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Depression and Anxiety in Brain Tumor Patients can occur during the Course of Cancer Treatment

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INTRODUCTION

Cancer patients who suffer from depression and anxiety have a lower quality of life, more suicidal thoughts; lower adherence to medications and treatments, impaired relationships with others, longer recovery, and in some cases has a shorter survival time. The prevalence of depression and anxiety disorders in the general population has been estimated at approximately 5% and 7%, respectively. Although the incidence of depression and anxiety varies by cancer type, prognosis, and treatment, it is estimated that the majority of cancer patients with depression do not receive treatment from their mental health providers. Caregivers of cancer patients are also at risk.

DESCRIPTION

Risk factors included high levels of stress at the start of palliative care, lack of social support, impaired physical function, and patient marital status. Emotional stress associated with cancer diagnosis, treatment, prognosis, and even survival can have a profound impact on mental health and subsequently manifest as depression and anxiety. Alternatively, depression and anxiety can result from direct neuropsychiatric effects of cancer or its treatment. Indeed, certain tumors can cause mood disorders due to their location, hormone and cytokine production, or homeostasis disruption. Treatments such as chemotherapy, steroids, radiation, and surgery can also cause symptoms of depression and anxiety. Cancer patients at highest risk of developing depression appear to be younger, have functional limitations, and lack social support, whereas risk factors for anxiety include past trauma, morale, and depression. Having a history of psychiatric disorders puts patients at increased risk of both disorders after a cancer diagnosis. Certain marginalized groups of cancer patients are at particularly high risk of psychiatric disorders. For example, lesbian, gay, bisexual, transgender, and queer cancer patients experienced higher levels of isolation and depression compared with heterosexual and cisgender patients, and targeted less counselling. Hispanic and low-income cancer patients also suffer particularly high levelsof stress, anxiety, and depression.

Treatment of depression and anxiety in cancer patients should follow standard clinical guidelines, but be aware that some psychiatric drugs are contraindicated for certain types of cancer, chemotherapy, and anaesthetics. The specific interactions between psychiatric, antiemetic and anticancer agents, as well as the possible side effects of antidepressants in cancer patients, have been extensively reviewed elsewhere. Interventions aimed at psychiatric treatment may be provided by palliative care practitioners, and palliative care itself may be therapeutic. Early palliative care significantly reduces mortality risk in depressed advanced cancer patients, and psychotherapy in a palliative care setting reduces symptoms of both depression and anxiety and improves quality of life. Despite this evidence, the majority of palliative care professionals report difficulty managing anxiety and accessing psychological or psychiatric services. This is especially true for cancer patients from marginalized minority groups.

CONCLUSION

Depression and anxiety are the well-studied psychiatric disorders in brain tumour patients and can occur during the course of cancer treatment. Screening for depression and anxiety should be a routine and integrated part of cancer care. The NCCN Distress Thermometer and other surveys such as the PHQ-2, PHQ-4, and GAD-7 are effective tools for identifying symptoms of depression and anxiety in brain tumour patients. Depression, anxiety, adjustment disorders, and post-traumatic stress disorder are common in cancer patients and can significantly limit quality of life. People with brain tumors are particularly vulnerable to mental disorders because of their condition.

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