Anxiety and depression.
Significance, assessment and treatment

Elisabeth Brenne

2021

KOMPETANSESENTER
I LINDRENDE BEHANDLING
MIDT-NORGE

Adjustment

Adjustment

Anxiety

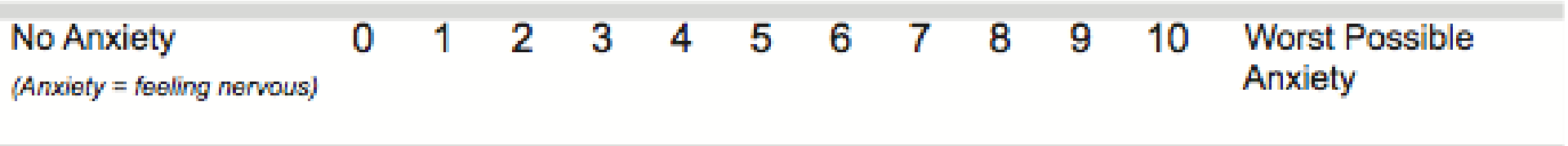
Illustrations: Annie Vallotton. Godt Nytt 2009

Anxiety

- A category:

No anxiety	Anxiety

- A continuum:

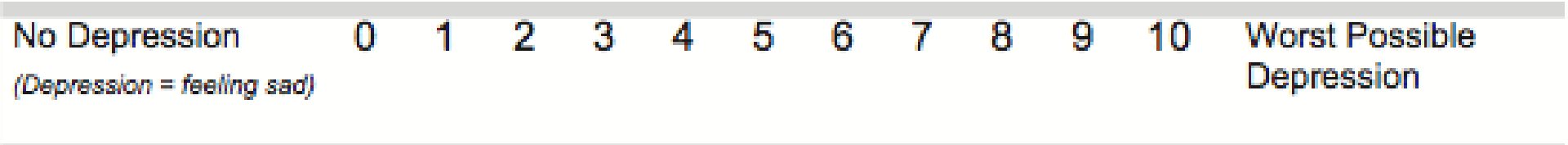


Depression

- A category:

No depression	Depression

- A continuum:

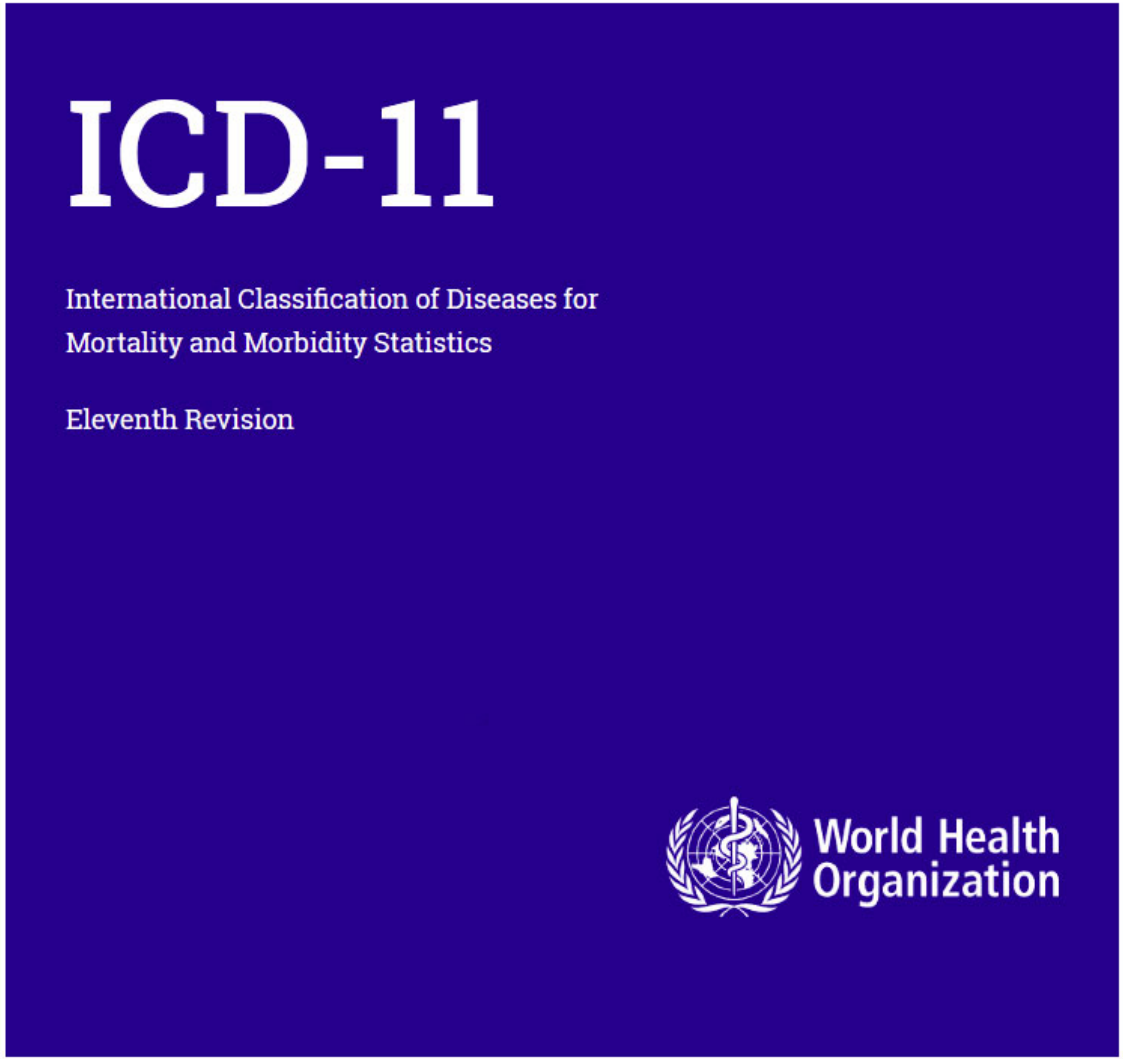


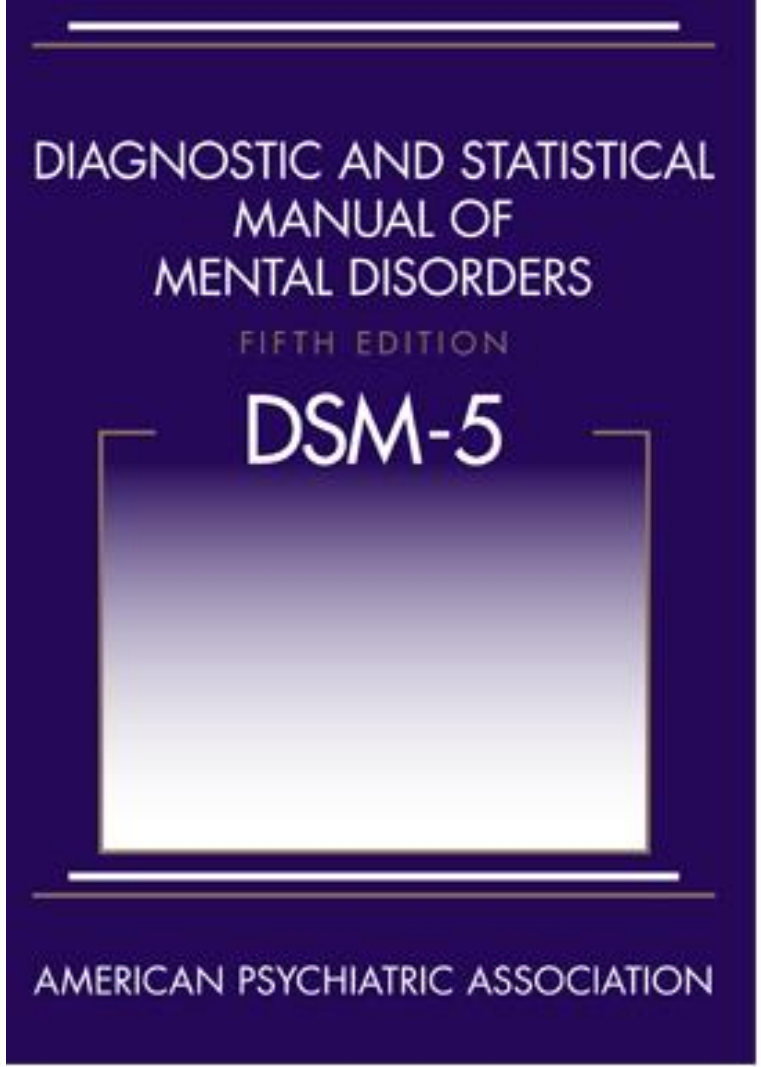
Anxiety and depression

One symptom

Sets of symptoms

No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety


ICD-11
International Classification of Diseases for Mortality and Morbidity Statistics
Eleventh Revision
World Health Organization


DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS
FIFTH EDITION
DSM-5
AMERICAN PSYCHIATRIC ASSOCIATION

ICD-11. Sets of symptoms

Disorders specifically associated with stress

Adjustment disorder

A reaction to a stressor: e.g. illness

Anxiety in stress- and trauma (Traumatic stress)

Acute stress reaction (A normal response to the stressor)

Post Traumatic Stress Disorder (Context: After extreme threat)

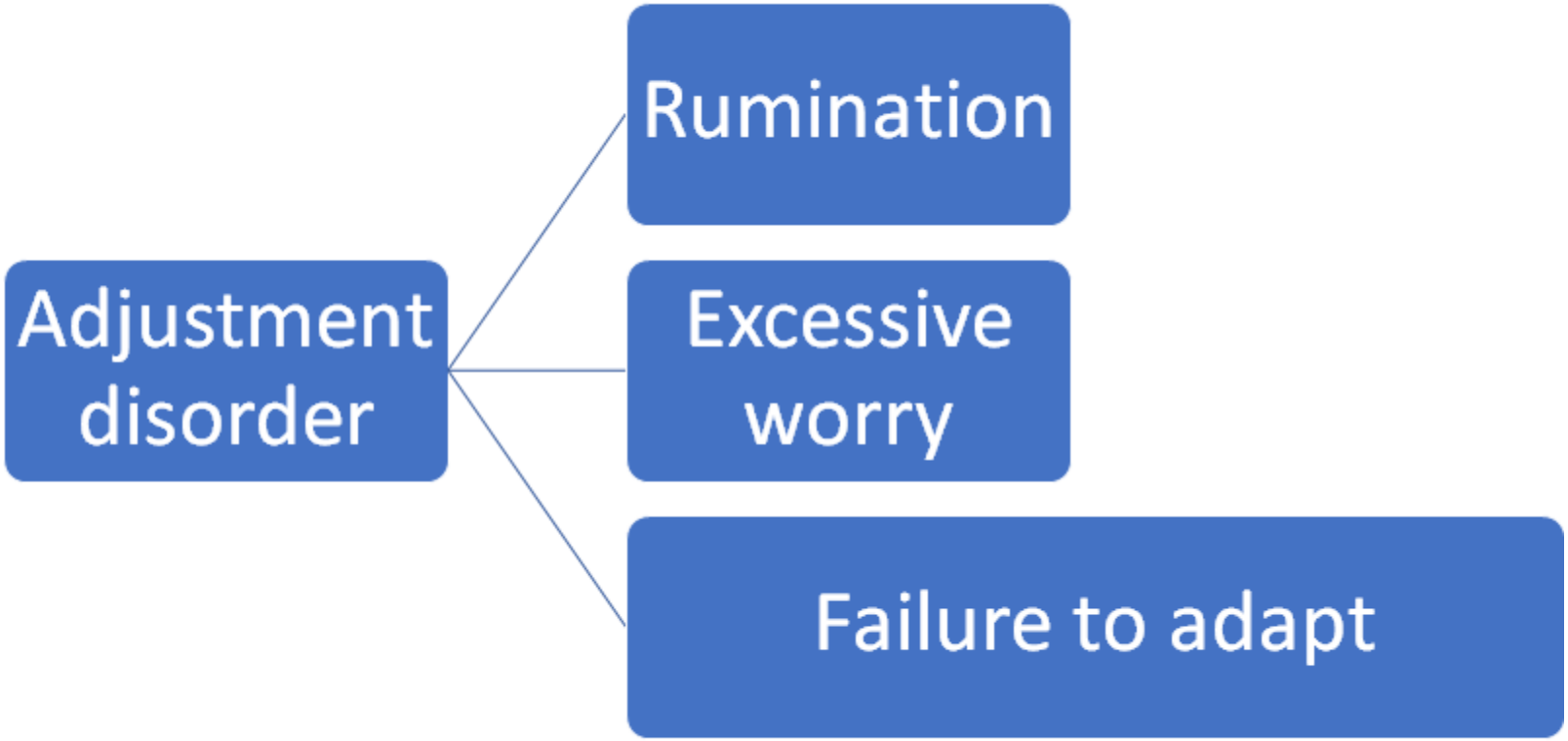
Mood disorders

Major Depressive Episode

Adjustment Disorder (ICD-11)

Preoccupation with the stressor or its consequences, including **excessive worry,** recurrent and distressing thoughts about the stressor, or constant **rumination**
about its implications

Failure to adapt to the stressor



ICD-11. WHO. 2019

“Significance criterion”

ICD-11:

…...causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning

DSM-5:

Causes clinically significant distress or impairment in social occupational, or other important areas of functioning

Significance in palliative care?

Where is the cut-off for the need of intervention?

Symptom intensity

Significant

- distress
- psychological pain

Duration

Place in trajectory

Significant impact on

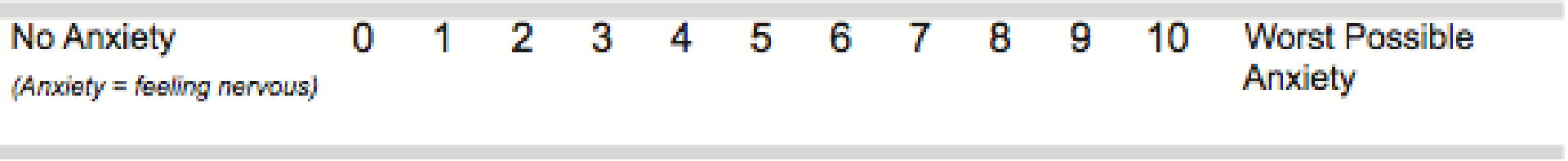
- quality of life
- function
- relationships

?

Anxiety

Stress and trauma related symptoms

Stress and trauma related symptoms
Anxiety



GAD-7 (Generalized Anxiety Disorder-7) Spitzer 2007

“Depressio” Latin

To press down

To be kept down

Major Depressive Episode

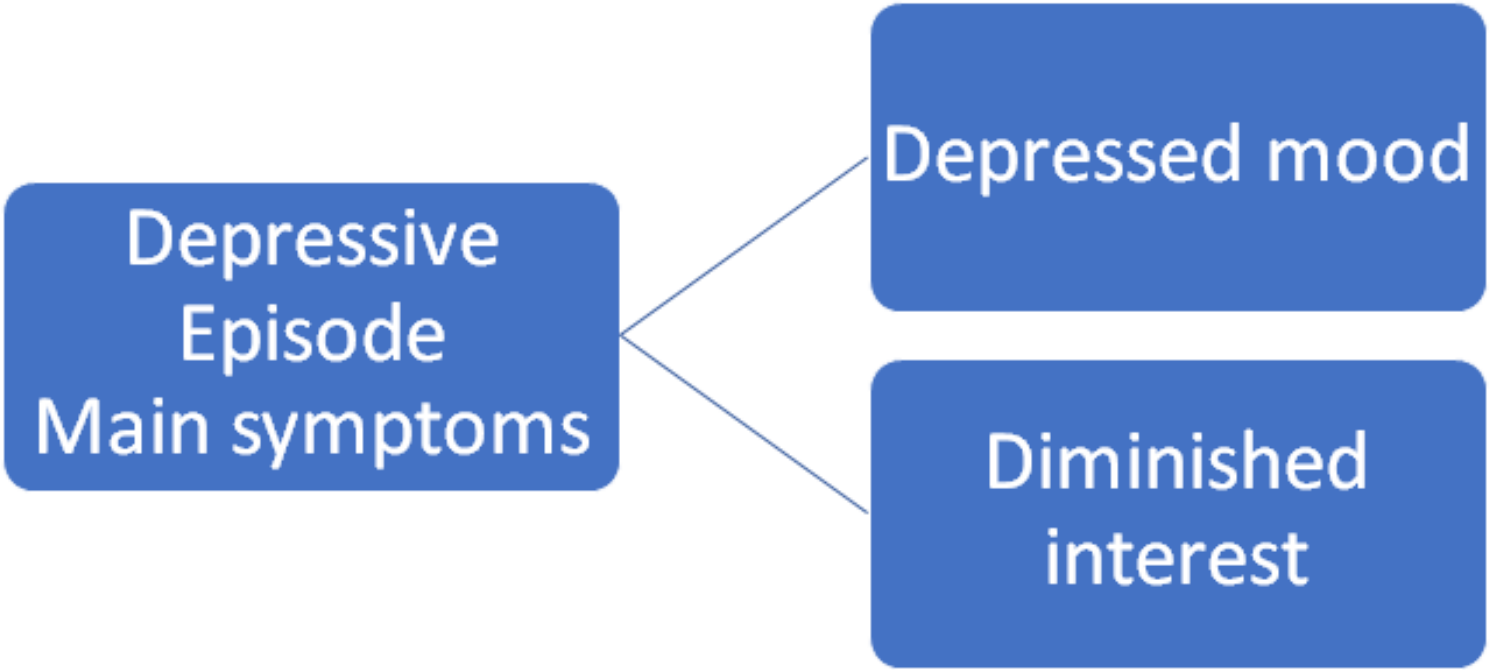
A set of symptoms

One or two of two main symptoms

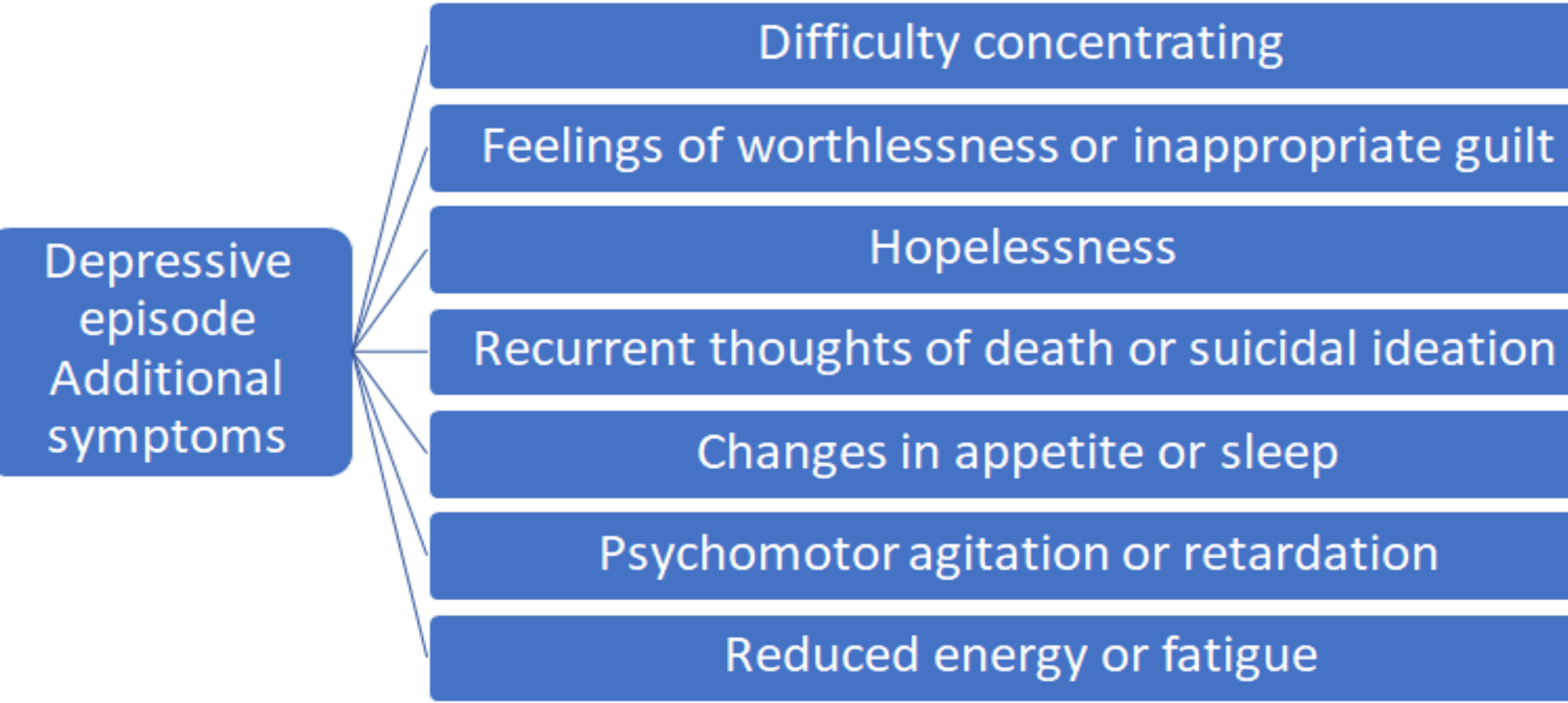
Duration of symptoms two weeks or more

Significance-criterion:

Impact on daily function

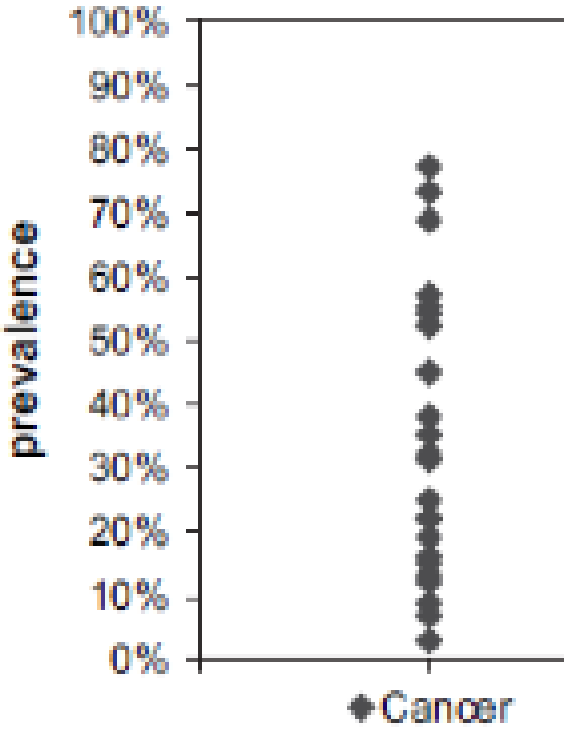


ICD-11. WHO. 2019


Depressive episode Additional symptoms
Difficulty concentrating
Feelings of worthlessness or inappropriate guilt
Hopelessness
Recurrent thoughts of death or suicidal ideation
Changes in appetite or sleep
Psychomotor agitation or retardation
Reduced energy or fatigue

IDC-11. WHO. 2

Prevalence of depression



Solano et al 2006.

A dimensional phenomenon

Differences in assessment:

- Symptoms
- Ways to report
- Symptom degree, cut-off

Duration of the symptoms

Impact on daily function

Prevalence Teunissen 2007. Mitchell 2011. Grotmol et al 2016

Depression

Assessed as a symptom	≈ 40%
Depressive Episode	≈ 15%

Anxiety

Assessed as a symptom	≈ 30%
Anxiety ”Disorders”	≈ 10%?

Depression and anxiety overlap and are strongly associated with reduced quality of life

Assessment instruments

ESAS, Edmonton Symptom Assessment System

HADS, Hospital Anxiety and Depression Rating Scale

PHQ-2 - 4 - 9 , Patient Health Questionnaire

GAD-7, General Anxiety Disorder-7

MADRS, Montgomery Aasberg Depression Rating Scale

BDI,Beck Depression Inventory

ESAS-r

Edmonton Symptom Assessment System-revised

No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety

https://www.albertahealthservices.ca.2021

During the past two weeks, how much (or how often) have you been bothered by the following problems:

1. Little interest or pleasure?
2. Feeling down, depressed or hopeless?
3. Feeling nervous, anxious, frightened, worried or on edge?
1. Feeling panic or being frightened?
2. Avoiding situations that make you anxious?

DSM-5. 2013

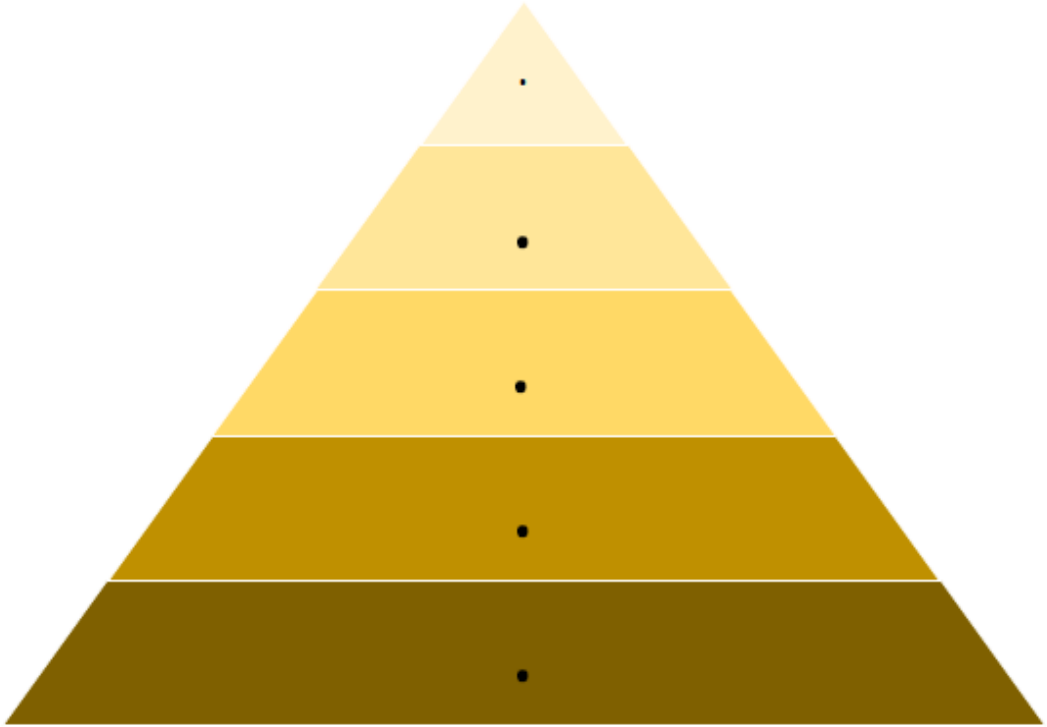
Intervention

Intervention

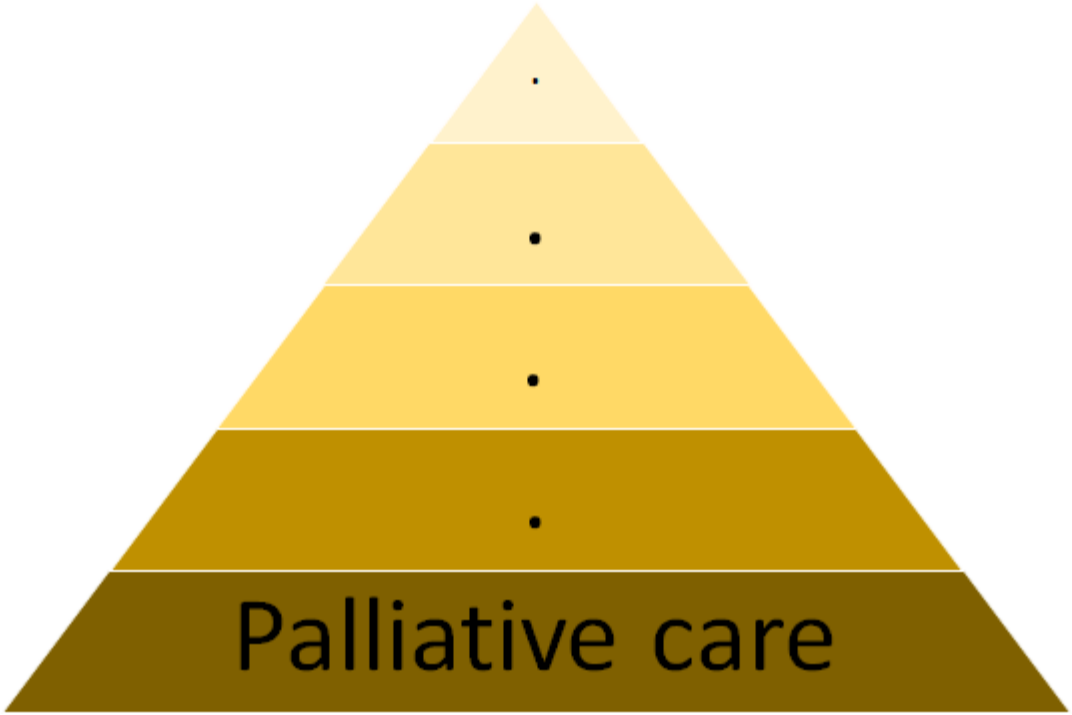
Aims:

- To alleviate psychological symptoms
- To facilitate adjustment

Intervention Rodin 2007. Rayner 2010



Palliative care



Palliative care

Temel 2010. Pirl 2012. Basch 2016

Patient perspectives and concerns. Goal and evaluation of treatment

Systematic Symptom assessment for early intervention. Symptom control

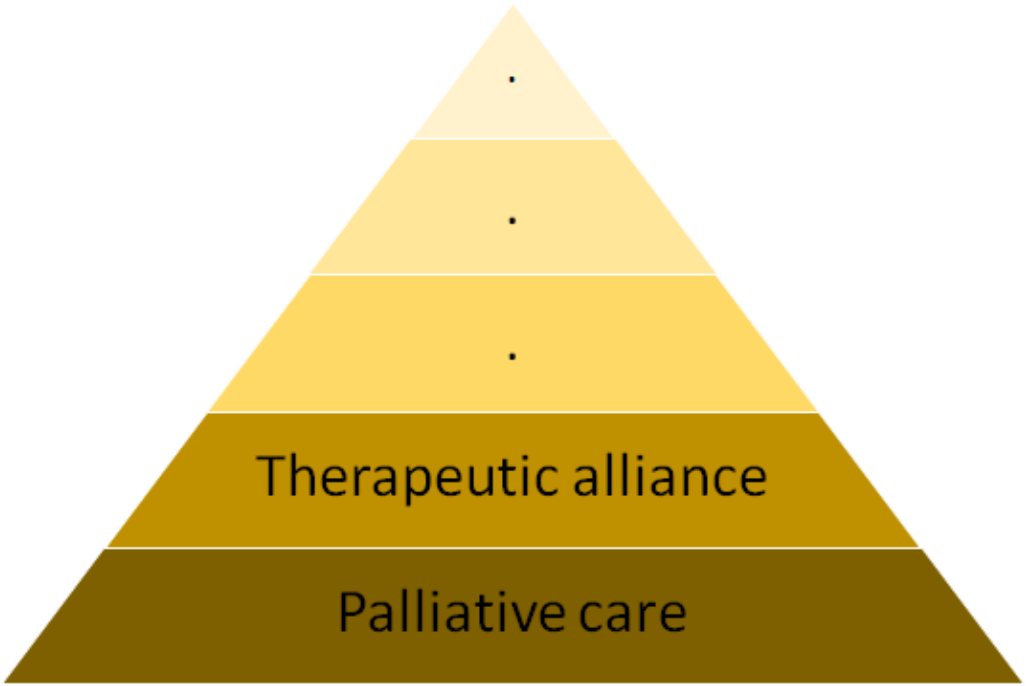
Function and roles

Coping and adapting

Plan and responsibility

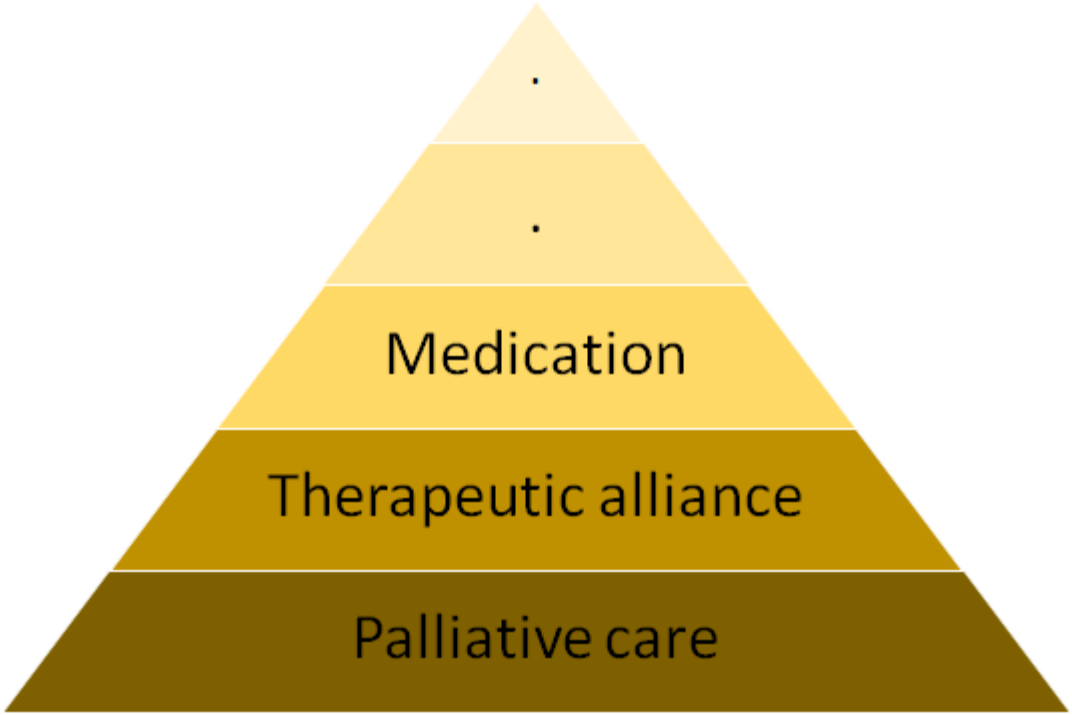
Contact if needed

Therapeutic alliance



Schnur et al 2010

Medication



Medication

Antidepressants

Benzodiazepines

Grassi and Rodin 2017

Antidepressants

Effects on

- Depression
- Anxiety
- Sleep problems

In palliative care:

- Meta-analysis OR 2,25 (1,38-3,67) Rayner 2014
- Major Depressive Episode or Adjustment Disorder

Grassi and Rodin 2017

Grassi and Rodin. *The use of antidepressants in oncology*. 2018 Annals of Oncology

Table 3. First-line ADs in cancer patients

Generic name	Optimal indication	Standard adult dose	Level of evidence/grade of recommendation
Citalopram/Escitalopram SSRI	• Few CYP450 drug interactions • Escitalopram may have more rapid onset of action	Start: 10–20 mg o.d./(5–10 mg q.h.s.) Goal: 20–40 mg/(10–20 mg) Max: 40 mg o.d./(20 mg q.h.s.)	• Level III[a] evidence • Strong, moderate quality
Venlafaxine/Desvenlafaxine SSRI and SNRI	• Optimal choice for patients on tamoxifen • Consider for prominent hot flashes	Start: 37.5–75 mg q.a.m./(50 mg) Goal: 75–225 mg/(50–100 mg) Max: 300 mg q.a.m./(100 mg)	• Level III[a] evidence • Strong, low quality
Bupropion XL NDRI	• Consider for prominent fatigue • Aids sexual function	Start: 150 mg q.a.m. Goal: 150–300 mg Max: 450 mg q.a.m.	• Level III[a] evidence • Strong, low-quality
Duloxetine SNRI	• Separate indications for neuropathic and chronic pain	Start: 30 mg q.a.m. Goal: 30–60 mg Max: 120 mg q.a.m.	• Level III[a] evidence • Strong, low-quality
Mirtazapine NaSSA	• Consider for prominent insomnia, anorexia/ cachexia, diarrhoea	Start: 7.5–15 mg q.h.s. Goal: 15–45 mg Max: 60 mg q.h.s.	• Level III[a] evidence • Strong, low-quality

Noraderenerg. Selective Serotoninerg Antidepressant. Antihistaminerg

Mirtazapine

Effect on

- depression
- anxiety
- sleep problems: early-, middle- and late insomnia

Initial effect after 2 weeks (opposed to 3-4 weeks)

Increases appetite and weight

Antiemetic properties

Limited drug interactions

No increased risk of GIT bleeding

Tiredness a possible side effect

Orally dissolvable formulation

Grassi and Rodin 2017.Economos et al 2019

Antidepressants. Limitations

Life expectancy

No parenteral administration

Adverse effects:

- Sedation
- Headache
- Increased risk of GIT bleeding (not mirtazapine)
- Cognitive change
- Emotional blunting

Cochrane Library
Trusted evidence.
Informed decisions.
Better health.

Cochrane Database of Systematic Reviews

[Intervention Review]

Drug therapy for symptoms associated with anxiety in adult palliative care patients

Susan Salt[1], Caroline A Mulvaney[2], Nancy J Preston[3]

2019

Benzodiazepines. GABA agonists

No clear differences in profiles of effect and side effects between the different benzodiazepines

Routes of administration:

- peroral, sc, iv, rectal, intranasal
- sc continuous infusion (midazolam)

Adverse effects:

- Sedation
- Cognitive effects

Kamell et al 2016. Prommer 2020

Other medication

- Collaboration with psychiatrists
  - Antiepileptics i.e.Lamotrigin, Valproate Geddes et al 2009. Smith et al 2010
  - Antipsychotics i.e.Quetiapine Albert et al 2016
- Anesthetics
  - Ketamine and Esketamine Glutamate receptor modulators

    Dean et al Cochrane review. September 2021.

    Ketamine and other glutamate receptor modulators for depression in adults with unipolar major depressive disorder

    24h: Ketamine iv once SMD -0.87 (95% CI -1.26 to -0.48)

    24h: Esketamine intranasal x2/week SMD -0.31 (95% CI -0.45 to -0.17)
- Buspirone? Serotoninerg

Other medication

Psychostimulants. Dopaminerg

- Metylphenidate
- Dextramphetamine

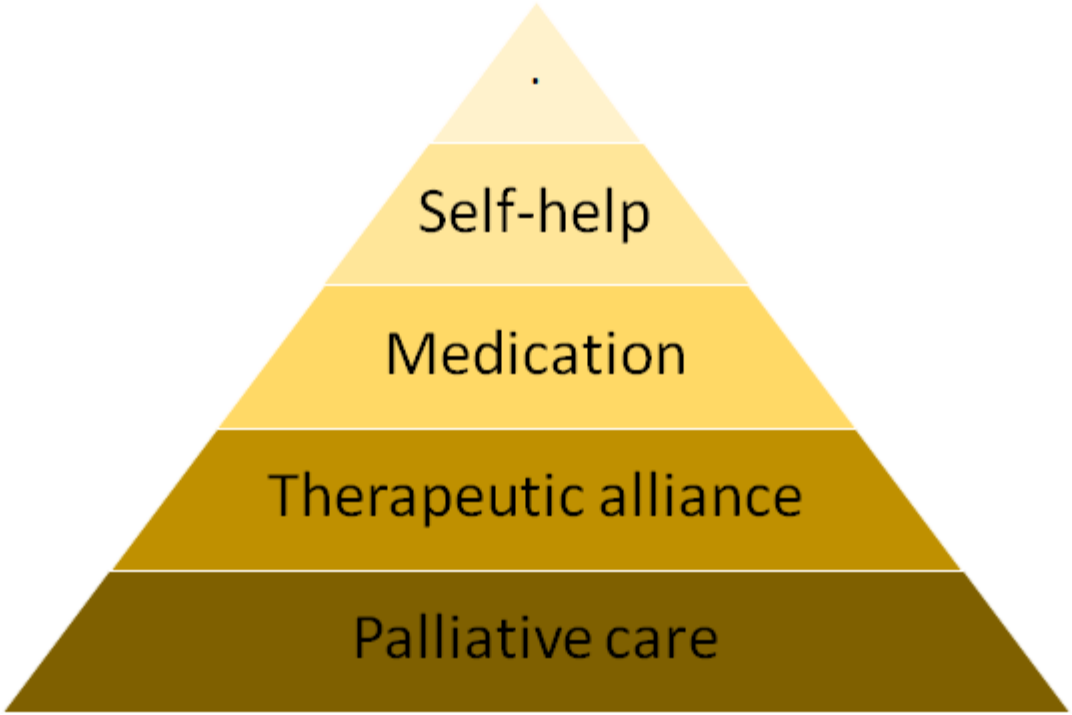
Mc Intyre et al 2017. *The Efficacy of Psychostimulants in Major Depressive Episodes. A Systematic Review and Meta-analysis.*

OR 1,41 (CI 95% 1,13-1,78)

"....may be capable of reducing depressive symptom severity….A strong conclusion cannot be made."

More evidence is needed

Self-help


.
Self-help
Medication
Therapeutic alliance
Palliative care

Guided self-help

Activation

Social contact. Relationships

Affiliation

Priorities. Personal goals

Meaning and purpose

Goal for a Self-help program:

Divert non-adaptive coping

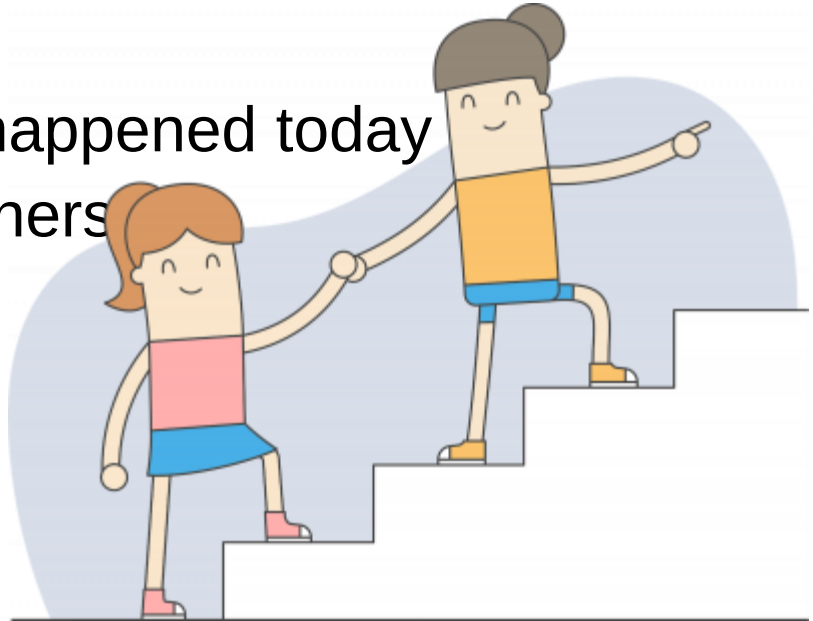
Support purposeful coping

Change focus

Life content

Self-help

- Connect with other people. Keep in contact
- Make yourself a good day
- Pay attention to the present moment
- Pay attention to the small things
- Write down three good things that happened today
- Give to others. Do something for others
- Activity. Do something that you like
- Sleep enough



https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities

Illustration: https://veiledetselvhjelp.no/argumentliste/

Self-help program. Behavioral activation

Personal contact

Proper structure

Appointments

Follow-up

Integrated collaborative care for major depression comorbid with a poor prognosis cancer (SMaRT Oncology-3): a multicentre randomised controlled trial in patients with lung cancer

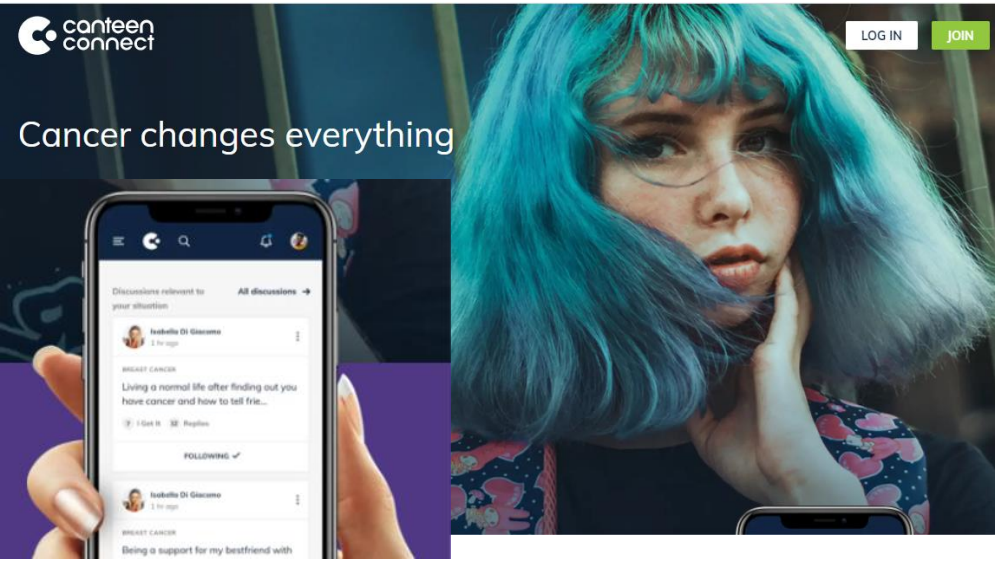
Jane Walker, Christian Holm Hansen, Paul Martin, Stefan Symeonides, Charlie Gourley, Lucy Wall, David Weller, Gordon Murray, Michael Sharpe, for the SMaRT (Symptom Management Research Trials) Oncology-3 Team

Walker et al 2014

Guided self-help

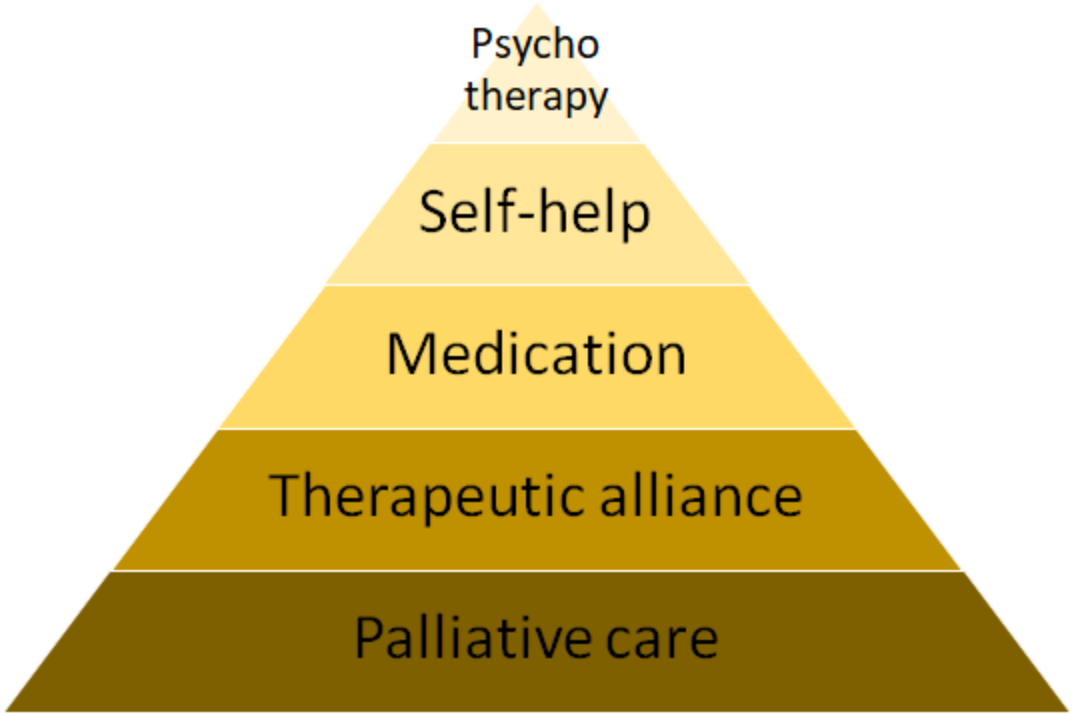
- Coach/ therapist
- Groups/ relationships
- Online program: ressources, social platform, follow-up

Veiledet Selvhjelp.no



Cohen et al. Abstract. 2021 https://veiledetselvhjelp.no
https://kreftforeningen.no/vardesenteret

Psychotherapy

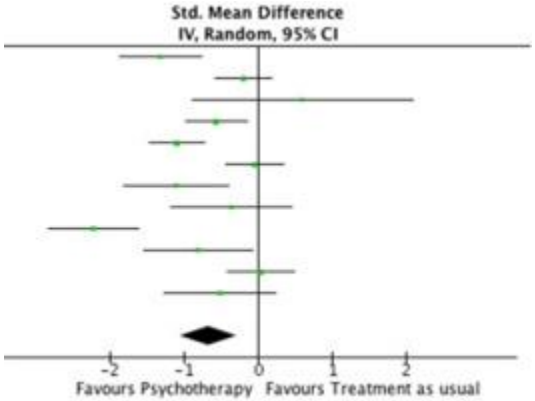


Psychotherapy

Effect in pall care patients

Meta-analysis

Depression	SMD - 0,67	(-1,06 - -0,29)
Anxiety	SMD - 0.65	(-1,05 - -0,26)
Dep + Anx	SMD - 1,02	(-1,70 - -0.35)



Cannot differentiate effect between the different psychotherapeutic approaches.

Individual psychotherapy and group therapy

Okuyama et al 2017

CALM

Managing Cancer and Living Meaningfully

4-6 sessions

Nissim et al 2011. Lo et al 2014. Hales et al 2015. Rodin et al 2018

Elements from psychotherapeutic approaches and theories

Supportive psychotherapy

Modern grief theory

Mentalisation and Cognitive therapy

Existential therapy

Supportive therapy

A supportive relationship

A secure base

Attention

Affirming: The person, reflections, insight, coping

Empathic listening

Curiosity

Co-thinking

A reflective space

Hales et al 2015

Modern grief theory

The dual process model

Double awareness

Alternate between two approaches to the situation

- To confront
- To divert

Time

Process of adjustment

Salander et al 1996. Stroebe and Schut 1999. Galfin et al 2011. Vos et al 2011

Mentalisation and Cognitive therapy

Mentalisation: Reflecting on thoughts and feelings
Cognitive therapy: Content of thoughts, changing thoughts

Verbalizing experience

- Formulating. Reformulating
- The naive observer

Mentalisation and Cognitive therapy

Expand the experience

- Multiple views
- Not correcting
- Not false reassurance

Distinguishing feelings from facts

Metaphores

Existential therapy
Fear of death as a condition of life

Leave traces behind

Purpose beyond oneself

Relationships

Existential therapy

Fear of death

Psychotherapy

Availability of a therapist

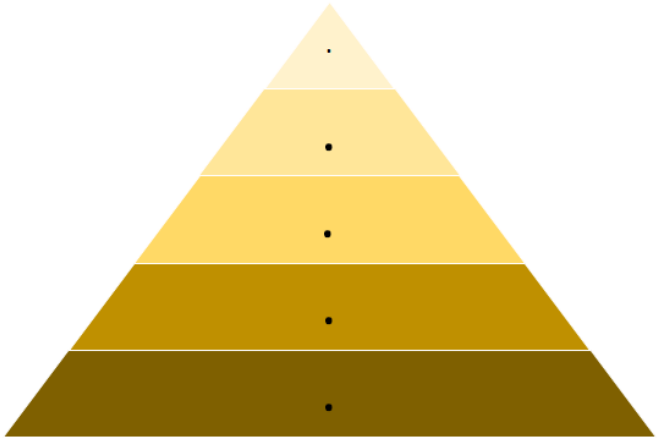
Eventually combined with medication

Adjustment disorder or a Depressive episode

Adjustment of the therapy

Palliative care

The principles of self-help and psychotherapy are simplified integrated in palliative care



Significance in palliative care

Dimensional significance

Dimensional intervention

Late palliative care setting

Good palliative care

Support

Family

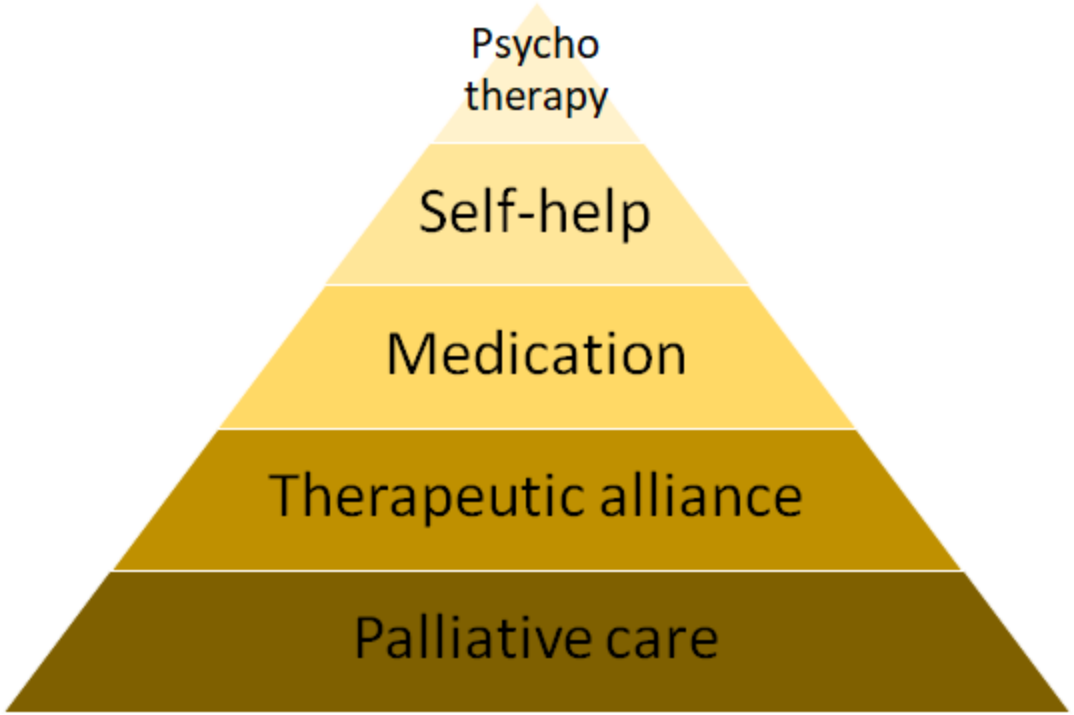
Suicidal ideation

Nuance the content

- Despair
- Concrete content or plans

The psychiatric team

Summing up


Psycho therapy
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