



ORIGINAL RESEARCH PAPER

Oncology

DEPRESSION IN PALLIATIVE PATIENTS IN A HOSPITAL OF QUITO-ECUADOR

KEY WORDS: Palliative, depression, Quito, PHQ-9

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ABSTRACT

INTRODUCTION: For most people speaking of cancer means mortality, entering a world of bloody procedures that affect both the patient and his family environment, which leads to changes in emotional distress; mainly depression.
METHODS: A descriptive study of palliative patients during the months of March to July of 2018, in whom the PHQ-9 questionnaires was evaluated.
RESULTS: 84% of palliative patients have some degree of depression, being higher in women than in men.
DISCUSSION: The palliative patient requires an integrated management team as well as family support.

INTRODUCTION

By Antonio Cano et al, talking about cancer means mortality, invasive treatments that affect both the patient and his family environment; (1) according to Davis M et al; emotional distress is considered as the sixth vital sign of the cancer patient taking into account the previous five that represent: temperature, pressure, heart rate, respiratory rate, and pain (2-7).

Psychological distress affects the quality of life and leads to negative impacts on treatment and a high risk of mortality (8,9), so it is important to take into account the psychiatric evaluation and the contribution of antidepressant medication in conjunction with the important interactions with oncological medication when addressing an oncological patient in depression (10).

The Partnership guideline, Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient, suggests a diagnostic screening at the beginning of treatment, at the end of the treatment, as well as post-treatment, during the disease-free period and at the time of passing to palliative care, without forgetting to evaluate their family environment and this post-death group (11).

METHODOLOGY

A descriptive study of patients in the service of palliative care was carried out during the months March to July of the year 2018.

The data were analyzed using the SPSS statistical program and Excel Microsoft 2010.

As a depression assessment tool, The American Society of Clinical Oncology (ASCO), the American College of Commission Surgeons on Cancer, and the National Comprehensive Cancer Network (NCCN) have issued recommendations for the evaluation and diagnosis of depression disorders, based on Canadian practice guidelines. (11)

One of the recommended tools to detect depression is the so-called PHQ-9 that helps us to classify them into levels being these: minimum, mild, moderate and severe.

RESULTS

It was carried out in a descriptive study for which 55 individuals, 16 men and 39 women in palliative care were evaluated, of which a higher incidence of patients diagnosed with cancer of the cervix, stomach, breast, prostate, as shown in the Figure 1.

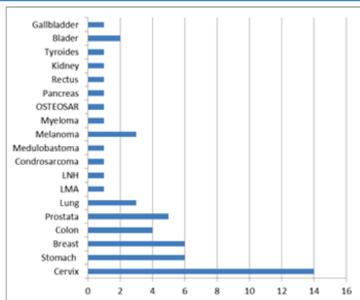


Fig 1.- Incidence of tumors evaluated in palliative patients

From this it could be analyzed to a great extent that 16% of the individuals did not present depression while the rest present some degree of depression as it is represented in Figure 2.

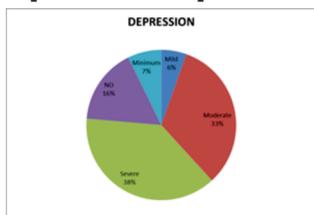


Figure 2.- Graphical representation of depression levels in palliative patients

It is interesting to appreciate that the highest levels of depression are found in women than in men as shown in Figure 3.

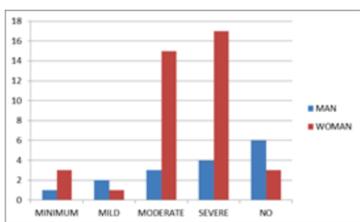


Figure 3.- Levels of depression according to sex

DISCUSSION

Depression is an emotional disorder that causes a feeling of constant sadness and a loss of interest in performing different activities; affecting thoughts, behavior and carrying physical and emotional problems that affect the quality of life even more to the deathbed (12-14).

In our work we can show that 84% of palliative patients have some degree of depression, perhaps a low value compared to other publications in which it is shown in 90% as published by Camino, however this decrease must be related with resignation by the palliative patient. (15)

For McHenry and being able to justify the greater fact of depression in women, gonads can be an important factor in this disparity since they are more likely to experience mood disorders during menstrual flow (16), however, a woman in palliative care when being in cachexia her menstruation ceases so this effect is more to aesthetic changes due to mutilation or affectations in your sexual organs in a cervical cancer for example, as well as the emotional burden of being the person who watches over the care of your child.

The palliative patient requires important psychological support so that he can cope with his passage to death, as well as support for the family to assimilate it and have a good death.

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