

Depression and Mental Health considerations in Palliative Care

Prof Gregory Crawford AM

MBBS, MPHC, MD, FRACGP, FACHPM

Northern Adelaide Palliative Service, Northern Adelaide Local Health Network

University of Adelaide



Government
of South Australia

SA Health

Outline

- Depression
- Anxiety
- The issues
- Assessment
- Interventions
 - Patients
 - Families
 - Clinicians
 - GPs, Psychiatrists, Specialist Pall Care Services

Depression

- Important to identify
 - Affects physical health
 - Quality of life
 - Mortality
- Restricts clinicians
 - Ability to manage patients
 - Effect on compliance
 - Efficacy of treatments for symptoms
- Increased desire for death

- Prevalent
- Poorly recognised
- Poorly treated
- Increased suffering for
 - Patient
 - Family & carers
 - Professional carers

- Poor compliance
- Poor attenders
- Feel bad about themselves
- Poorer health outcomes
- Make people around them feel bad
- “difficult” patient

Depression

- predicts
 - ability to cope
 - mortality from natural causes

(Buccheri, 1998; Everson, Roberts, Goldberg & Kaplan, 1998; Meyer, Sinnott, & Seed, 2003b; Faller & Bülzebruck, 2002; Faller & Schmidt, 2004)

- contributes to
 - increased treatment costs
 - (over and above the influence of illness severity)

(Druss & Rosenheck, 1999; Sullivan, Simon Spertus & Russo, 2002; Unutzer, Patrick, Simon, Grembowski, Walker Rutter & Katon, 1997)

Barriers

- recognition
 - diagnostic
 - treatment
-
- patients
 - clinicians
 - health care systems (Goldman, Nielsen & Champion, 1999)

Diagnosis is ~~not~~ never easy

- Pre-existing
- New diagnosis
- Associated anxiety
- Personality traits
- Other mental health issues
- Finding psychological and psychiatric supports who understand end-of-life issues

Depression DSM-5

- Five or more symptoms during the same 2-week period and at least one of the symptoms should be EITHER
 1. Depressed mood most of the day, nearly every day.
 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

THEN at least 4 more

 1. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
 2. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
 3. Fatigue or loss of energy nearly every day.
 4. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
 5. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
 6. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Depression DSM-5

- Five or more symptoms during the same 2-week period and at least one of the symptoms should be EITHER
 1. **Depressed mood** most of the day, nearly every day.
 2. Markedly **diminished interest or pleasure in all, or almost all, activities** most of the day, nearly every day.

THEN at least 4 more

 1. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
 2. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
 3. Fatigue or loss of energy nearly every day.
 4. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
 5. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
 6. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Depression DSM-5

- Five or more symptoms during the same 2-week period and at least one of the symptoms should be EITHER
 1. Depressed mood most of the day, nearly every day.
 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.THEN at least 4 more
 1. Significant **weight loss** when not dieting or weight gain, or decrease or increase in appetite nearly every day.
 2. A slowing down of thought and a **reduction of physical movement** (observable by others, not merely subjective feelings of restlessness or being slowed down).
 3. **Fatigue** or loss of energy nearly every day.
 4. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
 5. **Diminished ability to think or concentrate**, or indecisiveness, nearly every day.
 6. Recurrent **thoughts of death**, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Sadness, and reality of impending death

- What is normal
- What is acceptable
- What is caused by disease, treatments “somatic symptoms”
 - Normal mood fluctuation
 - Adjustment disorder
 - Major depressive illness
 - Organic brain syndromes

Barriers to diagnosis

- Lack of ability to diagnose
- “Everyone is depressed”
- “We cannot do anything about it”
- “Even if something can be done, should we?”
- Fear of upsetting the patient or family
- Clinicians own discomfort
- Lack of familiarity with treatment options
- Antidepressant
 - side effects
 - route of administration
 - time to provide clinical benefit
- Non-pharmacological –
 - patient fatigue
 - cognition

Aids to diagnosis

- “Gold standard” is a structured clinical assessment by a trained clinician
- Screening
 - Brief
 - Longer
 - Many – but are only screening instruments NOT diagnostic

Are you depressed?

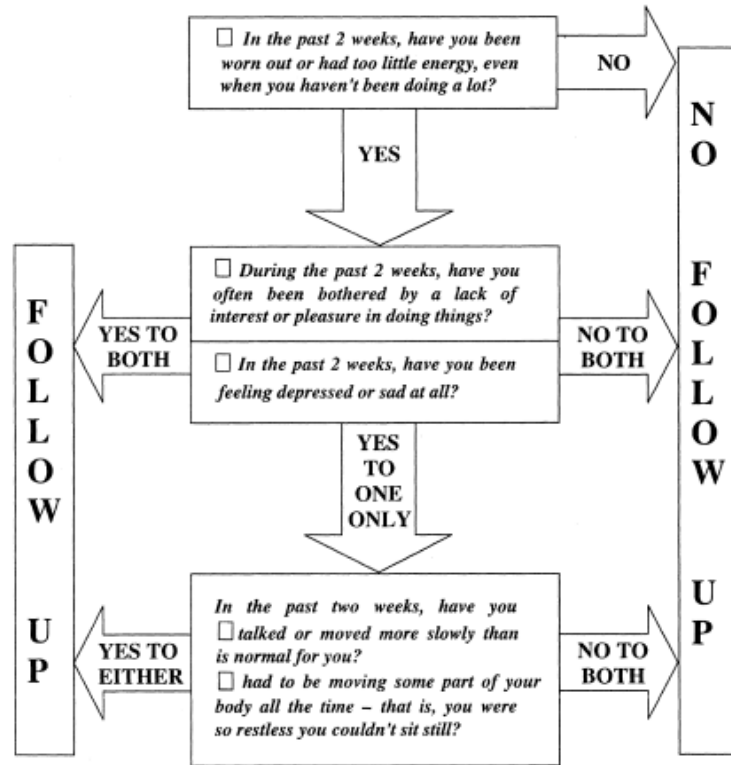
- Chochinov (Am J Psych 1997)
- PHQ 2/PRIME-MD
 - During the past month, have you often been bothered by feeling down, depressed, or hopeless?
 - During the past month, have you often been bothered by little interest or pleasure in doing things?
- Short Screen for Symptoms of Depression (Robinson, Crawford Pall Med 2005)
- PH9

Appendix
SHORT SCREEN FOR DEPRESSION SYMPTOMS (SSDS)

Patient: Staff member:

Record No: Date:

INSTRUCTIONS: Ask questions verbatim Tick positive response Cross for negative response
 Document the decision of algorithm Plan follow-up if appropriate



Judgement of algorithm

DOES/DOES NOT warrant follow-up for depression

PLAN:

Patient Health Questionnaire (PHQ-9)

Name: _____

Date: _____

Over the past two weeks, how often have you been bothered by any of the following problems? (use "√" to indicate your answer)

	Not at all	Several days	More than one half of the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or thoughts of hurting yourself	0	1	2	3

(Health care professional: for interpretation of total, please refer to accompanying scoring table)

Add columns:

_____ + _____ + _____

Total:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Interpretation of Total Score

Total score Depression severity

1 to 4	Minimal depression
5 to 9	Mild depression
10 to 14	Moderate depression
15 to 19	Moderately severe depression
20 to 27	Severe depression

Treatment of depression

- Treat organic brain syndrome if present
- Treat causative or aggravating factors
- General support
- Brief supportive psychotherapy
- Antidepressants
- Other drugs

General support

Caring and empathy

Reassurance of continued care and interest

Provision of information about illness

Explore understanding and fears

Encourage family and social supports

Brief supportive psychotherapy

Resolution of issues regarding

- disease, treatment, future

Family and group therapy

Behavioural techniques

Complementary therapies

- Relaxation
- Aromatherapy
- Massage
- Visualisation
- Counselling
- Memory building
- Life review

Drug treatments

- Antidepressants
 - Unusual to use tricyclics
 - SSRI
 - SNRI
 - New medications
 - Brexanolone, Agomelatine, Ketamine
- Challenges
 - Oral route
 - How to manage at end-of-life
- ?ECT

Anxiety

- Mild disquiet to panic
- Recognition
- Management
 - Non-pharmacological
 - Pharmacological

Non-pharmacological

- Continuity of care
 - Emotional support
 - Exploring needs incl spiritual
 - Mustering resources and how they have managed before
- Information
 - Current and future treatments
 - Specific fears and concerns
- Behavioural interventions
- Team support

Pharmacological

- Antidepressants are first-line pharmacological treatment for severe anxiety. (Therapeutic Guidelines Palliative Care)
- Judicious and short-term use of benzodiazepines may be required
 - E.g. Oxazepam 7.5 to 15 mg, Lorazepam 0.5 to 1 mg

Pre-existing mental health issues

- A life-limiting illness is a serious stressor
- Do they have a support system that can be accessed or reactivated
- Mental health services
 - Community teams
 - Psychiatrist
 - Psychologist

But may not have skills re EoL factors

Summary of interventions

- Therapeutic relationship
- Mustering previous inner resources
- Relaxation therapies
- Local psychology and psychiatry
- Specialist Palliative Care team
- Inpatient Palliative Care Unit
 - Nurturing, complementary therapies

Mental health issues for family & informal carers

- Patients and families do not always agree!!
- Burden of caring is significant
- Mortality associated with caring

Mental health issues for staff

- GP
- Surgeons
- Oncologists
- Palliative Medicine
- Palliative Care team
- Nurses
- Interpreters
- Cleaners