Prevention, early detection and management of depression and confusional states of organic causes in patients living and dying with advanced cancers

Advanced Lung Cancer

Screen for depression at diagnosis and every 3 months (but not immediately after starting chemotherapy) - *use Hospital Anxiety & Depression Scale or 11-item Beck Depression Inventory. Holistic Needs Assessment not sufficient.*

Screen for depression, alcohol dependence (*using Alcohol Use Disorders Identification Test*) and delirium (*using Nursing Delirium Screening Scale or Confusion Assessment Method*) upon any hospital admission.

Screen for delirium at least daily during admission.

Advanced NSCLC -

Check serum calcium regularly and consider biphosphonates or Denosumab

Consider hypoxia and brain mets if confused. Did any ALK inhibitor used have CNS penetration designed in (Ceritinib, Alectinib), or not (Crizotinib)?

Monitor BP and vision if Bevacizumab used (risk of PRES)

Check TFTs if Nivolumab or Pembrolizumab used recently

Review effect of corticosteroids on mood. Treat steroid-induced mania with low dose Olanzapine.

Advanced SCLC -

Check serum sodium regularly, especially older frail women or if SSRIs in use. Treat depression or confusion due to hyponatraemia of SIADH with fluid restriction =/- Democycline

Consider paraneoplastic Cushing's syndrome (any physical signs of Cushing's?). Treat depression due to Cushing's with Metyrapone =/- SSRI antidepressant

Consider vitamin B12 injections to reduce neurotoxicity of high homocysteine levels during or after Pemetrexed chemotherapy

Consider hypoxia, brain mets, hyponatraemia and Anti-Hu limbic encephalitis if confused

Review effect of corticosteroids on mood. Treat steroid-induced mania with low dose Olanzapine.

Adenocarcinoma of the Pancreas

Expect and screen for moderately severe or severe depression.

If onset of depression **predates** cancer diagnosis, assume IL-6 driving the depression. Candidate for anti-cytokine antidepressant once these come onstream. (eg Insight RCT of Tocilizumab)

Onset of depression much **later in cancer course** could be driven by uncontrolled pain, itching, nausea, hassle of IDDM, poor cancer prognosis.

Consider Paroxetine plus lithium augmentation. But care re Paclitaxel - Paroxetine interaction.

Consider Vit B12 if they have had anti-folate chemotherapy.

Advanced Prostate Cancer

Screen for depression

Discuss incontinence and sexual dysfunction

Check serum Vit B12 if they have had pelvic irradiation and correct any deficiency

Is Tamsulosin (an alpha 1 blocker) contributing to low mood?

Androgen Deprivation Therapy causes depression and subtle cognitive impairment - which recovers slowly as testosterone returns to normal over one year post ADT

Mirtazepine less likely to exacerbate sexual dysfunction than SSRIs (but look out for priapism rarely)

Advanced Ovarian Cancer

Screen for depression

Establish whether tumour was expressing ER or not. Hormone Replacement Therapy may be useful for depression and menopausal symptoms due to sudden or prolonged oestrogen deprivation - so long as no oncological contra-indication. Oestrogens augment the effect of anti-depressants.

Check serum Vit B12 if they have had pelvic irradiation

Paclitaxel causes depression (and a transient encephalopathy immediately after each round) and has multiple interactions with psychiatric meds

If cerebellar signs, or rapid-onset dementia, consider paraneoplastic cerebellar degeneration and check anti-Yo antibody

Look out for anti-NMDAR limbic encephalitis (psychosis) with teratomas (both malignant and benign) - treatable with immunotherapy =/- oophorectomy

Venlafaxine relieves hot flushes as well as being an anti-depressant

Glioblastoma Multiforme

Which lobe(s) is involved? By the tumour itself or after surgical debulking.

What is the prognosis (MGMT promoter methylation and IDH-1 status of tumour)?

Assess risks to self and others - due to disinhibition, apathy, poor judgment. Consider financial misjudgment, inappropriate social behaviour, likelihood of sexual and violent offending - especially with frontal lobe tumours.

Consider complex partial seizures, post-ictal and inter-ictal psychoses. Avoid highly epileptogenic psychotropics.

Brain oedema - steroid effects on mood. Treat steroid-induced mania with Sodium Valproate or low-dose Olanzapine. Bevacizumab helps oedema but risk of PRES. So monitor BP and vision.

Care re interactions between anti-epileptics and psychiatric meds

Levetiracetam causes depression and irritability ??helped by Vitamin B6