## PRIMARY CARE 10 TOP TIPS

## Anxiety and Depression in Palliative Care

This edition: August 2018 Next planned review: August 2020

We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check any drug doses, side-effects and interactions. Save insofar as any such liability cannot be excluded at law, we do not accept any liability in relation to the use of or reliance on any information contained in these pages, or third-party information or websites referred to in them.

Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. MAC14531\_TT3 Depression and anxiety are common in cancer patients. A large Scottish study showed major depression in 13% of lung cancer patients. Depression was more common in younger patients and those with high social deprivation.

The PHQ-9 is a useful screening tool for depression and the brief Edinburgh Depression Scale is suited to palliative care patients. The widely used Hospital Anxiety and Depression Score has a strong focus on physical symptoms and may be less useful in palliative patients.

Fatigue due to disease may mask lack of motivation and appetite due to depression, and a trial of antidepressants should be considered if prognosis allows.

The use of antidepressants should be considered on an individual basis. Systematic review has failed to demonstrate clear superiority of any individual antidepressant over placebo therefore the choice of drug is based on the data in the general population. Data on medically ill patients suggest a positive safety profile for the SSRIs.

Remember risk of serotonin syndrome where patients are on multiple medications in addition to a SSRI. Tramadol may be a particular risk. Where neuropathic pain is an issue as well as depression an SNRI such as Duloxetine or Venlafaxine is often used as the antidepressant of choice.

Mirtazapine 15mg has a paradoxically more sedative effect than the higher doses and is likely to be sub-therapeutic for treatment of depression. It is relatively well tolerated by the elderly and those with heart failure.

In mild depression, psychological support can be as effective as medication and adequate pain control may significantly improve depressive symptoms.

 $\Box$ 

Diazepam may accumulate over a few days, so use should be carefully monitored. Once daily dosage is often adequate. Try not to use different benzodiazepines concurrently.

Lorazepam acts quickly, can be given sublingually, and has a relatively short half-life. It is particularly useful for anxiety related to physical symptoms such as breathlessness and pain.

