Assessing and Treating Causes of Depressed Mood in Patients With Cancer

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Oncology nurses and nurse practitioners often provide initial (prior to transition of care to a psychiatric provider) or maintenance assessment of and treatment for patients with depressed mood. Research informing oncology nurses and nurse practitioners on the assessment, differential diagnoses development, and treatment of depressed mood is limited. This article discusses assessment and management of common causes of depressed mood in the oncology setting. Implications for oncology nurses and nurse practitioners include improved quality of care and empowered, evidence-based clinical decision-making.

AT A GLANCE

- Comprehensive assessment of depressed mood includes a clinical interview, the use of validated questionnaires, a thorough chart review, consideration of the patient's treatment regimen, and laboratory studies.
- Differentiating among depressed mood related to cancer-related distress, adjustment disorder, major depressive disorder, and acute and chronic stress disorder is vital to determining an appropriate plan of care.
- Patients may benefit from psychotherapy and/or pharmacotherapy based on their presentation.

A systematic review of 210 studies found the mean prevalence of clinical depression is 21.2%, across all types of adult oncology populations (Riedl & Schuessler, 2022). Depressed mood in patients with cancer is often not detected in the oncology clinic, preventing adequate treatment (Grotmol et al., 2019). Depressed mood is associated with functional status decline, reduced treatment adherence, disease progression, increased emergency department visits, lengthened hospitalizations, reduced quality of life, desire for expedited death, and high psychological burden on the family (Decker & Tofthagen, 2021; Grotmol et al., 2019; Vita et al., 2023). Depression may be an independent risk factor for cancer mortality, as research has found a 26% greater mortality rate in patients with cancer and depressive symptoms and a 39% higher mortality rate in patients with a diagnosis of major depressive disorder (MDD) (Vita et al., 2023). Lack of depression assessment and appropriate treatment may contribute to inadequate self-care, substance misuse, poor diet, lack of physical activity, and suicide (Decker & Tofthagen, 2021). Oncology nurses and nurse practitioners (NPs) spend considerable time with patients with cancer across the cancer continuum. This provides opportunities for reflective, empathic listening and an expression of openness to discussing the nature and severity of depressive symptoms (Decker & Tofthagen, 2021). This article provides evidence-based guidance for accurate diagnosis of the underlying cause of depressed mood and offers a basis for the selection of initial evidence-based treatments and referrals.

Comprehensive Assessment

Assessment of depressed mood in the oncology population is challenging because of the overlap of depressive symptoms, symptoms associated with cancer, and treatment-related symptoms (Grotmol et al., 2019; Schulz-Quach et al., 2021). Therefore, to establish the etiology of depressed mood, oncology nurses and NPs must carefully consider the temporal relationship among the cancer diagnosis, cancer treatment, the complications of cancer treatment, the onset of depressed mood, the duration of depressive symptoms, the severity of depressive symptoms, and the burden of symptoms on the patient's social, occupational, and home functioning.

Comprehensive assessment of depressed mood often includes a clinical interview, the use of validated questionnaires, a thorough chart review, consideration of the patient's treatment regimen, and laboratory studies. This assessment empowers the oncology NP to differentiate among depressed