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Prevalence and Correlates of Depression Among Patients With Head and Neck Cancer: A Systematic Review of Implications for Research

Mary Ellen Haisfield-Wolfe, PhD, RN, OCN[®], Deborah B. McGuire, PhD, RN, FAAN, Karen Soeken, PhD, Jeanne Geiger-Brown, PhD, RN, and Bruce R. De Forge, PhD

Head and neck cancer is a collective term defined on an anatomic-topographic basis to describe malignant tumors of the upper aerodigestive tract. Cancers of the head and neck include lip, oral cavity, pharynx, nasal cavity, paranasal sinuses, larynx, thyroid gland, and salivary gland. Worldwide, head and neck cancer is the eighth most common cause of cancer death (Choong & Vokes, 2008). In North America and Europe, head and neck cancer accounts for 3%–4% of all cancer diagnoses (Ferlay et al., 2007; Jemal et al., 2007). More than 90% of head and neck cancers are squamous cell carcinoma in origin and about 50% occur in the oral cavity (Carr, 2005). Epidemiologic and molecular studies have identified high-risk types of human papillomavirus (HPV) in patients with no common risk factors for head and neck cancer (Haddad, 2007), which suggests HPV is a new etiologic factor in squamous cell carcinoma. HPV-related head and neck cancers are associated with a higher proportion of men, younger age groups, and a more advanced stage at initial presentation (Haddad).

Head and neck cancer is a complex and distressing disease with high mortality and morbidity because of disease and treatment factors that affect vital function, such as eating, breathing, and communicating. Depression often is present for patients with head and neck cancer throughout the course of their cancer experience.

Researchers to date have examined depression in clinical populations at different points in the cancer trajectory but have not specifically focused on head and neck cancer. However, they have studied depression related to cancer from a variety of anatomic sites and used different instruments to measure depression. The purpose of this systematic review is to present a comprehensive summary of existing research literature

Purpose/Objectives: To present a comprehensive summary of the existing research literature related to prevalence and correlates of depression in adult patients with head and neck cancer to establish a knowledge base for future research.

Data Sources: Quantitative studies in English measuring depression or mood in adults with head and neck cancer published from 1986–2008.

Data Synthesis: A substantial body of knowledge exists regarding prevalence, correlates, and predictors of depression in patients with head and neck cancer. Prevalence rates of depression are high at diagnosis, during treatment, and in the first six months following treatment, and mild to moderate depression may continue for three to six years after diagnosis. Certain patient demographic characteristics (e.g., marital status, education), symptoms, and specific time points in the illness trajectory (e.g., time of treatment) are correlated with depression. Specific patient variables at diagnosis, such as depression, can predict depression at later time points.

Conclusions: Additional research should assess symptoms using consistent depression instruments or clinical interviews based on specific criteria in patients with head and neck cancer. Specifically, multisite studies should be conducted to increase sample sizes. Research related to symptom clusters and the effect of clusters on patients is needed. Longitudinal studies that examine depression and patient characteristics, symptoms, type of treatments, and the correlates of depression across the trajectory of illness are important. Replication of existing research using multiple patient and clinical characteristics to explore predictors of depression may reveal profiles for patients most at risk.

Implications for Nursing: This comprehensive summary of existing research literature related to the prevalence and correlates of depression among adult patients with head and neck cancer provides evidence-based information that can be used by oncology nurses in their practice.

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