

Review Article

How Are Patient Populations Characterized in Studies Investigating Depression in Advanced Cancer? Results From a Systematic Literature Review

Elene Janberidze, MD, Marianne Jensen Hjermsstad, PhD,
Dagny Faksvåg Haugen, MD, PhD, Katrin Ruth Sigurdardottir, MD,
Erik Torbjørn Løhre, MD, Hanne Cathrine Lie, PhD, Jon Håvard Loge, MD, PhD,
Stein Kaasa, MD, PhD, and Anne Kari Knudsen, MD, PhD, on behalf of EURO
IMPACT

European Palliative Care Research Centre (PRC) (E.J., M.J.H., D.F.H., K.R.S., E.T.L., S.K., A.K.K.), Department of Cancer Research and Molecular Medicine, Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim; Department of Oncology (E.J., E.T.L., S.K., A.K.K.), St. Olavs Hospital, Trondheim University Hospital, Trondheim; Regional Centre for Excellence in Palliative Care (M.J.H.), South Eastern Norway, Oslo University Hospital, Oslo; Regional Centre of Excellence for Palliative Care (D.F.H., K.R.S.), Western Norway, Haukeland University Hospital, Bergen; Sunniva Centre for Palliative Care (K.R.S.), Haraldsplass Deaconess Hospital, Bergen; Department of Behavioural Sciences in Medicine (H.C.L., J.H.L.), Institute of Basic Medical Science, Faculty of Medicine, University of Oslo, Oslo; and National Resource Centre for Late Effects after Cancer Treatment (J.H.L.), Oslo University Hospital, Oslo, Norway

Abstract

Context. Prevalence rates of depression in patients with advanced cancer vary considerably. This may be because of heterogeneous samples and use of different assessment methods. Adequate sample descriptions and consistent use of measures are needed to be able to generalize research findings and apply them to clinical practice.

Objectives. Our objective was twofold: First, to investigate which clinically important variables were used to describe the samples in studies of depression in patients with advanced cancer; and second, to examine the methods used for assessing and classifying depression in these studies.

Methods. PubMed, PsycINFO, Embase, and CINAHL were searched combining search term groups representing “depression,” “palliative care,” and “advanced cancer” covering 2007–2011. Titles and abstracts were screened, and relevant full-text articles were evaluated independently by two authors. Information on 32 predefined variables on cancer disease, treatment, sociodemographics,

Address correspondence to: Elene Janberidze, MD, European Palliative Care Research Centre (PRC), Department of Cancer Research and Molecular Medicine, Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Kunnskapssenteret 4.etg.,

St. Olavs Hospital, N-7006 Trondheim, Norway.
E-mail: elene.janberidze@ntnu.no

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depression-related factors, and assessment methods was extracted from the articles.

Results. After removing duplicates, 916 citations were screened of which 59 articles were retained. Age, gender, and stage of the cancer disease were the most frequently reported variables. Depression-related variables were rarely reported, for example, antidepressant use (17%) and previous depressive episodes (12%). Only 25% of the studies assessed and classified depression according to a validated diagnostic system.

Conclusion. Current practice for describing sample characteristics and assessing depression varies greatly between studies. A more standardized practice is recommended to enhance the generalizability and utility of findings.

Stakeholders are encouraged to work toward a common standard for sample descriptions. *J Pain Symptom Manage* 2014;48:678–698. © 2014 American

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Key Words

Advanced cancer, palliative care, depression, generalizability, assessment

Introduction

Depression is probably the most studied psychiatric disorder in advanced cancer patients,¹ with reported prevalence rates ranging from 3% to 58%.^{2,3} The great variability in prevalence rate estimates reflects in part the heterogeneity of the populations studied and in part the lack of agreed-on standards for defining and assessing depression in this patient group. Thus, clear descriptions of the study sample and of the assessment methods are necessary to judge the generalizability of study findings and their relevance for clinical practice.⁴

Common symptoms of advanced cancer disease, such as fatigue, lack of appetite, and sleep problems, are also used as diagnostic criteria for depression (e.g., *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition [DSM-V]; *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision* [ICD-10]).^{5,6} Depending on which symptoms are included in the different depression assessment methods, the extent of the cancer disease may to varying degrees inflate the number of false-positive depression cases and consequently threaten the validity of the depression assessment and influence prevalence rate estimates.^{7–12} Furthermore, a systematic literature review published in 2009, covering the period from 1966 to 2007, demonstrated that 106 different assessment tools for depression were applied in studies in palliative cancer care and that a validated diagnostic system

was used only in a minority of the studies.¹³ If these diverse assessment practices still dominate, is not known. However, to reduce the problem of the great variation in sample descriptions and depression assessment methods as presented in the literature, the European Union-funded European Palliative Care Research Collaborative (www.eprc.org) worked toward developing a standardized assessment and classification system for common symptoms in palliative care cancer patients.¹⁴ This work has been continued within the European Palliative Care Research Centre (www.ntnu.edu/prc), an international research collaborative with the overall aim to improve symptom management and research quality in palliative care.

Adding to the problem of a valid assessment of depression, is the heterogeneous nature of advanced cancer populations with regard to age, diagnosis, extent of the cancer disease, survival, symptom burden, comorbidity, physical functioning, and need for treatment and follow-up.^{15–17} A precise characterization of the study sample is needed to be able to compare results across studies and transfer research findings to clinical practice.^{4,18,19} An international expert group recently emphasized poor and unsystematic reporting of sample characteristics in clinical studies in palliative care as an important barrier for conducting high-quality research.²⁰ Standardized descriptions of patient samples have been advocated for clinical studies in general.

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