

Dealing with the lack of evidence in older patients with cancer: a systematic review

Bérengrère Beuplet^(1, 2, 3), Ophélie Soulie⁽⁴⁾, Jean-Yves Niemier^(5, 6), Cécile Pons-Peyneau⁽⁷⁾, Drifa Belhadi^(8, 9), Camille Couffignal^(8, 9), Virginie Fossey-Diaz^(10, 11)

⁽¹⁾ Normandy Interregional Oncogeriatric Coordination Unit, Rue Bailey, 14000 Caen, France

⁽²⁾ Department of Geriatric medicine, University Hospital Center, 14 033 Caen cedex 9, France

⁽³⁾ Normandie Univ, UniCaen, INSERM, U1086, ANTICIPE, Avenue du General Harris, 14000 Caen, France

⁽⁴⁾ Psycho-Oncology Unit, Supportive Care Department, Curie Institute, 75005 Paris, France

⁽⁵⁾ Department of Geriatric Oncology, Nancy University Hospital Center, 54511 Vandoeuvre-lès-Nancy, France

⁽⁶⁾ Lorraine Oncogeriatric Coordination Unit, 54511 Vandoeuvre-lès-Nancy,

⁽⁷⁾ Department of Psychiatry, Chardon-Lagache Hospital, 75016 Paris, France

⁽⁸⁾ Biostatistics and Clinical Research Unit, AP-HP Northern group, Bichat-Claude Bernard Hospital, Paris, France

⁽⁹⁾ Paris Univ, INSERM, CIC-EC 1425, Bichat-Claude Bernard Hospital, Paris, France

⁽¹⁰⁾ Department of Geriatric medicine and palliative care, Bretonneau Hospital Center, 75018 Paris, France

⁽¹¹⁾ Oncogeriatric Coordination Unit, Paris North, 75018 Paris, France

Introduction: Depression symptoms, frequently diagnosed in older patients with cancer, impact on oncological treatment feasibility. The Francophone Society of Geriatric Oncology (SOFOG) has initiated a systematic review on depression treatment in older patients with cancer, to advocate guidelines.

Methods: We included randomized and non-randomized controlled trials, reviews and meta-analysis, retrospective and prospective cohort studies, qualitative studies, and guidelines, published between January 2013 and December 2018 that involved depression with cancer in which the entire sample or a sub-group aged 65 and above. Efficacy and tolerance of depression treatment were examined, as a primary or secondary outcome, among articles published in French or English.

Data sources: Medline via PubMed, Embase, CENTRAL

Results: Among 3171 references, only seven studies met our eligibility criteria. This systematic review reveals a lack of evidence-based knowledge in this field, preventing from making any recommendations on drug and non-drug therapies. It has highlighted the need for multidisciplinary collaboration with the French and Francophone Society of Psycho-Oncology (SFFPO).

With a tolerability outcome

Haque R et al (2015) Tamoxifen and antidepressant drug interaction in a cohort of 16,887 breast cancer survivors.

With both efficacy and tolerability outcome

Ostuzzi G et al (2018) Antidepressants for the treatment of depression in people with cancer. Cochrane Database Syst Rev

With an efficacy outcome

Dai J et al (2017) Study of prevalence and influencing factors of depression in tumor patients and the therapeutic effects of fluoxetine Sakaguchi S et al (2015) Effectiveness of collage activity based on a life review in elderly cancer patients: a preliminary study.

Sharpe M et al (2014) SMaRT (Symptom Management Research Trials) Oncology-2 Team Integrated collaborative care for comorbid major depression in patients with cancer (SMaRT Oncology-2): a multicentre randomised controlled effectiveness trial

Vyas A et al (2017) Impact of depression treatment on health-related quality of life among adults with cancer and depression: a population-level analysis.

Yagli NV et al (2015) The effects of yoga on the quality of life and depression in elderly breast cancer patients.

Conclusion:

For clinical practice

The use of screening scales to detect depression in older patients with cancer, and the interpretation of their scores, requires to be completed by the assessment of possible iatrogenic, cognitive and social factors such as patients' self-perceived burden, and the coping ability. The symptoms severity should be graded, particularly addressing the suicide risk. This assessment of the patients and their caregivers, usually performed by nurses should involve also social workers, psychologists, sometimes psychiatrists, all trained to the geriatric specificities. After an abnormal initial assessment, the implementation of the follow-up by supportive care teams is often needed. As depression diagnosis may be biased by cancer symptoms, prescribing psychotropics should be carefully argued, regarding the iatrogenic risk. Psychotherapy and complementary medicine may be sufficient in case of not severe depressive disorders.

Future areas of research

To support the literature on this topic, specific studies should be conducted both to improve the diagnosis of depression in older cancer patients and to evaluate its treatment effectiveness, including efficacy and tolerance of antidepressants, psychotherapy (especially by telephone), complementary therapies (such as yoga and art therapy), and support for the patient's caregivers. The main criteria to evaluate efficacy should combine depression scale and QoL.

Figure 1: Flowchart of study selection

