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A Systematic Review and Meta-Analysis of Demoralization and Depression in Patients With Cancer

Pei-Ling Tang, R.N., M.S.N., Hsiu-Hung Wang, R.N., Ph.D., Fan-Hao Chou, R.N., Ph.D.

Background: Demoralization is a psychological response that is frequently observed in patients with cancer or advanced diseases. Depression and demoralization syndrome in patients with cancer are closely related to suicidal behavior. **Objective:** The purpose of this study was to explore the factors affecting demoralization of patients with cancer from a depression perspective, to assist with distinguishing patient emotions and provide appropriate intervention as early as possible, thereby enabling patients to receive proper care. **Methods:** A systematic review and meta-analysis was employed in this study. The databases included Cumulative Index for Nursing and Allied Health Literature, Cochrane, PubMed, MEDLINE, PsycINFO, and Centre for European Policy Studies, and reference lists of articles. Experts in this field also were contacted. Based on inclusion criteria, 2 investigators selected the research and reviewed each study's quality according to the Newcastle-Ottawa Scale. Five

correlational studies with 32 subjects were identified. **Results:** The countries of studies included Australia, Germany, Taiwan, and the United States. There was a statistically significant difference in depression between patients with cancer in the high-demoralization group and those of the low-demoralization group (odds ratio = 9.65, 95% CI: 6.99–13.33, $Z = 15.002$, $p < 0.0001$). Four studies regarded demoralization and depression as distinguishable.

Conclusions: The demoralization of patients with cancer was highly correlated with depression. Therefore, the suicide risk of demoralized patients without depression must also be assessed to prevent patients with high suicide risk from being neglected. If medical staff can perceive patient's demoralization issues earlier, they can more effectively prevent patients' depression from occurring, which benefits suicide prevention.

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Demoralization syndrome is a new issue in hospice, cancer, and advanced diseases care and a developing diagnostic model.¹ When patients cannot effectively manage stressful situations they feel a sense of helplessness and incompetence, which results in the feeling of lost significance and purpose in life. This psychological reaction is common among patients with advanced cancer or in the elderly with somatic illnesses or diseases.^{1,2} Before demoralization was officially termed, Engel described the demoralization structure using the concept of the “given-up complex”; he demonstrated that demoralization represents a psychological state of discouragement, a feeling of being unable to cope, as well as helplessness and

hopelessness.³ Frank defined the demoralization syndrome as a persistent inability to cope, and a sense of helplessness, hopelessness, meaninglessness, subjective incompetence, and loss of self-esteem.⁴ Kissane et al.

Received April 24, 2015; revised June 9, 2015; accepted June 9, 2015. From the Department of Nursing, Kaohsiung Veterans General Hospital, Kaohsiung City, Taiwan, ROC (PLT, HHW, FHC); College of Nursing, Kaohsiung Medical University, Kaohsiung City, Taiwan, ROC (PLT, HHW, FHC). Send correspondence and reprint requests to Fan-Hao Chou, R.N., Ph.D., College of Nursing, Kaohsiung Medical University, 100, Shih-chuan 1st Road, Kaohsiung 807, Taiwan, ROC; e-mail: fanhao@kmu.edu.tw

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officially proposed the concept of demoralization syndrome.⁵ Grassi *et al.* used the Diagnostic Criteria for Psychosomatic Research as the standard for diagnosing psychosomatic disorders in patients with cancer, indicating that 28.8% of patients with cancer exhibited demoralization.⁶

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviors, feelings, and sense of well-being.⁷ People with depressed mood may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, ashamed, or restless. It has been noted that patients with advanced cancer had a depression prevalence of 15%–20%.⁸ Patients with cancer also had higher suicide rates compared with those in the general population.⁹ It is important to use the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition (DSM-5), or the International Statistical Classification of Diseases, Tenth Revision, for diagnosing major depressive disorder or assessing depression in clinical treatment. Demoralization is listed as a possible precondition of major depressive disorder, an incidence of depression, or both. However, the symptoms of, and side effects caused by, chemotherapy or radiation therapy in patients with cancer, including fatigue, sleep disorder, and anorexia, overlap with depression symptoms. This overlap increases the difficulty of distinguishing between demoralization and depression, thereby delaying treatment.^{1,2} Because depression and demoralization syndrome in patients with cancer are closely related to suicidal behavior, the suicide risk increases when health care professionals fail to identify patients' suicidal ideation.¹⁰ Their demoralized emotions may affect patients, influencing their capacity and willingness to receive treatments. If patients with cancer are unable to be cared for and evaluated properly, demoralization in nearly one-fourth of patients with cancer can be overlooked causing patients to exhibit social withdrawal and suicidal ideation. Therefore, health care professionals must increase the screening of emotional disorders in patients with cancer and actively intervene to manage patients' depression and demoralization issues.

Owen *et al.* indicated that suicidal ideation in patients with cancer is caused by hopelessness or depression and that these emotions are different.¹¹ Previous psychiatric studies have focused on patients' emotional disorders or effects and have neglected the influence of disease experience on personal meaning. Therefore, clarifying the concept

of demoralization and the relationship between demoralization and depression is vital in clinical treatment.⁷ In this study, we conducted a systematic review, meta-analysis, and integration to gain insight into the psychology of demoralization and depression in patients with cancer. The results are expected to assist with distinguishing patients' emotions and provide appropriate intervention as early as possible, thereby making it possible for patients to receive proper care.

METHODS

Literature-Searching Strategies and the Screening Process

This study adopted a systematic review method before meta-analysis to explore the relationship between demoralization and depression in patients with cancer. The following steps were used to conduct the screening process before undertaking a critique and synthesis of the retrieved literature.¹² We typed keywords, such as "cancer," "demoralization," and "depression" into 5 databases, namely, PerioPath: Index to Taiwan Periodical Literature System, Centre for European Policy Studies, Cumulative Index for Nursing and Allied Health Literature, the Cochrane Library, PsycINFO, and PubMed/MEDLINE, to search for studies written in Chinese and English and published before August 2012. Databases returned most of the articles (32) with the use of the keywords. We began with this initial set and compared these with articles found on other databases and removing repetitive studies. The flow diagram in [Figure](#) shows the search process used in this review. Studies unrelated to cancer and the medical and nursing fields and not original research were excluded (17).

In all, 15 studies related to demoralization or depression and cancer were evaluated. Reviewing the title and abstract enabled the exclusion of studies that did not focus on exploring factors influencing the psychological aspects of demoralization and depression in patients with cancer. Of the 15 studies, those that were not correlated were also excluded. Of these, 5 were excluded from the review ([Figure](#)): 2 of them were psychosocial findings from a randomized study.^{13,14} Of these, 1 was a qualitative study.¹⁵ Another involved approaches to clinical management.¹⁶ The other one focused on the diagnosis and treatment of major

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