

# Depression and Cancer

## General Information About Depression

### KEY POINTS

- Depression is different from normal sadness.
- Some cancer patients may have a higher risk of depression.
- There are many medical conditions that can cause depression.
- Family members also have a risk of depression.

### **Depression is different from normal sadness.**

Depression is not simply feeling sad. Depression is a disorder with specific symptoms that can be diagnosed and treated. For every 10 patients diagnosed with cancer, about 2 patients become depressed. The numbers of men and women affected are about the same.

A person diagnosed with cancer faces many stressful issues. These may include:

- Fear of death.
- Changes in life plans.
- Changes in body image and self-esteem.
- Changes in day to day living.
- Worry about money and legal issues.

Sadness and grief are common reactions to a cancer diagnosis. A person with cancer may also have other symptoms of depression, such as:

- Feelings of disbelief, denial, or despair.
- Trouble sleeping.
- Loss of appetite.
- Anxiety or worry about the future.

Not everyone who is diagnosed with cancer reacts in the same way. Some cancer patients may not have depression or anxiety, while others may have major depression or an anxiety disorder.

Signs that you have adjusted to the cancer diagnosis and treatment include the following:

- Being able to stay active in daily life.
- Continuing in your roles as spouse, parent, or employee.
- Being able to manage your feelings and emotions related to your cancer.

This summary is mainly about depression in adults with cancer. There is a section at the end of the summary about depression in children with cancer.

## **Some cancer patients may have a higher risk of depression.**

There are known risk factors for depression after a cancer diagnosis. Anything that increases your chance of developing depression is called a risk factor for depression. Factors that increase the risk of depression are not always related to the cancer.

Risk factors related to cancer that may cause depression include the following:

- Learning you have cancer when you are already depressed.
- Having cancer pain that is not well controlled.
- Being physically weakened by the cancer.
- Having pancreatic cancer.
- Having advanced cancer or a poor prognosis.
- Feeling you are a burden to others.
- Taking certain medicines, such as:
  - Corticosteroids.
  - Procarbazine.
  - L-asparaginase.
  - Interferon alfa.
  - Interleukin-2.
  - Amphotericin B.

Risk factors not related to cancer that may cause depression include the following:

- A personal history of depression or suicide attempts.
- A family history of depression or suicide.
- A personal history of mental problems, alcoholism, or drug abuse.
- Not having enough support from family or friends.
- Stress caused by life events other than cancer.
- Having other health problems, such as stroke or heart attack that may also cause depression.

## **There are many medical conditions that can cause depression.**

Medical conditions that may cause depression include the following:

- Pain that doesn't go away with treatment.
- Abnormal levels of calcium, sodium, or potassium in the blood.
- Not enough vitamin B12 or folate in your diet.
- Anemia.
- Fever.
- Too much or too little thyroid hormone.
- Too little adrenal hormone.
- Side effects caused by certain medicines.

## **Family members also have a risk of depression.**

Anxiety and depression may occur in family members who are caring for loved ones with cancer. Family members who talk about their feelings and solve problems together are less likely to have high levels of depression and anxiety.

## **Diagnosis of Depression**

### **KEY POINTS**

- There are different types of depression.
- Major depression has specific symptoms that last longer than two weeks.
- Your healthcare provider will talk with you to find out if you have symptoms of depression.
- Physical exams, mental exams, and lab tests are used to diagnose depression.

### **There are different types of depression.**

The type of depression depends in part on the symptoms the patient is having and how long the symptoms have lasted. Major depression is one type of depression. Treatment depends on the type of depression.

### **Major depression has specific symptoms that last longer than two weeks.**

It's normal to feel sad after learning you have cancer, but a diagnosis of major depression depends on more than being unhappy. Symptoms of major depression include the following:

- Feeling sad most of the time.
- Loss of pleasure and interest in activities you used to enjoy.
- Changes in eating and sleeping habits.
- Slow physical and mental responses.
- Feeling restless or jittery.
- Unexplained tiredness.
- Feeling worthless, hopeless, or helpless.
- Feeling a lot of guilt for no reason.
- Not being able to pay attention.
- Thinking the same thoughts over and over.
- Frequent thoughts of death or suicide.

The symptoms of depression are not the same for every patient.

### **Your healthcare provider will talk with you to find out if you have symptoms of depression.**

Your healthcare provider will want to know how you are feeling and may want to discuss the following:

- Your feelings about having cancer. Talking with your doctor about this may help you see if your feelings are normal sadness or more serious.
- Your moods. You may be asked to rate your mood on a scale.

- Any symptoms you may have and how long the symptoms have lasted.
- How the symptoms affect your daily life, such as your relationships, your work, and your ability to enjoy your usual activities.
- Other parts of your life that are causing stress.
- How strong your social support system is.
- All the medicines you are taking and other treatments you are receiving. Sometimes, side effects of medicines or the cancer seem like symptoms of depression. This is more likely during active cancer treatment or if you have advanced cancer.

This information will help you and your doctor find out if you are feeling normal sadness or have depression. Checking for depression may be repeated at times when stress increases, such as if cancer gets worse or if it comes back after treatment.

### **Physical exams, mental exams, and lab tests are used to diagnose depression.**

In addition to talking with you, your doctor may do the following to check for depression:

- **Physical exam and history:** An exam of the body to check general signs of health, including checking for signs of disease, such as lumps or anything else that seems unusual. A history of your health habits, past illnesses including depression, and treatments will also be taken. A physical exam can help rule out other causes of your symptoms.
- **Laboratory tests:** Medical procedures that test samples of tissue, blood, urine, or other substances in the body. These tests help to diagnose disease, plan and check treatment, or monitor the disease over time. Lab tests are done to rule out a medical condition that may be causing symptoms of depression.
- **Mental status exam:** An exam done to get a general idea of your mental state by checking the following:
  - How you look and act.
  - Your mood.
  - Your speech.
  - Your memory.
  - How well you pay attention and understand simple concepts.

## **Treatment of Depression**

### **KEY POINTS**

- The decision to treat depression depends on how long it has lasted and how much it affects your life.
- Counseling or talk therapy helps some cancer patients with depression.
- Antidepressant medicine helps cancer patients with depression.
- There are different types of antidepressants.
- The antidepressant that is best for you depends on several factors.
- Your doctor will watch you closely if you need to change or stop taking your antidepressant.

## **The decision to treat depression depends on how long it has lasted and how much it affects your life.**

You may have depression that needs to be treated if you are not able to perform your usual activities, have severe symptoms, or the symptoms do not go away. Treatment of depression may include talk therapy, medicines, or both.

## **Counseling or talk therapy helps some cancer patients with depression.**

Your doctor may suggest you see a psychologist or psychiatrist for the following reasons:

- Your symptoms have been treated with medicine for 2 to 4 weeks and are not getting better.
- Your depression is getting worse.
- The antidepressants you are taking are causing unwanted side effects.
- The depression keeps you from continuing with your cancer treatment.

Most counseling or talk therapy programs for depression are offered in both individual and small-group settings. These programs include:

- Crisis intervention.
- Psychotherapy.
- Cognitive-behavioral therapy.

More than one type of therapy program may be right for you. A therapy program can help you learn about the following:

- Coping and problem-solving skills.
- Relaxation skills and ways to lower stress.
- Ways to get rid of or change negative thoughts.
- Giving and accepting social support.
- Cancer and its treatment.

Talking with a clergy member may also be helpful for some people.

## **Antidepressant medicine helps cancer patients with depression.**

Antidepressants may help relieve depression and its symptoms. You may be treated with a number of medicines during your cancer care. Some anticancer medicines may not mix safely with certain antidepressants or with certain foods, herbals, or nutritional supplements. It's important to tell your healthcare providers about all the medicines, herbals, and nutritional supplements you are taking, including medicines used as patches on the skin, and any other diseases, conditions, or symptoms you have. This can help prevent unwanted reactions with antidepressant medicine.

When you are taking antidepressants, it is important that you use them under the care of a doctor. Some antidepressants take from 3 to 6 weeks to work. Usually, you begin at a low dose that is slowly increased to find the right dose for you. This helps to avoid side effects. Antidepressants may be taken for a year or longer.

## **There are different types of antidepressants.**

Most antidepressants help treat depression by changing the levels of chemicals called neurotransmitters in the brain, while some affect cell receptors. Nerves use these chemicals to send messages to one another. Increasing the amount of these chemicals helps to improve mood. The different types of antidepressants act on these chemicals in different ways and have different side effects.

Several types of antidepressants are used to treat depression:

- **SSRIs (selective serotonin reuptake inhibitors):** Medicines that stop serotonin (a substance that nerves use to send messages to one another) from being reabsorbed by the nerve cells that make it. This means there is more serotonin for other nerve cells to use. SSRIs include drugs such as citalopram, fluoxetine, and vilazodone.
- **SNRIs (serotonin-norepinephrine reuptake inhibitors):** Medicines that stop the brain chemicals serotonin and norepinephrine from being reabsorbed by the nerve cells that make it. This means there is more serotonin and norepinephrine for other nerve cells to use. Some SNRIs may also help relieve neuropathy caused by chemotherapy or hot flashes caused by menopause. SNRIs include older drugs, such as tricyclic antidepressants, as well as newer drugs like venlafaxine.
- **NDRIs (norepinephrine-dopamine reuptake inhibitors):** Medicines that stop the brain chemicals norepinephrine and dopamine from being reabsorbed. This means there is more norepinephrine and dopamine for other nerve cells to use. The only NDRI currently approved to treat depression is bupropion.

The following antidepressants may also be used:

- Mirtazapine
- Trazodone
- Monoamine oxidase inhibitors (MAOIs)

Other medicines may be given along with antidepressants to treat other symptoms. Benzodiazepines may be given to decrease anxiety and psychostimulants may be given to improve energy and concentration.

## **The antidepressant that is best for you depends on several factors.**

Choosing the best antidepressant for you depends on the following:

- Your symptoms.
- Side effects of the antidepressant.
- Your medical history.
- Other medicines you are taking.
- How you or your family members responded to antidepressants in the past.
- The form of medicine you are able to take (such as a pill or a liquid).

You may have to try different treatments to find the one that is right for you.

## **Your doctor will watch you closely if you need to change or stop taking your antidepressant.**

You may need to change your antidepressant or to stop taking it if severe adverse effects occur or your symptoms are not getting better. Check with your doctor before you stop taking an antidepressant. For some types of antidepressants, your doctor will reduce the dose slowly. This is to prevent side effects that can occur if you suddenly stop taking the medicine.

It is important for you to know what to expect when you change or stop antidepressants. Your doctor will watch you closely while lowering or stopping doses of one medicine before starting another.

## **Suicide Risk in Patients with Cancer**

### **KEY POINTS**

- Cancer patients may feel hopeless at times and think about suicide.
- Certain factors may add to a cancer patient's risk of thinking about suicide.
- An assessment is done to find the reasons for feeling hopeless or thoughts of suicide.
- Controlling symptoms caused by cancer and cancer treatment is important to prevent suicide.

### **Cancer patients may feel hopeless at times and think about suicide.**

Cancer patients sometimes feel hopeless. Talk with your doctor if you feel hopeless. There are ways your doctor can help you.

Feelings of hopelessness may lead to thinking about suicide. If you or someone you know is thinking about suicide, get help as soon as possible. You can get help from the National Suicide Prevention Lifeline **1-800-273-TALK (8255)**. The Lifeline is available 24 hours a day, 7 days a week. The deaf and hard of hearing can contact the TTY Lifeline at **1-800-799-4889**. All calls are confidential. More information about depression and suicide prevention is available from the National Institute of Mental Health.

### **Certain factors may add to a cancer patient's risk of thinking about suicide.**

Some of these factors include the following:

- Having a personal history of depression, anxiety, other mental health problem, or suicide attempts.
- Having a family member who has attempted suicide.
- Having a personal history of drug or alcohol abuse.
- Feeling hopeless or that you are a burden to others.
- Not having enough support from family and friends.
- Being unable to live a normal, independent life because of problems with activities of daily living, pain, or other symptoms.
- Being within the first 3 - 5 months of your cancer diagnosis.
- Having advanced cancer or a poor prognosis.
- Having cancer of the prostate, lung, head and neck, or pancreas.
- Not getting along well with the treatment team.

## **An assessment is done to find the reasons for feeling hopeless or thoughts of suicide.**

Talking about thoughts of hopelessness and suicide with your doctor gives you a chance to describe your feelings and fears, and may help you feel more in control. Your doctor will try to find out what is causing your hopeless feelings, such as:

- Symptoms that are not well controlled.
- Fear of having a painful death.
- Fear of being alone during your cancer experience.

You can find out what may be done to help relieve your emotional and physical pain.

## **Controlling symptoms caused by cancer and cancer treatment is important to prevent suicide.**

Cancer patients may feel desperate to stop any discomfort or pain they have. Keeping pain and other symptoms under control will help to:

- Relieve distress.
- Make you feel more comfortable.
- Prevent thoughts of suicide.

Treatment may include antidepressants. Some antidepressants take a few weeks to work. The doctor may prescribe other medicines that work quickly to relieve distress until the antidepressant begins to work. For your safety, it's important to have frequent contact with a health care professional and avoid being alone until your symptoms are controlled. Your health care team can help you find social support.

## **Depression in Children**

### **KEY POINTS**

- Assessment for depression includes looking at the child's symptoms, behavior, and health history.
- The symptoms of depression are not the same in every child.
- Treatment may be talk therapy or medicine such as antidepressants.
  - Talk therapy is the main treatment for depression in children.

## **Some children have depression or other problems related to cancer.**

Most children cope well with cancer. However, a small number of children may have:

- Depression
- Anxiety
- Trouble sleeping
- Problems getting along with family or friends
- Problems following the treatment plan

These problems can affect the child's cancer treatment and enjoyment of life. They can occur at any time from diagnosis to well after treatment ends. Survivors of childhood cancer who have severe late effects from cancer treatment may be more likely to have symptoms of depression. A mental health specialist can help children with depression.



## **Assessment for depression includes looking at the child's symptoms, behavior, and health history.**

As in adults, children with cancer may feel depressed but do not have the medical condition of depression. Depression lasts longer and has specific symptoms. The doctor may assess a child for depression if a problem, such as not eating or sleeping well, lasts for a while. To assess for depression, the doctor will ask about the following:

- How the child is coping with illness and treatment.
- Past illnesses and how the child coped with the illness.
- The child's sense of self-worth.
- Home life with family.
- The child's behavior, as seen by the parents, teachers, or others.
- How the child is developing compared with other children his or her age.

The doctor will talk with the child and may use a set of questions or a checklist that helps to diagnose depression in children.

## **The symptoms of depression are not the same in every child.**

A diagnosis of depression depends on the symptoms and how long they have lasted. Children who are diagnosed with depression have an unhappy mood and at least four of the following symptoms every day for 2 weeks or longer:

- Appetite changes
- Not sleeping or sleeping too much
- Being unable to relax and be still (such as pacing, fidgeting, and pulling at clothing)
- Frequent crying
- Loss of interest or pleasure in usual activities
- Lack of emotion in children younger than 6 years
- Feeling very tired or having little energy
- Feelings of worthlessness, blame, or guilt
- Unable to think or pay attention and frequent daydreaming
- Trouble learning in school, not getting along with others, and refusing to go to school in school-aged children
- Frequent thoughts of death or suicide

## **Treatment may be talk therapy or medicine such as antidepressants.**

### **Talk therapy is the main treatment for depression in children.**

Talk therapy is the main treatment for depression in children. The child may talk to the counselor alone or with a small group of other children. Talk therapy may include play therapy for younger children. Therapy will help the child cope with feelings of depression and understand their cancer and treatment.

Antidepressants may be given to children with major depression and anxiety. In some children, teenagers, and young adults, antidepressants may make depression worse or cause thoughts of suicide. The Food and Drug Administration has warned that patients younger than age 25 who are taking antidepressants should be watched closely for signs that the depression is getting worse and for suicidal thinking or behavior.

## **To Learn More About Depression**

For more information from the National Cancer Institute about depression, see: Adjustment to Cancer: *Anxiety and Distress*: <https://www.cancer.gov/about-cancer/coping/feelings/anxiety-distress-pdq>

For general information about depression and suicide prevention from the National Institute of Mental Health: <https://www.nimh.nih.gov/>

### **Source**

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