



Cancer Care Ontario



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

MILD
ESAS-r (1-3) or PHQ-9 (0-9) MILD

MODERATE
ESAS-r (4-6) or PHQ-9 (10-14)

SEVERE
ESAS-r (7-10) or PHQ (15-27)

YES Determine if the patient's depressive symptoms are related to a medical contributor such as pain

NO

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

YES

NO

NO Determine if the patient requires further support?

YES

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?

NO

YES
(to any of the above questions)

MILD

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

MODERATE

Further assessment for complicating factors

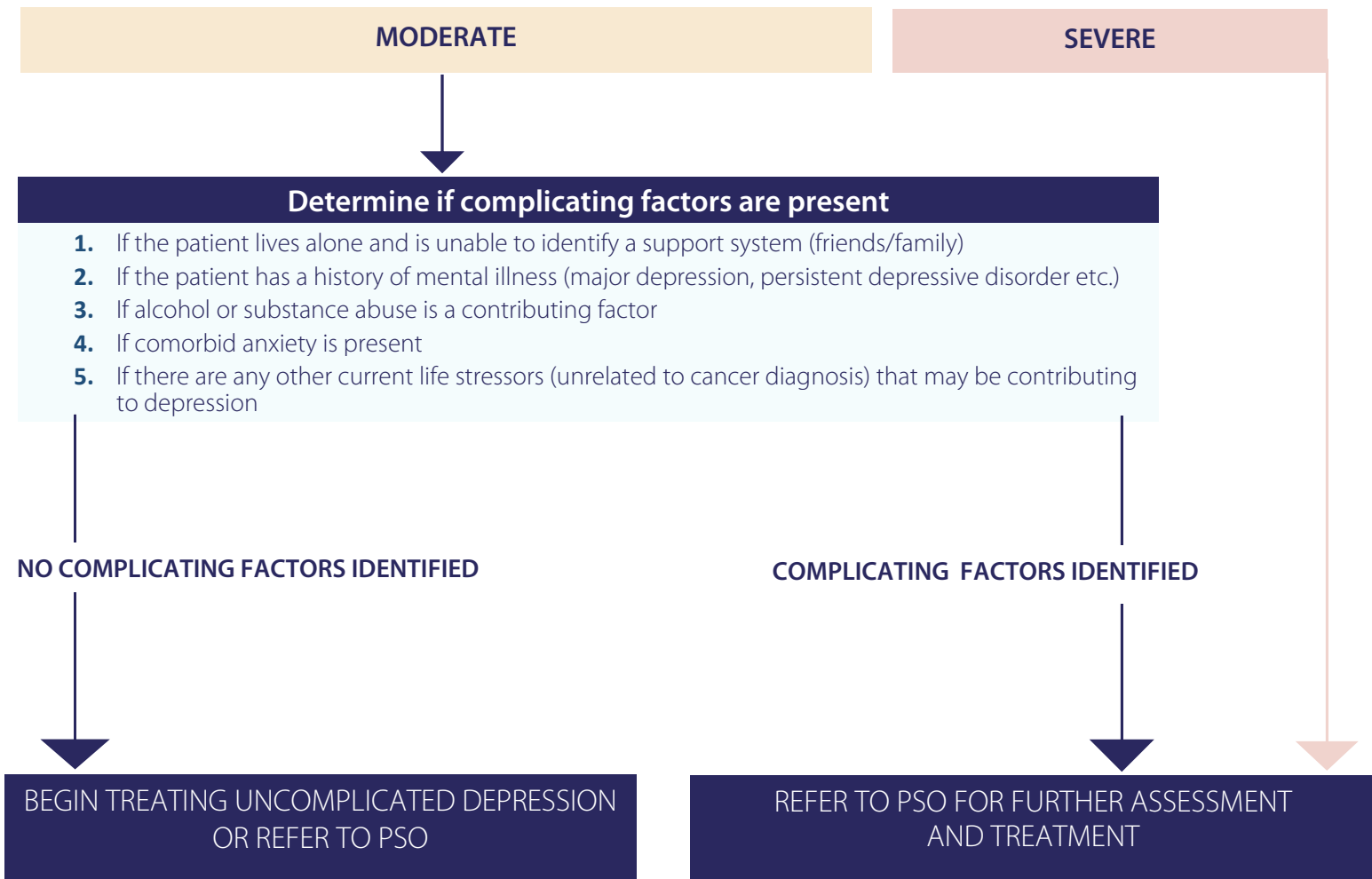
SEVERE

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?

ASSESS SUICIDE RISK & FOLLOW EMERGENCY PROTOCOL



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

*See full Depression Symptom Management Guideline for further information on the assessment and appropriate management of cancer-related depression. <https://www.cancercareontario.ca/en/symptom-management/3986>

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**

This document has been adapted from the Algorithms for Cancer-related Distress, Depression and Global Anxiety. Canadian Association of Psychosocial Oncology (CAPO), 2015. All rights reserved.

References

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Howell et al. Screening, Assessment and Management of Psychosocial Distress, Anxiety and Depression, Canadian Association of Psychosocial Oncology (CAPO) 2015. <https://www.capo.ca/resources/Documents/Guidelines/4.%20Algorithms%20for%20Cancer-related%20Distress,%20Depression%20and%20Global%20Anxiety.pdf>

Acknowledgements

Mark Katz, Doris Howell, Madeline Li, Sari Greenwood, Zahra Ismail, Carole Mayer, Lorraine Martelli, Mhairi Kubko, Colleen Fox, Jessica Bonney, Debora Stark, Nicole Montgomery & the Psychosocial Oncology Screening Questions Working Group

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Published in April 2019 - Content to be Reviewed in 2023