

Abstract

Introduction:

Depression is one of the most frequent emotional disorders affecting cancer patients. It has an unfavorable impact on their quality of life, their decision making regarding cancer treatment, caregiver distress, and increases their risk of suicide. The prevalence of depression and more generally of psychological distress in cancer patients is extremely variable depending on the time and stage of the disease, age and sex of the patient and diagnostic instruments. Given the limited resources, it would be impossible to undertake structured interviews with all cancer patients. Therefore, screening measures have a number of advantages over interviews in that they are inexpensive, not resource-intensive, and once used can help select patients for more detailed evaluation with a structured interview.

Aims:

The research aims at studying the prevalence of depression among cancer patients in a cross sectional study.

Methodology:

The patients (n=288) were randomly selected from the out-patient's clinic (Oncology) register of Teaching Hospital Karapitiya. After providing an explanation verbally and in writing an informed consent was taken from the selected patients were given the Beck Depression Inventory (BDI questionnaire) with the instructions on how to fill and proceed. Patients who were diagnosed clinically as having depression and (persistent score of 17 or above indicates the need of medical treatments) consenting to be treated, was referred to the Psychiatry Clinic of the Teaching Hospital, Karapitiya. All patients were assessed with Structured Clinical Interview for

DSM – IV (SCID). At the end of each data collection session, data is recorded for the final analysis.

Results:

There were 304 patients enrolled for the study. The mean age was 50.97 ± 13.3 years. Age ranged from 16.0 years to 82.0 years. Females (n=253) had survived for a median period of diagnosis 2.0 years with interquartile (IQR) range of 3.0 years (range 1.0 – 25.0 years of survival after diagnosis of tumor). However, males (n=51) had median survival of 1.0 years (IQR 2.0 years) after diagnosis with a range of 1.0 to 7.0 years of survival. The SCID assessment revealed the 215 subjects were not depressed at the time of my intervention and only 89 were clinically depressed. However when the BDI tool was applied to this study, 169 patients (BDI score less than 9) were not depressed and 67 had moderate mood disturbances (BDI score 10-16) and 68 subjects (score more than 17) were severely depressed (Chi test 75.97; $p < 0.001$). When the cut off value (BDI score) of 9 for the definition of depression was used the sensitivity and specificity of the SCID examination was at 70.2% and 79.8% respectively. Further the positive predictive value of the test was 89.3 but the negative predictive value was 47.4%

Conclusions:

Given the high prevalence of depression in outpatients attending cancer services, it is crucial to develop an accurate procedure to screen for depression. Further, this evidence stresses the need to screen for depression and carry out suitable psychopharmacological and psychotherapeutic treatments.