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Expert consensus statement on diagnosis and treatment of cancer-related depressed mood state based on Chinese medicine

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Abstract This consensus statement is organized into six parts: 1) Definitions: cancer-related depressed mood state is defined as a group of depressive symptoms, rather than major depressive disorder. Thus, “cancer-related depression” or “depressed mood state” is introduced as standard terminology and associated with the Chinese medicine concept of “yu zheng” (depression syndrome). 2) Pathogenesis: factors including psychological stress, cancer pain, cancer fatigue, sleep disorders, surgery trauma, chemotherapy, and radiation therapy are strongly associated with cancer-related depressed mood state. Crucial elements of pathogenesis are cancer caused by depression, depression caused by cancer, and the concurrence of phlegm, dampness, and stasis from constrained liver-qi and spleen deficiency. 3) Symptoms: these include core symptoms, psychological symptoms, and somatic symptoms. Depressed mood and loss of interest are the main criteria for diagnosis. 4) Clinical evaluation: based on the Mini-International Neuropsychiatric Interview and a numeric rating scale, and taking mood changes during cancer diagnosis and treatment into consideration, a questionnaire can be drafted to distinguish between major depressive disorder and cancer-related depression. The aim is to assist oncology clinicians to identify, treat, and refer patients with cancer-related depression. 5) Diagnosis: diagnosis should be based on the Chinese Classification for Mental Disorders (CCMD-3), taking patients’ mood changes during diagnosis and treatment into consideration. 6) Treatment: treatments for cancer-related depression must be performed concurrently with cancer treatment. For mild depression, non-pharmacologic comprehensive therapies, including psychological intervention, music therapy, patient education, physical activity, and acupuncture, are recommended; for moderate depression, classical Chinese herbal formulas based on syndrome pattern differentiation combined with antidepressants are suggested; for severe depressive symptoms that have progressed to major depressive

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disorder, patients should be referred to a psychiatric clinician for specialized care.

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Background

During the process of cancer onset, development, diagnosis, and treatment, patients are affected by fear of death, physical and social incapacitation, mental distress, a decline in quality of life, and various depressive symptoms, such as depressed mood, loss of interest, pessimistic thoughts, and guilt. In China, most patients know little about disease diagnosis, treatment, and rehabilitation. As a result, clinicians find it difficult to communicate with their patients freely. Social culture and personality may make patients reluctant to reveal mental and emotional problems. Therefore, as the cancer progresses, there is a dramatic rise in somatic complaints, leading to a concomitant increase in incidence of depression and risk of suicide.

In the clinical setting, more attention is paid to curative effects and survival rates than to the mental wellbeing of patients. Additionally, depressive symptoms, including anorexia, insomnia, and pain, are often obscured by cancer symptoms, making it more difficult for clinicians to recognize cancer-related depressed mood state. Recent data indicate that in China less than 10% of cancer patients with depression are diagnosed and offered mental health counseling and treatment.¹ To help oncology clinicians improve their ability to recognize and treat cancer-related depression, the Hematology Branch of the China Association of Chinese Medicine, Department of Hematology and Oncology, Dongzhimen Hospital affiliated to Beijing University of Chinese Medicine, drafted this consensus guideline on the diagnosis and treatment of cancer-related depression (Chinese medicine version), hereafter referred to the Consensus. The content of the Consensus drew upon the clinical experience and advice of oncology experts throughout China. Based on the concepts of multi-discipline comprehensive treatment, and complying with evidence-based and common practice, as well as practicality, experts in oncology, psychiatry, and neurology discussed and offered recommendations on several aspects of cancer-related depression. The initial symposium addressed definitions, pathogenesis, clinical presentation, screening, diagnosis, and treatment. In the second symposium, psychology experts in counseling and clinical assessment contributed detailed recommendations on the draft created in the first symposium. In the third symposium, experts affirmed the content of the Consensus, agreeing on the definition, clinical presentation, diagnostic criteria, screening instrument, and treatment of cancer-related depression.

Definition of cancer-related depressed mood state

Cancer-related depressed mood state refers to a pathologic depressive state or Chinese medicine syndrome pattern

that occurs during the diagnosis and treatment of cancer. It is characterized by depressed mood, loss of interest, fatigue and lack of energy, pessimistic thoughts, guilt, and suicide tendency. Cancer-related depression is defined as a group of depressive symptoms, or depressed mood state, rather than a major depressive disorder. Thus, "cancer-related depression," or "depressed mood state," is hereafter incorporated in the Consensus statement as standard terminology. In traditional Chinese medicine (TCM), the definition of cancer-related depressed mood state as well as its clinical presentation of depressed mood, fullness and oppression in the chest and abdomen, distention and pain in the hypochondriac regions, irritability, and foreign-body sensation in the throat, reflect a Chinese medicine diagnosis of "yu zheng", or syndrome pattern of depression.

Etiology of cancer-related depressed mood state

Risk factors and triggers

Psychological factors

Psychological factors are closely linked with the occurrence of depression in persons with cancer. When they are being evaluated and treated for their disease, the emotional stress they experience can elevate levels of stress hormones. The underlying biomedical mechanism may lie in hypothalamus–pituitary–adrenal axis hyperactivity, stimulated by prolonged and intense stressors, leading to alteration in the sympathetic nerve system and peptide and cytokine activity via hypersecretion of glucocorticoid.²

Cancer pain

Cancer pain, especially unmanageable severe pain and side effects caused by analgesics, are physical and mental stressors and may induce and exacerbate depressed mood state.

Cancer-related fatigue

Cancer fatigue is a common symptom, and its treatment and can last for months or years. Continuous fatigue contributes to depressed mood and decreased quality of life. Fatigue occurs concomitantly and interacts with depressive status.³

Sleep disorders

Cancer patients typically have varying degrees of sleep disturbance, which is correlated with anxiety and depression as well as substantial decrease in quality of life.^{4–6}

Surgery

Changes in patients' emotions before and after surgery, are often related to tumor location and the type of operation.

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