


2017

Provider Education: Managing Depression in Cancer Patients

Nicole Leonard
University of Vermont

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>

 Part of the [Interprofessional Education Commons](#), [Oncology Commons](#), [Primary Care Commons](#), [Psychiatric and Mental Health Commons](#), and the [Psychiatry Commons](#)

Recommended Citation



Leonard, Nicole, "Provider Education: Managing Depression in Cancer Patients" (2017). *Family Medicine Clerkship Student Projects*. 303.
<https://scholarworks.uvm.edu/fmclerk/303>

This Book is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.



Provider Education: Managing Depression in Cancer Patients

Milton Family Practice, VT
Nicole Leonard
September 2017
Mentor: Dr. Hageman



Problem Identification

Studies suggest that 15-25% of cancer patients (1) have depression compared with 7% of the general population (2).

73% of these patients don't receive treatment and only 5% see a mental health provider (3).

Medical professionals tend to dismiss symptoms of depression in cancer patients as an understandable reaction to having a potentially terminal illness or as side effects of their treatment. They also tend to believe that antidepressants won't work in this situation (3).

Problem Identification: Local Scale

According to the Community Health Needs Assessment from 2015, mental health is ranked 6th of community health needs in Chittenden County, VT. It was the most discussed need amongst community health leaders at a meeting (4).

According to the Cancer Community Needs Assessment Report from 2016, some goals to improve cancer treatment and survivorship at the University of Vermont Medical Center include “Care for mental as well as physical state.”, “Implement survivorship care plans.”, and “Improve optimal psychosocial health for cancer survivors” (5).

Noted barriers to reaching these goals include “Logistical and operational challenges in providing survivorship care plans and psychosocial distress screening.” Each of these tools have sections to address mental health issues (5).

Public Health Cost

According to a cross sectional study that used data from the Medical Expenditure Panel Survey to compare costs between cancer patients and cancer patients with depression (6)...

- Average annual healthcare expenditures were \$12,091 for cancer patients and \$18,401 for cancer patients with depression.
- Those with depression had 31.7% greater total expenditures than those without after adjusting for other variables including demographics, socio-economics, access to care, and others.
- Those with depression were significantly more likely to utilize the emergency department, further contributing to the use of the medical system.

Community Perspective: Dr. Dittus, Oncology

Depression can be really hard to diagnose in cancer patients. It seems really situational; it is normal to be depressed after receiving a diagnosis, almost like losing a loved one, and it is hard to tell how long is too long to feel that way.

Many people have problems that they don't want to talk about. They might circle something on their intake forms but not actually bring it up, and if they don't bring it up then the problem often doesn't get properly addressed even if they wrote it down.

UVM has clinical psychologists and a psychiatrist for the department and this is typical for most cancer centers. We do have mindfulness training but overall don't have as many good integrative therapies as other cancer centers do.

Community Perspective: Dr. Rabinowitz, Psychiatry

Yes, depression is underdiagnosed in cancer patients. People get a diagnosis and freak out. They start behaving differently from the stress. They have an unconscious reaction to what they perceive as horror and don't stop to think about their mood.

Many people were actually depressed first [before they got cancer], but once they have a diagnosis they blame the cancer for it. A psychiatry consult can be helpful to figure this dynamic out. The primary care provider can also be essential in comparing the patient's behavior to how they were in the past.

Intervention and Methodology

A handout was created with information that includes epidemiology of the problem, pathophysiology of the connection between depression and cancer, information on what can be done from the primary care provider's perspective, advice for how to effectively communicate between other providers (eg. oncology and psychiatry), and a table of antidepressants with specific symptoms that they address.

The handout was distributed throughout Milton Family Practice to residents and attending physicians.

Response

The responses to the handout were all positive.

Providers said that it made them more aware of the issue and more motivated to address mental health, especially with cancer patients.

They appreciated the table with medication references and the tips from psychiatry and oncology.

Evaluation of Effectiveness and Limitations

To assess effectiveness, a pre- and post-test could be administered to those receiving the information for the first time or data from the EMR prior to the distribution of the handout could be compared to data from after to see if there was any increase in screening, diagnosis, or treatment of depression in cancer patients.

The limitation of this project is that the handout is not interactive and questions could come up without the opportunity to get them answered right away.

Future Projects

Look at data through the EMR to assess what proportion of the general population and of the cancer population actually gets depression screening.

Implement a cancer-specific screening tool in the EMR for the patients it applies to.

Create alerts in the EMR for primary care providers to look at scanned documents from oncology including the distress screens, symptom forms, and survivor documents.

References

1. PDQ® Supportive and Palliative Care Editorial Board. PDQ Depression. Bethesda, MD: National Cancer Institute. Updated 5/2/17. Available at: <https://www.cancer.gov/about-cancer/coping/feelings/depression-hp-pdq>. Accessed 9/5/17. [PMID: 26389407]
2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author. <https://doi.org/10.1176/appi.books.9780890425596.dsm04>
3. Walker, J., Hansen, C. H., Martin, P., Symeonides, S., Ramessur, R., Murray, G., & Sharpe, M. (2014). Prevalence, associations, and adequacy of treatment of major depression in patients with cancer: a cross-sectional analysis of routinely collected clinical data. *Lancet Psychiatry*, 1(5), 343-350. doi:10.1016/s2215-0366(14)70313-x.
4. Community Health Needs Assessment. (2016). [pdf] Burlington, VT: University of Vermont Medical Center. Available at: <https://www.uvmhealth.org/medcenter/Documents/About-Us/CHNA.pdf> [Accessed 23 Sep. 2017].
5. Cancer Center Community Needs Assessment. (2016). [ebook] Burlington, VT: University of Vermont Medical Center. Available at: <https://www.uvmhealth.org/medcenter/Documents/About-Us/Cancer-Center-Community-Needs-Assessment.pdf> [Accessed 23 Sep. 2017].
6. Pan, X., & Sambamoorthi, U. (2015). Health care expenditures associated with depression in adults with cancer. *The Journal of Community and Supportive Oncology*, 13(7), 240–247. <http://doi.org/10.12788/jcso.0150>