

Three-quarters of depressed cancer patients do not receive treatment for depression, new approach could transform care

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Three papers published in *The Lancet Psychiatry*, *The Lancet*, and *The Lancet Oncology* reveal that around three-quarters of cancer patients who have major depression are not currently receiving treatment for depression, and that a new integrated treatment programme is strikingly more effective at reducing depression and improving quality of life than current care.

An analysis of data from more than 21 000 [patients](#) attending [cancer clinics](#) in Scotland, UK, published in *The Lancet Psychiatry*, found that major depression is substantially more common in [cancer patients](#) than in the [general population](#). Major depression was most common in patients with [lung cancer](#) (13%) and lowest in those with genitourinary cancer (6%). Moreover, nearly three quarters (73%) of depressed cancer patients were not receiving treatment.

To address the problem of inadequate treatment the SMaRT Oncology-2 randomised trial, published in *The Lancet*, evaluated the effectiveness of a new treatment programme called 'Depression Care for People with Cancer' (DCPC). DCPC is delivered by a team of specially trained cancer nurses and psychiatrists, working in collaboration with the patient's cancer team and general practitioner, and is given as part of cancer care. It is a systematic treatment programme that includes both antidepressants and psychological therapy.

The trial, involving 500 adults with major depression and a cancer with a good prognosis (predicted survival more than 12 months) compared DCPC with usual care. DCPC was strikingly more effective at reducing depression. At 6 months, 62% of the patients who received DCPC responded to treatment (at least a 50% reduction in the severity of their depression) compared with only 17% of those who received usual care. This benefit was sustained at 12 months. DCPC also improved anxiety, pain, fatigue, functioning, and overall quality of life. Moreover, the cost of providing DCPC was modest (£613 per patient) making it a cost-effective way to improve cancer patients' quality of life.

According to lead author Professor Michael Sharpe from the University of Oxford in the UK, "The huge benefit that DCPC delivers for patients with cancer and depression shows what we can achieve for patients if we take as much care with the treatment of their depression as we do with the treatment of their cancer."

To see if patients with a [poor prognosis](#) cancer could also benefit from this approach, the SMaRT Oncology-3 randomised trial, published in *The Lancet Oncology*, tested a version of DCPC adapted for patients with a typically poor prognosis cancer (lung cancer). The trial, involving 142 patients with lung cancer and major depression, found that those who received the lung cancer version of DCPC had a significantly greater improvement in depression than those who received usual care during 32 weeks of follow-up. The lung cancer-specific version of DCPC also improved anxiety, functioning, and quality of life.

According to study leader Dr Jane Walker from the University of Oxford and Sobell House Hospice in Oxford in the UK, "Patients with lung cancer often have a poor prognosis. If they also have [major depression](#) that can blight the time they have left to live. This trial shows that we can effectively treat depression in patients with poor prognosis cancers like lung [cancer](#) and really improve patients' lives."

More information: The *Lancet Psychiatry*:
[www.thelancet.com/journals/lan ... rticle/PIIS2215-0366](http://www.thelancet.com/journals/lan...rticle/PIIS2215-0366)

The *Lancet*: [www.thelancet.com/journals/lan ... rticle/PIIS0140-6736](http://www.thelancet.com/journals/lan...rticle/PIIS0140-6736)

The *Lancet Oncology*: [www.thelancet.com/journals/lan ... rticle/PIIS1470-2045](http://www.thelancet.com/journals/lan...rticle/PIIS1470-2045)

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