Decrease the Length of Hospital Stay in Depressed Cancer Patients: Nurses Should be Involved

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Abstract   Cancer is one of the most life threatening illnesses worldwide, which can be associated with severe depression in patients. Depression can negatively affect the prognosis of cancer and increase hospital stays. Nurses are directly involved in providing care for cancer patients over the entire course of cancer prognoses. However, the nurse role in assessment and management of depression in cancer patients is not well-defined. The purpose of this article is to identify the nursing role in assessment and management of depression in cancer patients, and to provide recommendations for future research regarding assessment and management of depression in cancer patients. Literature review of relevant articles was conducted using the PubMed and CINAHL electronic databases. Articles that were not published in English, and articles that were published since more than 10 years were excluded from review. Other articles were not included because of redundant data. Nurses should anticipate depression and be aware of its risk factors. They should accurately assess patients' concerns and immediately report any suicide risk to the supervising psychiatrist. To better assess depression in cancer patients, nurses should use specific and valid screening tools. Nurses can participate in different management modalities for depressed cancer patients. In case of severe depression, antidepressants are the drugs of choice. When depression is mild, many psychotherapeutic and psychosocial interventions can be effective. The article provides a discussion about some important roles for nurses in these interventions. Other innovative methods that nurses can use to meet the psychosocial health needs of cancer patients are provided. Recommendations for future research include using a control group in future studies, conducting more prospective studies, focusing on nonpharmacologic interventions, and conducting qualitative studies about experiences of specific cancer patients. These studies can provide valuable data to improve nursing care for depressed cancer patients, and ultimately decrease the length of their hospital stay.

Keywords: cancer, depression, nurse, assessment, management

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1. Introduction

Cancer is considered one of the most life threatening illnesses worldwide, which can be associated with severe psychological burdens on the patients [1]. Unsurprisingly, many studies have described the high prevalence of depression in patients with cancer [2,3,4,5]. For example, reference [3] found that depression prevalence rate in cancer patients is 66.72 %, and the prevalence rate differs according to the type of cancer, as the highest rate of depression was found in lung cancer (77.19 %) and esophagus cancer (75.81 %), while slightly lower rates were reported in cervix cancer (71.13 %), liver cancer (68.42 %), head and neck cancer (60.62 %), stomach cancer (63.40 %), breast cancer (57.9 %), and colorectal cancer (54.37 %).

The cancer patients with depression may experience changes in appetite or weight, changes in the sleep pattern and psychomotor activity, feeling sad, feeling worthless, feeling guilt, and in severe cases they have suicidal ideas and frequent thoughts of death [6]. In addition, cancer patients with depression may present with loss of energy and interest and hopelessness [7]. These symptoms can increase length of hospital stay in cancer patients and increase cost of treatment for those patients.

Literature review revealed that depression is the most common psychiatric symptom in cancer patients [2]. Unfortunately, depression is associated with a poorer outcome and can negatively affect the prognosis of cancer [5]. If the depression in cancer patients was not treated, the prognosis of cancer will get worse because low mood is associated with low immunity [8]. Moreover, in cancer patients, depression is associated with poor quality of life, impairment in the social and occupational functioning, decrease of pain tolerance, and longer hospital stays [9]. To prevent all of the previously mentioned negative impacts of depression on cancer patients, health care professionals should use evidence based management modalities for assessment and management of depression in cancer patients. Nurses are directly involved in

providing care for depressed cancer patients over the entire course of their illness. However, the nurse role in assessment and management of depression in cancer patients is not clearly defined in the literature. The purpose of this article is to identify the nursing role in assessment and management of depression in cancer patients, and to provide recommendations for future research regarding nursing assessment and management of depression in cancer patients.

2. Methodology

Literature review of relevant articles was conducted using the PubMed and CINAHL electronic databases. Keywords included in search are: "cancer", "depression", "nurse", "assessment", "management" and a combination thereof. Articles that were not published in English, and articles that were published since more than 10 years were excluded from review. Other articles were not included because of redundant data, and not being directly relevant to the topic of interest.

3. Results

Based on the review of literature, this paper first presents different roles of nurses in assessment and management of depression in cancer patients. Next, the paper provides recommendations for future research regarding nursing assessment and management of depression in cancer patients. The results highlighted different aspects of nursing practice and research.

3.1. Role of Nurses in Assessment of Depression in Cancer Patients

Nurses can play a vital role in assessment and prevention of depression in cancer patients. The role of nurses in assessment and prevention of depression in cancer patients starts in the initial contact with the patients. First of all, it is important that the nurse should anticipate depression in all cancer patients as a response to cancer diagnosis and symptoms, and as a response to certain treatments that are associated with depression in cancer patients; example of treatments that are associated with depression in cancer patients is the chemotherapy [1]. In addition, the nurse should be aware of the other risk factors for depression in cancer patients. According to [10], the most important risk factors for depression in cancer patient are the history of previous mental illness, presence of severe painful symptoms, and lack of social support. It is highly recommended that nurses anticipate depression in cancer patients with these risk factors. In addition, there are other factors that can increase the risk of depression in cancer patients such as the high level of pain, low level of education, old age, and poor performance status [3]. It is imperative that nurses have good communication skills to be able to elicit patients' concerns and immediately report any suicide risk to the supervising psychiatrist. However, to accurately assess depression in cancer patients, nurses should utilize specific and valid tools such as Hospital Anxiety and Depression scale [11]. It is strongly recommended that nurses should use a valid screening tool for depression in cancer patients as a routine task while providing nursing care. For assessment of depression, using self-evaluation instrument, however, is not adequate; it is important to use a semi-structured clinical interview, especially, for those patients who have scores higher than the cut-off score on self-evaluation instrument which indicates presence of depression. Hospital Anxiety and Depression Scale (HADS) is an example of self-report screening tool with a cut-off score of 8 [11]. For diagnosis of depression, the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-V-TR) criteria for diagnoses of depression should be used to specify and differentiate between depression as a symptom and depression as a mental disorder [12].

3.2. Role of Nurses in Management of Depression in Cancer Patients

Nurses can play a vital role in management of depression in cancer patients. First of all, it is important that nurses be aware about the evidence-based management modalities for depression in cancer patients. Management of depression in cancer patients depends on the severity of depressive symptoms. In case of severe depression, antidepressants are the drugs of choice [13]. Antidepressants have many classifications such as tricyclic antidepressants, noradrenergic reuptake inhibitors, selective serotonin reuptake inhibitors, and serotonin noradrenaline reuptake inhibitors. Antidepressants are carefully prescribed based on the patient risk factors, the severity of depression, and patient response to the treatment [8]. Nurses should have a role in educating the patients about management of side effects of antidepressant medications. In addition, it is very important to evaluate the effectiveness of antidepressant not only based on a simple rating scale which specify the reduction in severity of depression, but also to evaluate the functional recovery and the overall improvement in quality of life for the patient [14]. To achieve this goal, a multi-disciplinary team should work together and evaluate the condition of the patient based on evidence-based knowledge in the psychosocial assessment of patients with cancer. When depression is mild, psychotherapeutic and psychosocial interventions can be an effective choice for management of depression [13]. Examples of psychosocial interventions that demonstrated effectiveness in controlling depression in cancer patients are psychoeducation, cognitive-behavioral, and supportive–expressive therapy [15]. Moreover, other complementary therapies such as acupressure, breathing exercises, hypnosis, guided imagery, relaxation, and emotive imagery were reported to be effective in management of many psychological symptoms including depression in cancer patients [16]. Unsurprisingly, despite the advancement in pharmacological interventions for management of depression and other psychological symptoms, patients with cancer are more likely to prefer psychosocial interventions for the management of their psychological symptoms to pharmacotherapy [17]. This can be due to their desire to avoid the side effects of antidepressant medications.

Nurses should provide an ongoing support to the patients diagnosed with cancer and help them to use

problem-solving skills. Moreover, the nurse should acknowledge the medical prognosis of the patient and choose realistic solutions in terms of the prognosis of patients [18].

The nurse can also participate in psychosocial interventions with a multidisciplinary team. For example, in a study conducted by [15], a nurse participated with a clinician and a radiation therapist in conducting three psychosocial interventions to decrease the depression in cancer patients receiving radiotherapy. These interventions are (1) Psychoeducation (2) Cognitive-behavioral therapy (CBT) (3) Supportive–expressive therapy. The results of this study indicated a reduction in depression level for cancer patients who received these interventions. On the other hand, reference [19] found that nurses who participate in cognitive behavioral therapy felt empowered, more skilled and effective not only to assess and support cancer patients with depression but also to facilitate a positive change in the patients.

Other roles of nurses in management of depression in cancer patients include providing information about the patient's particular type of cancer, and the latest available treatments, and help patients to re-address their hope trajectory in a more realistic way [20]. Utilizing new and creative methods to provide support and meet the psychosocial health needs to cancer patients is a new trend in literature. Utilizing the technology such as counseling by telephone or Internet-based care with interactive support to the cancer patients, and providing cognitive behavioral therapy by telephone or Internet were reported to be effective methods to reduce the depressive symptoms in cancer patients [21]. Internet can also be used to develop an online support group in which all the cancer patients can express their feelings and concerns, and help each other. The group leader, however, can be a nurse or a psychiatrist who provides directions to the members. This can result in reducing the emotional stress in cancer patients and reduce the cost of treatment for individuals and society. In addition, this will overcome the problems associated with shortage and lack of nurses with formal training in basic psychological assessment for cancer patients [20].

Moreover, it is important for nurses who work with cancer patients to acquire the necessary skills and knowledge regarding the psychological problems associated with cancer. To achieve this, it is important to emphasize on the psychological care in nurse education which increases the confidence of nurses when respond to the unique psychological needs of their patients. This can be achieved either by providing direct help or by providing appropriate referral for cancer patients [20].

4. Recommendations for Future Research

Recommendations for future research are built on the gaps in literature. The first gap observed in literature is that some studies that involves cancer patients with depression did not use a control group. This can hinder the comparison between cancer patients and other populations, including other non-cancer diseases. This idea is emphasized by [1] who conducted a systematic review and meta-analysis of 17 articles to identify the prevalence of depression and anxiety in adults with cancer, and implied

the importance of conducting future studies that include control group to differentiate between psychological problems in cancer patients and other non-cancer patients.

The second gap observed in literature is related to the significant difference between prevalence of depression in cancer patients when the researchers use different instruments for assessment of depression. For example, reference [22] conducted a meta-analysis using 211 studies to investigate if prevalence of depression in patients with cancer differs based on the type of instrument. The results indicated that the prevalence of depression in patients with cancer differed between diagnostic interviews and self-report instruments. In addition, the same meta-analysis reported that the prevalence of depression in patients with cancer differed according to the type of cancer and treatment phase. Therefore, there is a need to conduct prospective studies to confirm if the differences in prevalence of depression in cancer patients resulted from the type of cancer and its treatment phase, or from the type of instruments used to assess depression.

Furthermore, since the depression in cancer patients still occurring despite the improvement in the pharmacological management, additional research on nonpharmacologic interventions to reduce depression in cancer patients needs to be conducted. Also, studies on the effectiveness of non-pharmacological interventions need to be conducted on large samples and include patients with different types of cancer to ascertain the effectiveness of the studied measure taking into consideration the patient variables and their individualized experiences.

Finally, as the previous studies have reported that younger cancer patients experience higher psychological distress than older patients [23], it is important to conduct qualitative studies about experiences of younger cancer patients. These studies can improve nursing care especially when nursing care is delivered based on the actual needs of the patients. This can stimulate the researchers to conduct some quantitative studies that measure the effectiveness of some psychosocial interventions in young persons with cancer in the future. These studies may help the health care professional to better evaluate the current practices, and reform the recommendations based on the patients' individualized experiences, which ultimately enhance their compliance with therapy, increase their satisfaction and their participation in their own care, improving their quality of life, and decrease their hospital stay.

5. Conclusions

Nurses should have a clearly defined role in assessment and management of depression in cancer patients. The current paper provided promising evidences about multiple roles that nurses can adopt to effectively assess and manage depression in cancer patients. Some of these roles can be adopted by nurses independently, while other roles need multi-disciplinary team work. Nurses who are directly involved in providing care for cancer patients should be professionally trained in assessment and management of depression in cancer patients. To achieve this, hospitals and other health care facilities should enforce health care policies that clearly define the role of

nurses in assessment and management of depression in cancer patients. This is expected to be associated with better prognosis in depressed cancer patients and decrease the length of their hospital stay. However, more research is still needed about the most effective methods for nursing assessment and management of depression in cancer patients.

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