

The use of antidepressants in patients with advanced cancer – results from an international multicentre study

Janberidze E.^{1,2}, Hjermsstad M.J.^{1,3}, Brunelli C.^{1,4}, Loge J.H.^{1,3,6}, Lie H.C.^{5,6}, Kaasa S.^{1,2} and Knudsen A.K.^{1,2}, on behalf of EURO IMPACT

¹European Palliative Care Research Centre (PRC), Department of Cancer Research and Molecular Medicine, Faculty of Medicine, NTNU, Trondheim, Norway; ²Department of Oncology, St. Olavs Hospital, Trondheim University Hospital, Trondheim, Norway; ³Regional Centre of Excellence in Palliative Care, Department of Oncology, Oslo University Hospital, Oslo, Norway; ⁴Palliative Care, Pain Therapy and Rehabilitation Unit, Fondazione IRCCS Istituto Nazionale Tumori Milano, Milano, Italy; ⁵National Resource Centre for Late Effects After Cancer Treatment, Oslo University Hospital, Oslo, Norway; ⁶Department of Behavioural Sciences in Medicine, Institute of Basic Medical Sciences, Faculty of Medicine, University of Oslo, Oslo, Norway.

Introduction

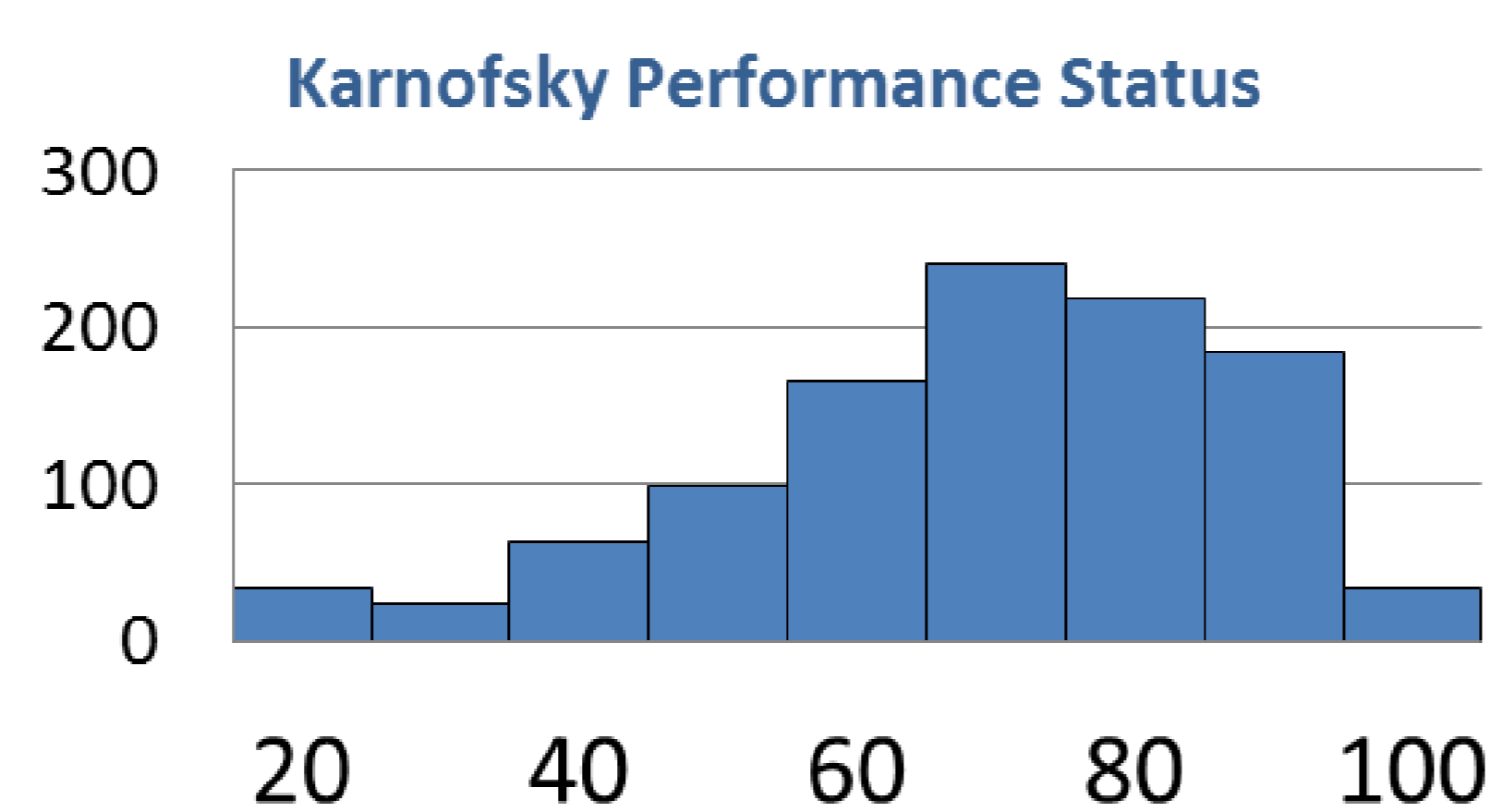
Depression is common in patients with advanced cancer. Reports vary from 3% up to 58% depending on the sample and study methods. However, it is often not recognized and consequently not adequately treated. The aims of this study were to examine the prevalence of the use of antidepressants (ADs) in an international study sample of cancer patients and to identify socio-demographic and medical variables associated with the use.

Methods

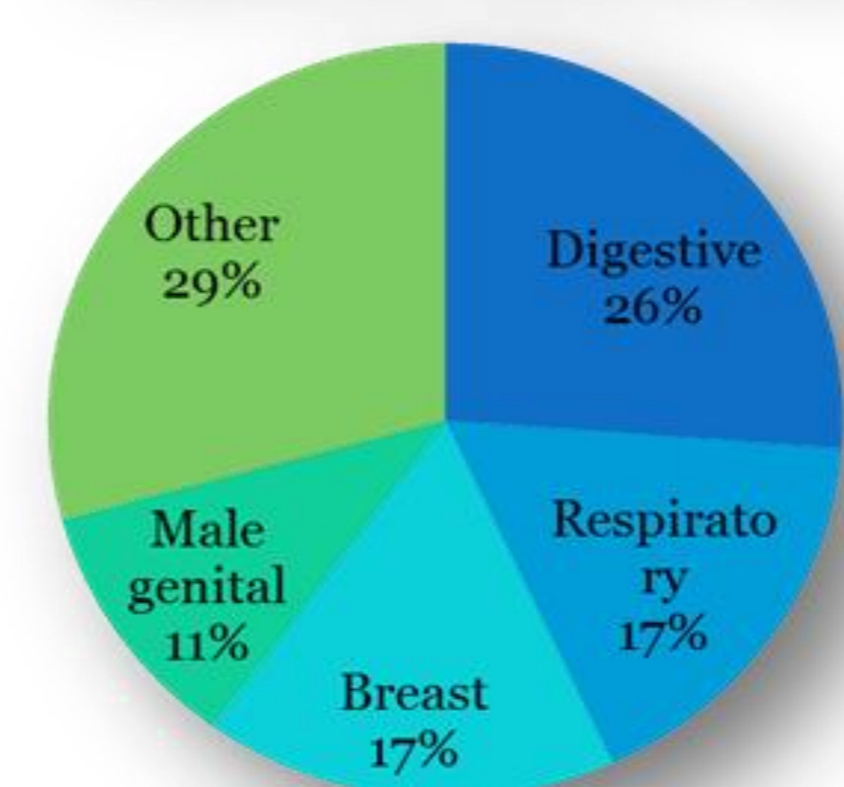
This cross-sectional study was conducted in patients with advanced cancer from 17 centers in eight countries (Austria, Australia, Canada, England, Germany, Italy, Norway and Switzerland). Health care professionals registered patient and disease-related characteristics. A dichotomous score (no/yes) was used to assess the use of ADs other than as an adjuvant for pain. Well-validated self-report questionnaires from patients were used for the assessment of functioning and symptom intensity. Depression was assessed using the Patient Health Questionnaire 9 (PHQ-9).

Results

Of 1051 patient records, 1048 were included with complete data on ADs (M:540/F:508, mean age 62 years, SD 12). The majority (57%) were inpatients, and 85% had metastatic disease. The overall prevalence of AD use was 14% (n=141). Of these 141 patients, 25% fulfilled the criteria for depression measured by PHQ-9 at the time of data collection, while 75% of the patients who used ADs did not fulfil the criteria for depression at the time of assessment. Multivariate logistic regression analyses showed that younger age (OR 2.46; CI 1.32–4.55), female gender (OR 1.59; CI 1.09–2.33), concurrent use of pain medication (OR 2.68; CI 1.65–4.33) and presence of three or more co-morbidities (OR 4.74; CI 2.27–9.91) were associated with AD use for reasons other than pain. Disease-related variables (diagnoses, disease stage, Karnofsky Performance Status and survival) were not associated with the use of ADs.



Primary tumor site



Conclusion

Based on present results the prevalence of AD use was 14% and was associated with female gender, younger age, analgesic use and multiple co-morbidities. However, information is still limited on which variables guide physicians in prescribing AD medication. Longitudinal studies including details on psychiatric and medication history are needed to improve the identification of patients in need of ADs. For more information see the article at: <http://onlinelibrary.wiley.com/doi/10.1002/pon.3541/pdf>

Contact Elene.janberidze@ntnu.no

euro-impact.eu

EURO IMPACT, European Intersectorial and Multidisciplinary Palliative Care Research Training, is funded by the European Union Seventh Framework Programme (FP7/2007-2013, under grant agreement nr [264697]).