



Depression: The Essentials

Kathy Sharp, MSN, APRN-BC, AOCNP

Case Analysis

Sue, a 51-year-old homemaker with a diagnosis of breast cancer, is returning for her six-month office visit following modified radical mastectomy and completion of chemotherapy. Tamoxifen was not needed because she was estrogen-receptor negative. She is not taking any medications and has no other known health problems. Her only offered complaint is fatigue; however, during the patient interview, she admits that she has trouble going to sleep and awakens frequently during the night. Occasional use of Tylenol® PM (McNeil Consumer & Specialty Pharmaceuticals, Fort Washington, PA) does not help. She expresses guilt about not resuming her volunteer work at a homeless shelter but at the same time states that she simply doesn't feel committed or focused and blames it on her fatigue. Her physical examination is within normal limits except for a weight gain of 12 pounds since her last visit three months ago. Laboratory evaluation, including complete blood count, metabolic profile, and thyroid function, also was normal.

What Is Depression and Its Impact?

Depression is a cluster of psychological and physiologic symptoms that may be episodic or contiguous, ranging from mild depression to dysthymia (i.e., a sad or blue mood accompanied by a loss of interest in usual activity that persists for two or more years). Depression results in decreased quality of life through impairment of work and daily activities, is associated with significant morbidity and mortality, and results in economic costs that rival those from heart disease. The estimated cost to employers in lost productivity resulting from depression

is equivalent to \$44 billion per year (Bent & Masters, 2005; Newport, 2004; Stewart, Ricci, Chee, Hahn, & Morganstein, 2003).

Who Has Depression?

Although reports regarding the prevalence vary, depression is estimated to affect 5%–9% of adults, with a lifetime prevalence of 17%. As many as one-half of depressed people are not recognized or diagnosed. Depression causes more disability than ischemic heart disease or cerebrovascular disease. The World Health Organization has identified the disorder as the fourth leading cause of disease worldwide as well as in the United States. When broken down by gender, depression is the second leading cause of disability in women and the 10th leading cause in men (Gutman & Nemeroff, 2004; Newport, 2004; Valdivia & Rossy, 2004).

The National Health and Nutrition Examination Survey (Rosenbaum & Judy, 2004a) reported a lower occurrence of major depressive disorder in non-Caucasian populations. Many ethnic groups present less often and with different symptoms than their Caucasian counterparts (Montano, 2005; Rosenbaum & Judy, 2004a; Thibault & Steiner, 2004; U.S. Department of Health and Human Services, 1993). The National Institutes of Health reported in 2002 that the incidence and treatment of depression in patients with cancer is no different than depression in the general population.

When Does Depression Occur?

Depression can appear at any age. However, depression is most prevalent in the 20- to 40-year-old age group. Women are affected twice as often as men. Women experience depression most often during the postpartum period, followed by the perimenopause

phase. Because of the potential sudden onset of menopause induced by chemotherapy, cancer care providers need to pay particular attention during this time. Depression frequently is prevalent yet underdiagnosed in older adults (Birrner & Vemuri, 2004; Montano, 2005; Newport, 2004; U.S. Department of Health and Human Services, 1993; Valdivia & Rossy, 2004).

Why Do Patients Develop Depression?

Although many people, particularly lay people, view depression as a failure of coping mechanisms and a pure psychological illness, the disorder is much more complex in origin. Studies have shown that depression results from a complex interaction among early life experiences, genetic defects, genetic vulnerabilities, and recent environmental factors (Gutman & Nemeroff, 2004; Spollen & Gutman, 2004).

Understanding of the neurobiologic abnormalities of depression is incomplete. However, disturbances in the monoamine transmitters, norepinephrine and serotonin, repeatedly have been demonstrated in depression, yet no direct cause and effect relationship has been established (Guck, Elsasser, Kavan, & Barone, 2003). Alterations in glucocorticoid secretion, other neurotransmitters, and endocrine system dysfunction also have been demonstrated. The additional

Kathy Sharp, MSN, APRN-BC, AOCNP, is an oncology nurse practitioner at Blue Ridge Medical Specialists, PC, in Bristol, TN. (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society.)

Digital Object Identifier: 10.1188/05.CJON.519-525