

# Understanding Depression: Awareness, Assessment, and Nursing Intervention

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Clinical depression often is overlooked by healthcare providers when treating patients with cancer. Oncology nurses are in a pivotal position to assess for depression, communicate any changes in emotional status to the oncology treatment team, and offer support and education to patients and families. This article discusses the symptoms of depression and the available treatment options.

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Grieving about the changes that a cancer diagnosis brings is normal. The future, which may have seemed so sure before, now becomes uncertain. Oncology nurses caring for a person who reports being sad for a long period of time or who is having trouble carrying out day-to-day activities may be caring for a patient with clinical depression. In fact, as many as one in four patients with cancer have clinical depression (Brown et al., 2009; Vachon, 2006).

Clinical depression causes great distress, impairs functioning, and may inhibit the patient's ability to follow a cancer treatment plan. Depression has been associated with decreased cancer survivorship—a 10-year follow-up study by Vachon (2006) showed that depressive symptomatology was associated with decreased survival time and enhanced disease progression.

Depression is a common response to a cancer diagnosis. However, depression often goes undetected by healthcare providers in about 50% of cases because it usually is not looked for and often is ignored or missed (Brown et al., 2009; Sharp, 2005). However, once identified and diagnosed, clinical depression can be treated.

Screening for depression and other psychiatric illnesses is a critical duty of oncology nurses. Nurses must understand that depression is an illness and the symptoms associated with this illness are not simply a normal reaction to the diagnosis of cancer. However, depression and other psychiatric illnesses still carry a stigma. Many patients may not want to admit that they are experiencing these symptoms for fear of being viewed as weak or because they have a belief that their mood or increased anxiety is something they can simply “snap out of.” In addition, some patients fear discussing their depression with their healthcare providers because of concerns that treatments may be altered, which may affect their recovery.

Assessing for clinical depression is challenging. Many of the symptoms, such as lack of energy, anxiety, or sleep disturbances, can mirror side effects from cancer treatment. According to the American Psychiatric Association (2000), signs and symptoms of major depression include change in appetite, problems with falling asleep or staying asleep, depressed mood, feelings of hopelessness or helplessness, frequent

thoughts of death or suicide (not just fear of death), suicide plans or attempts, a decrease in energy, feelings of guilt, a decrease in the capacity to enjoy things that usually gives one pleasure, problems with concentration, and psychomotor agitation or retardation. If five or more of these symptoms are present almost every day for two weeks or more, or are severe enough to interfere with normal activities, then a consultation with a mental health professional is advised.

## Suicidal Ideation

Suicidal thoughts are one of the most common symptoms of depression and the one with the highest risk to the patient. Nurses and other staff must communicate the following risk factors to the patient, the patient's family, and his or her caregivers: hopelessness; helplessness; isolation; changes in affect, mood, and energy; having access to weapons; and any recent stressful events (i.e., discouraging medical news) (Espinosa et al., 2012; Sharp, 2005). Of note, a sudden brightening of the patient's mood should be monitored because, at times, patients who have made the decision to take their own life may feel relieved and unencumbered and feel “at peace” now that a decision and a plan of action to relieve the suffering has been solidified.

When assessing for suicidal ideation, nurses should convey a non-judgmental and empathetic style. Nurses should ask patients how they feel and then directly ask, “Have you thought about harming yourself in any way, or even taking your own life? If so, what do you plan to do?” Asking these questions will not put thoughts of suicide into a person's