Symptom Management Algorithm

Depression in adults with cancer
Symptom Management Algorithm – Depression in Adults with Cancer

Screen for distress and depressive symptoms using a validated measure (ESAS-r*, PHQ-9 etc.)

Use a validated measure such as ESAS-r and/or the Patient Health Questionnaire (PHQ-9) to assess for depressive symptoms and monitor treatment response when a patient enters the system, at critical times in disease and/or treatment process, at points of transition (post- treatment survivorship, palliative or end-of-life), or during other stressful life course events (life crisis, personal transitions).

Review symptom report(s) with the patient/caregiver address any other distressing symptoms that the patient identifies as important

<table>
<thead>
<tr>
<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
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<tbody>
<tr>
<td>ESAS-r (1-3) or PHQ-9 (0-9)</td>
<td>MILD</td>
<td>MODERATE</td>
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<tr>
<td>ESAS-r (4-6) or PHQ-9 (10-14)</td>
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<td>ESAS-r (7-10) or PHQ (15-27)</td>
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Determine if the patient’s depressive symptoms are related to a medical contributor such as pain

Determine if the patient is under the care of a professional for depressive symptoms

Determine if the patient requires further support?

Ask the following questions to determine (or clarify) the severity of depressive symptoms

1. How long have you been feeling down or depressed…more than 2 weeks?
2. Do you feel down or depressed most of the time these days? (most of the day nearly every day, or is this a feeling that comes and goes?)
3. Have you lost interest or pleasure in all or most activities?
4. Is feeling down or depressed impairing your daily living or functioning?

YES (to any of the above questions)

YES

NO

For a symptom score showing mild depression:
- Provide patient guide How to Manage Your Depression along with other supportive care education
- Provide information about community peer led support groups or other support services such as counseling

Further assessment for complicating factors

Refer to Psychosocial Oncology (PSO)

When people are feeling down, they can have thoughts of ending their life. Are you having these thoughts?

Is there a chance you would do something to end your life?
Depression in Adults with Cancer

*See appendix for information on the stepped care model and treatment types


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**Determine if complicating factors are present**

1. If the patient lives alone and is unable to identify a support system (friends/family)
2. If the patient has a history of mental illness (major depression, persistent depressive disorder etc.)
3. If alcohol or substance abuse is a contributing factor
4. If comorbid anxiety is present
5. If there are any other current life stressors (unrelated to cancer diagnosis) that may be contributing to depression

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**MODERATE**

**SEVERE**

**NO COMPELLING FACTORS IDENTIFIED**

BEGIN TREATING UNCOMPLICATED DEPRESSION OR REFER TO PSO

**COMPELLING FACTORS IDENTIFIED**

REFER TO PSO FOR FURTHER ASSESSMENT AND TREATMENT
APPENDIX: Stepped Care Model

**Step 1:** All known and suspected presentations of depression

- **Psycho-education:** Evidence-based therapeutic intervention for patients and their loved ones that provides information and support to better understand and cope.
- **Active monitoring**
- **Referral for further assessment and interventions**

**Step 2:** Persistent subthreshold depressive symptoms; mild to moderate major depression

- **Low-intensity psychosocial intervention:** Structured group physical activity programs, group based peer support or self help programs, and guided self help programs based on CBT, Behavioural Activation or problem solving techniques
- **Medication as needed:** Anti-depressant medication should be reserved for moderate to severe depression but can be considered for sub-threshold or mild depressive symptoms persisting after initial interventions or that interfere with engagement of cancer treatment

**Step 3:** Persistent subthreshold depressive symptoms; mild to moderate major depression WITH inadequate response to initial interventions; initial presentation of severe major depression

- **Medication:** See full depression algorithm for table of standard first line anti-depressants
- **High-intensity psychosocial interventions:** Individual or group CBT, behavioural couples’ therapy, and individual or group supportive expressive psychotherapies
- **Collaborative care:** Active collaboration between the oncologist or primary care provider and a patient care manager (nurse, social worker, psychologist), with pharmacological treatment supervised by a consulting psychiatrist as needed

**Step 4:** Complex depression with suicidality, self-neglect or psychosis

- **Psychiatric admission**
- **Combined treatment**
References

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