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

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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 revealed 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 (SFPPO).

With a tolerability outcome

With both efficacy and tolerability outcome

With an efficacy outcome

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


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.

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