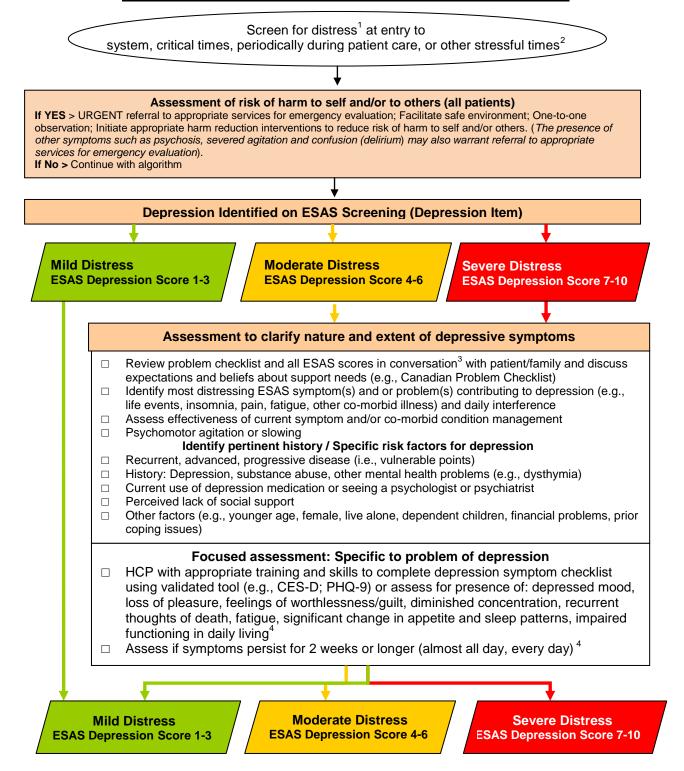
### Screening and Assessment - Depression\* in Adults with Cancer



#### \*In this algorithm the use of the word depression refers to the ESAS screening scale and not to a clinical diagnosis

- 1. Use Screening for Distress Tool (SDT), which includes Edmonton Symptom Assessment System (ESAS) and Canadian Problem Checklist (CPC).
- 2. At initial diagnosis, start of treatment, regular intervals during treatment, end of treatment, post-treatment or at transition to survivorship, at recurrence or progression, advanced disease, when dying, and during times of personal transition or re-appraisal such as family crisis, during post-treatment survivorship and when approaching death. (CAPO guideline: "Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient" by Howell et al, 2009; Cancer Care Nova Scotia Distress Management Pathways, draft 2010).
- 3. The health care team for cancer patients may include surgeons, oncologists, family physicians, nurses, social workers, psychologists, patient navigators and other health care professionals (HCPs).
- 4. DSM-IV criteria The DSM-IV criteria can be used by a range of health care professionals, with specific training and skills.

### Care Map - Depression\* in Adults with Cancer

#### Mild Distress ESAS Depression Score 1-3

# **Moderate Distress ESAS Depression Score 4-6**

# Severe Distress ESAS Depression Score 7-10

- No or minimal symptoms of depression
- Recent life event(s) such as bereavement or loss
- Level of grief appropriate for loss ("normal" response, NCCN) with gradual resolution over weeks / months
- Effective coping skills and access to social support
- Moderate to high levels of distress (does not meet criteria for high risk but two or more symptoms present for two weeks) and / or Impairment of functioning in daily living
- Risk factors (e.g., gaps in social support or effective coping mechanisms
- Depressed mood and / or loss of pleasure for 2 weeks
- 4 additional symptoms: Feelings of worthlessness and / or guilt, Insomnia or hypersomnia, Weight gain or loss
- Psychomotor agitation or retardation
- Fatigue
- Risk factors
- Risk of harm to self and/or others > URGENT referral to appropriate services; Facilitate safe environment; One-to-one observation; Initiate harm reduction interventions to reduce risk of harm to self and/or others

#### Care Pathway 1

Prevention & Supportive Care

<u>Care Pathway 2</u> Psychosocial Care and /or consider

referral to Physician/ Psychologist/ Psychiatrist

#### Care Pathway 3

Referral to Physician/ Psychologist/ Psychiatrist

#### Offer referral to psychosocial support (e.g., counselling, support groups, individual)

#### Intervention Options

Combine pharmacological and nonpharmacological interventions as appropriate

Referral to other services as required (e.g., psychosocial team, physician, psychologist, psychiatrist)

#### **Definite Diagnosis Needed**

Referral to appropriate services for evaluation and definitive diagnosis

#### **Intervention Options**

Psychiatric standard of care

**Non-Pharmacological:** Psycho-education and psychosocial interventions (specifically cognitive-behavioural therapy, patient education and information, counselling and psychotherapy, behavioural therapy, and social support); Relaxation therapy (ONS)

**Pharmacological:** A number of anti-depressants are recommended for treatment of depression with choice informed by side effect profiles, interactions, response, patient preference (see appendices). Monitor for adverse events.

With care team review the plan for management of depression and other physical symptoms and need for referral unless automatic red flag generated for severe depression (e.g., pain)

### Supportive Care Interventions for All Patients, As Appropriate

- Offer referral to psychosocial support (e.g., counselling, support groups, individual)
- Provide education (verbal plus any relevant materials) for the patient and family about:
  - How common emotional distress is in the context of cancer and differing responses
  - Benefits of support groups and other support services
  - Sources of informal support, resources available to patients and families (e.g., accommodation, transportation, financial assistance, additional health/drug benefits)
  - Need for additional psychosocial support if signs and symptoms of depression worsen with specific information regarding symptoms to warrant a call to the physician or nurse.
  - Coping with stress and specific strategies (i.e. relaxation approaches)
  - How to effectively manage symptoms contributing to depression (e.g., fatigue, sleep disturbances)

## Follow-Up and ongoing re-assessment<sup>1</sup> and change (reduction) from previous score

#### \*Refer to the full technical guideline document for the evidentiary support for this algorithm.