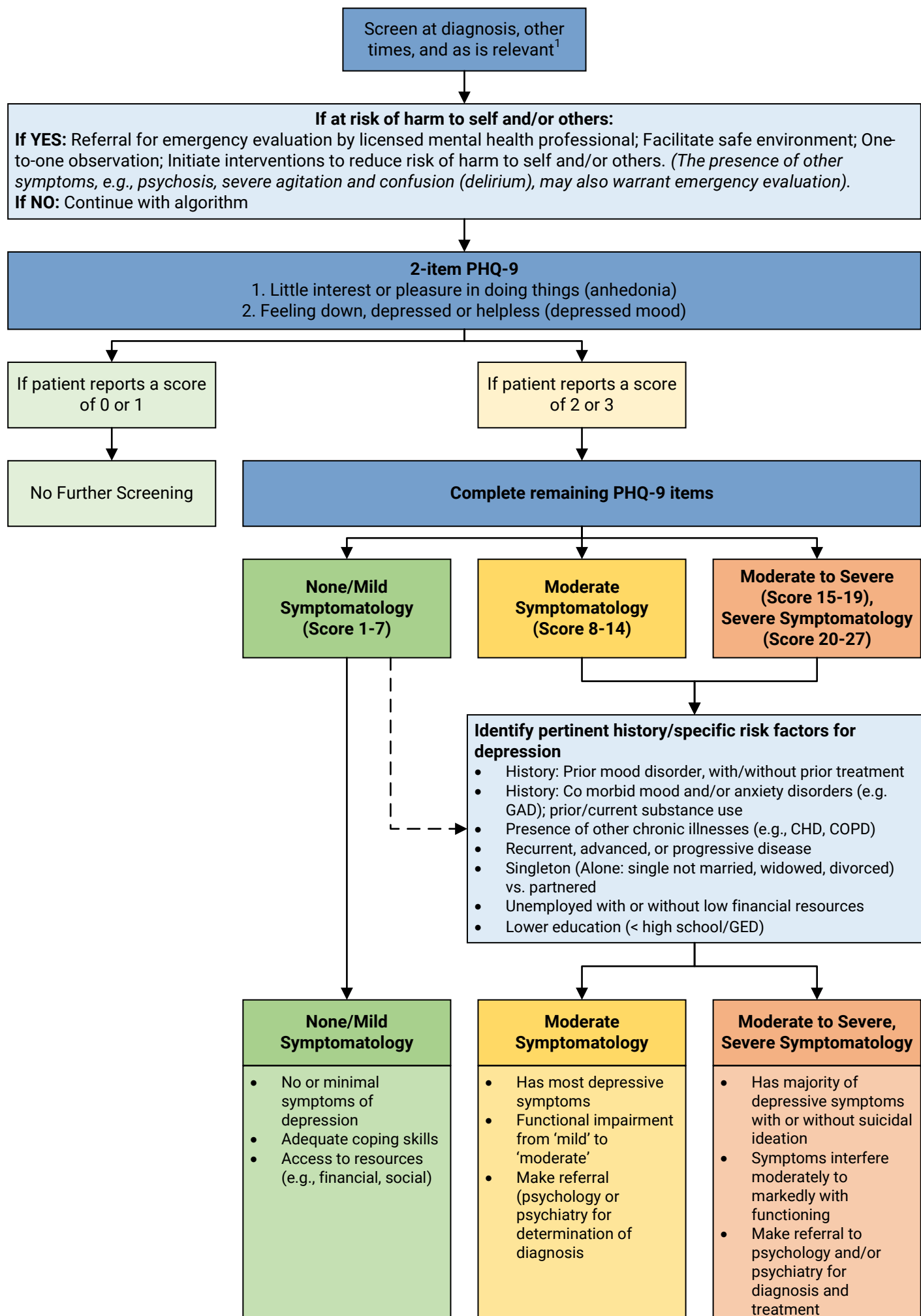


Screening and Assessment: Depression in Adults with Cancer



***In this algorithm the use of the word depression refers to the PHQ-9 screening score and not to a clinical diagnosis**

- Initial diagnosis/start of treatment, regular intervals during treatment, 3, 6, and 12 months post treatment, diagnosis of recurrence or progression, when approaching death, and during times of personal transition or re-appraisal such as family crisis.¹
- Presence of symptom in the last two weeks, rated as follows: 0 = not at all, 1 = several days, 2 = more than half the days, and 3 = nearly every day.
- Content of remaining 7 Items: sleep problems, low energy, appetite, low self view, concentration difficulties, motor retardation or agitation, and thoughts of self-harm.

Note: Reference for PHQ-9 cutoff ≥ 8 is Thekkumpurath et al., (2011).²

Abbreviations. CHD, coronary heart disease; COPD, chronic obstructive pulmonary disease; PHQ-9, Patient Health Questionnaire-9

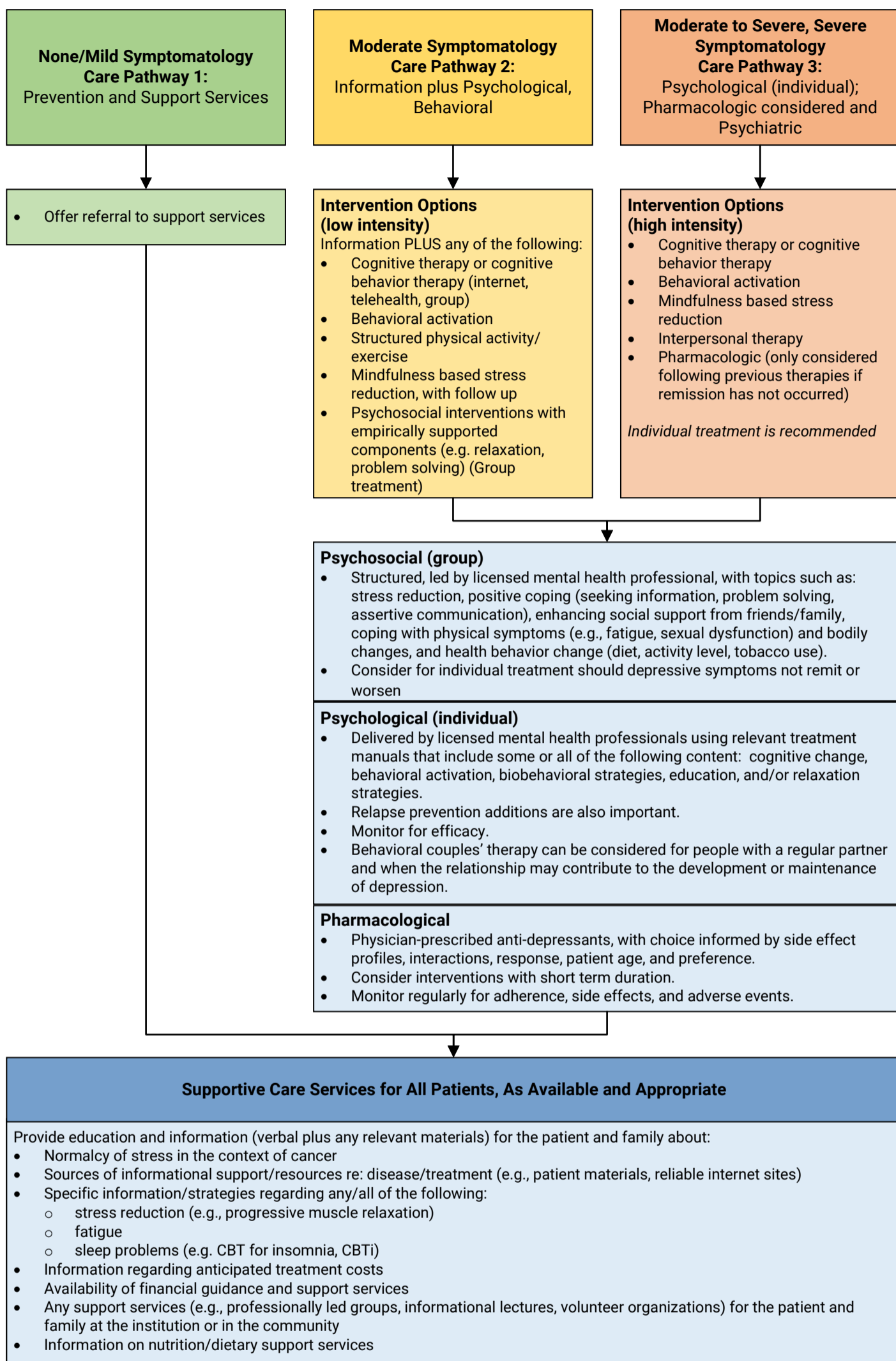
References

¹Howell D, Currie S, Mayo S, Jones G, Boyle M, Hack T, Green E, Hoffman L, Simpson J, Collacutt V, McLeod D, and Digout C. A Pan-Canadian Clinical Practice Guideline: Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient. Toronto, May 2009

²Thekkumpurath P, Walker J, Butcher I, et al: Screening for major depression in cancer outpatients: the diagnostic accuracy of the 9-item patient health questionnaire. *Cancer* 117:218-27, 2011

This algorithm is derived from recommendations in *Management of Anxiety and Depression in Adult Survivors of Cancer: ASCO Guideline Update*. This is a tool based on an ASCO Guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.

Care Map: Depression in Adults with Cancer



It is common for persons with depressive symptoms to lack the motivation necessary to follow through on referrals and/or to comply with treatment recommendations. With this in mind, on a bi-weekly or monthly basis, until symptoms have remitted:

- Assess follow-through and compliance with individual or group psychological/psychosocial referrals, as well as satisfaction with these services.
- Assess compliance with pharmacologic treatment, patient's concerns about side effects, and satisfaction with the symptom relief.
- If compliance is poor, assess and construct a plan to circumvent obstacles to compliance, or discuss alternative interventions that present fewer obstacles.
- After 8 weeks of treatment, if symptom reduction and satisfaction with treatment are poor, despite good compliance, alter the treatment course (e.g., add a psychological or pharmacological intervention; change the specific medication; refer to individual psychotherapy if group therapy has not proved helpful).

Abbreviation. CBT, cognitive behavior therapy

This algorithm is derived from recommendations in *Management of Anxiety and Depression in Adult Survivors of Cancer: ASCO Guideline Update*. This is a tool based on an ASCO Guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.