Screening and Assessment – Depression* in Adults with Cancer

Screen for distress¹ at entry to system, critical times, periodically during patient care, or other stressful times²

Assessment of risk of harm to self and/or to others (all patients)
If YES > URGENT referral to appropriate services for emergency evaluation; Facilitate safe environment; One-to-one observation; Initiate appropriate harm reduction interventions to reduce risk of harm to self and/or others. (The presence of other symptoms such as psychosis, severely agitation and confusion (delirium) may also warrant referral to appropriate services for emergency evaluation). If No > Continue with algorithm

Depression Identified on ESAS Screening (Depression Item)

Mild Distress ESAS Depression Score 1-3
Moderate Distress ESAS Depression Score 4-6
Severe Distress ESAS Depression Score 7-10

Assessment to clarify nature and extent of depressive symptoms

☐ Review problem checklist and all ESAS scores in conversation³ with patient/family and discuss expectations and beliefs about support needs (e.g., Canadian Problem Checklist)
☐ Identify most distressing ESAS symptom(s) and or problem(s) contributing to depression (e.g., life events, insomnia, pain, fatigue, other co-morbid illness) and daily interference
☐ Assess effectiveness of current symptom and/or co-morbid condition management
☐ Psychomotor agitation or slowing
Identify pertinent history / Specific risk factors for depression
☐ Recurrent, advanced, progressive disease (i.e., vulnerable points)
☐ History: Depression, substance abuse, other mental health problems (e.g., dysthymia)
☐ Current use of depression medication or seeing a psychologist or psychiatrist
☐ Perceived lack of social support
☐ Other factors (e.g., younger age, female, live alone, dependent children, financial problems, prior coping issues)

Focused assessment: Specific to problem of depression
☐ HCP with appropriate training and skills to complete depression symptom checklist using validated tool (e.g., CES-D; PHQ-9) or assess for presence of: depressed mood, loss of pleasure, feelings of worthlessness/guilt, diminished concentration, recurrent thoughts of death, fatigue, significant change in appetite and sleep patterns, impaired functioning in daily living⁴
☐ Assess if symptoms persist for 2 weeks or longer (almost all day, every day) ⁴

Mild Distress ESAS Depression Score 1-3
Moderate Distress ESAS Depression Score 4-6
Severe Distress ESAS Depression Score 7-10

*In this algorithm the use of the word depression refers to the ESAS screening scale and not to a clinical diagnosis

1. Use Screening for Distress Tool (SDT), which includes Edmonton Symptom Assessment System (ESAS) and Canadian Problem Checklist (CPC).
2. At initial diagnosis, start of treatment, regular intervals during treatment, end of treatment, post-treatment or at transition to survivorship, at recurrence or progression, advanced disease, when dying, and during times of personal transition or re-appraisal such as family crisis, during post-treatment survivorship and when approaching death. (CAPO guideline: “Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient” by Howell et al, 2009; Cancer Care Nova Scotia Distress Management Pathways, draft 2010).
3. The health care team for cancer patients may include surgeons, oncologists, family physicians, nurses, social workers, psychologists, patient navigators and other health care professionals (HCPs).
4. DSM-IV criteria – The DSM-IV criteria can be used by a range of health care professionals, with specific training and skills.
**Care Map – Depression* in Adults with Cancer**

### Mild Distress
**ESAS Depression Score 1-3**
- No or minimal symptoms of depression
- Recent life event(s) such as bereavement or loss
- Level of grief appropriate for loss (*normal* response, NCCN) with gradual resolution over weeks / months
- Effective coping skills and access to social support

**Care Pathway 1**
Prevention & Supportive Care

- Offer referral to psychosocial support (e.g., counselling, support groups, individual)

### Moderate Distress
**ESAS Depression Score 4-6**
- Moderate to high levels of distress (does not meet criteria for high risk but two or more symptoms present for two weeks) and / or Impairment of functioning in daily living
- Risk factors (e.g., gaps in social support or effective coping mechanisms)

**Care Pathway 2**
Psychosocial Care and /or consider referral to Physician/ Psychologist/ Psychiatrist

- Intervention Options
  - Combine pharmacological and non-pharmacological interventions as appropriate
  - Referral to other services as required (e.g., psychosocial team, physician, psychologist, psychiatrist)

### Severe Distress
**ESAS Depression Score 7-10**
- Depressed mood and / or loss of pleasure for 2 weeks
- 4 additional symptoms: Feelings of worthlessness and / or guilt, Insomnia or hypersomnia, Weight gain or loss
- Psychomotor agitation or retardation
- Fatigue
- Risk factors
- Risk of harm to self and/or others > URGEN referral to appropriate services; Facilitate safe environment; One-to-one observation; Initiate harm reduction interventions to reduce risk of harm to self and/or others

**Care Pathway 3**
Referral to Physician/ Psychologist/ Psychiatrist

- Definite Diagnosis Needed
  - Referral to appropriate services for evaluation and definitive diagnosis

- Intervention Options
  - Psychiatric standard of care

### Non-Pharmacological:
- Psycho-education and psychosocial interventions (specifically cognitive-behavioural therapy, patient education and information, counselling and psychotherapy, behavioural therapy, and social support); Relaxation therapy (ONS)

### Pharmacological:
- A number of anti-depressants are recommended for treatment of depression with choice informed by side effect profiles, interactions, response, patient preference (see appendices). Monitor for adverse events.

With care team review the plan for management of depression and other physical symptoms and need for referral unless automatic red flag generated for severe depression (e.g., pain)

### Supportive Care Interventions for All Patients, As Appropriate
- Offer referral to psychosocial support (e.g., counselling, support groups, individual)
- Provide education (verbal plus any relevant materials) for the patient and family about:
  - How common emotional distress is in the context of cancer and differing responses
  - Benefits of support groups and other support services
  - Sources of informal support, resources available to patients and families (e.g., accommodation, transportation, financial assistance, additional health/drug benefits)
  - Need for additional psychosocial support if signs and symptoms of depression worsen with specific information regarding symptoms to warrant a call to the physician or nurse.
  - Coping with stress and specific strategies (i.e. relaxation approaches)
  - How to effectively manage symptoms contributing to depression (e.g., fatigue, sleep disturbances)

### Follow-Up and ongoing re-assessment and change (reduction) from previous score

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*Refer to the full technical guideline document for the evidentiary support for this algorithm.

Disclaimer: Care has been taken in the preparation of the information contained in this practice guideline document. Nonetheless, any person seeking to apply or consult the practice guideline is expected to use independent clinical judgment and skills in the context of individual clinical circumstances or seek out the supervision of a qualified clinician. The Canadian Partnership Against Cancer and the Canadian Association of Psychosocial Oncology (CAPO) make no representation or warranties of any kind whatsoever regarding the content, use or application of this practice guideline and disclaim any responsibility for their application or use in any way.