardation nearly every day (observable by others)
  - Fatigue or loss of energy
  - Feelings of worthlessness or excessive or inappropriate guilt
  - Indecisiveness or decreased ability to concentrate
  - Recurrent thoughts of death or suicide

DSM Symptoms of Major Depression and Substitutions Proposed by Endicott

<table>
<thead>
<tr>
<th>DSM CRITERIA</th>
<th>ENDICOTT’S SUBSTITUTIVE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor appetite or changes in weight</td>
<td>Tearfulness or depressed appearance</td>
</tr>
<tr>
<td>Loss of energy fatigue or psychomotor retardation or agitation</td>
<td>Brooding, self-pity, pessimism</td>
</tr>
<tr>
<td>Insomnia or hypersomnia</td>
<td>Social withdrawal</td>
</tr>
<tr>
<td>Feeling of worthlessness or excessive guilt or diminished ability to think or concentrate</td>
<td>Lack of reactivity, cannot be cheered up</td>
</tr>
</tbody>
</table>

Screening & Assessment Tools

1. During the past month, have you been bothered by feeling down, depressed, or hopeless?
2. During the past month, have you often been bothered by little interest or pleasure in doing things?

Validated 100% sensitivity and 78% specificity compared to DSM-IV

ARE YOU DEPRESSED?
Validated at 0.85 specificity and low false negative rate

Other screening instruments

<table>
<thead>
<tr>
<th>SCALE</th>
<th>NUMBER OF ITEMS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Anxiety and Depression Scale (HADS)</td>
<td>14</td>
<td>Originally developed to assess in hospitalized patient, focuses on cognitive symptoms. Validated in PC population</td>
</tr>
<tr>
<td>PHQ-9</td>
<td>9</td>
<td>Easy to administer and score, does have physical symptoms weighted 1/3.</td>
</tr>
<tr>
<td>Beck Depression Inventory</td>
<td>21</td>
<td>Each answer scored 0-3, high burden for patient</td>
</tr>
<tr>
<td>Geriatric Depression Scale</td>
<td>15 on short form</td>
<td>Problems with validity with dementia</td>
</tr>
<tr>
<td>Zung Depression Scale</td>
<td>20 item</td>
<td></td>
</tr>
<tr>
<td>Distress Thermometer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Expected survival relative to time effect of medication

- If expected survival $\geq$ than several months, consider conventional antidepressants, which may have time to effect $\geq$ several weeks
- If expected survival $< \text{several weeks}$, consider rapid-acting psychostimulants
- If expected survival $< \text{several days}$, consider sedatives or opioids to relieve distress
### Side Effects

**SSRIs**
- Agitation
- Anxiety
- Constipation
- Diarrhea
- Discontinuation syndrome
- Dizziness
- Dry mouth
- Headache
- Insomnia
- Nausea
- Sexual dysfunction
- Somnolence
- Sweating
- Tremor

**SNRIs**
- Agitation
- Constipation
- Discontinuation syndrome
- Dry mouth
- Fatigue
- Headache
- Hypertension (dose-related)
- Nausea
- Sleep disturbance
- Sweating
- Tremor

### Psychotherapy Goals

- Normalizing emotional distress
- Facilitate expression of fears and concerns
- Providing realistic reassurance and support
- Bolstering existing strengths and coping skills

### Multiple models

- Life review
- Reminiscence therapy
- Dignity Therapy
- Psycho-education therapy
- Cognitive behavioral therapy
- Problem Solving
Integrative Therapy

• Mindfulness
• Guided Imagery
• Music Therapy
• Massage
• Supplements: St. John’s Wort, Omega 3’s, SAMe

Using the Team: Nursing

• Assure physical symptoms are controlled
• Provide ongoing education related to medications and illness progression
• Collaborate with team to support interventions
• Provide ongoing assessment back to the team
• Encourage and support care plan

Using the Team: Social Work

• Patient and family counseling: psychotherapy, sex counseling, or grief counseling
• Suicidal evaluation/intervention
• Problem solving teaching
• Caregiver issues

Using the Team: Chaplaincy

Assessment/Intervention

• Grief
• Concerns about death and afterlife
• Conflicted or challenged belief systems
• Loss of faith
• Concerns about relationship with deity
• Isolation from religious community
• Guilt
• Hopelessness
• Conflict between religious beliefs and recommended treatment
• Ritual needs

• Spiritual counseling
• Reading materials
• Prayer
• Rituals
Depression: Disease Specific

- Cancer
- COPD
- ESRD
- Dementia
- Heart Failure
- Parkinson's

References

- Blatt, L. Psychosocial Aspects. HPNA 2013. Core Curriculum for the Advanced Practice Hospice and Palliative Nurse
- Chovan, J. Depression and Suicide. Advanced Practice Nursing
- Dahlin, C. ED. Oxford Press
- Dynamed. Depression in palliative care patients. Downloaded 09/28/2016
- Taylor et al. (2013) Diagnosis of Depression in Palliative Nursing. Seminars in Oncology Nursing. doi:10.1053/j.sion.2012.03.022
- UptoDate. Unipolar Major Depression in Adults: Choosing Initial Treatment. Downloaded 8/21/2016