

Depressive symptoms linked to shorter survival in patients with head and neck cancer

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In a study of patients with head and neck cancer, even mild depressive symptoms were associated with poorer overall survival. Published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society, the findings indicate that patients should be screened and treated for depressive symptoms at the time of diagnosis. In addition, studies should examine parallel biological pathways linking depression to cancer survival.

Many [patients](#) diagnosed with head and neck cancer experience symptoms of depression, which can make it difficult for them to manage [treatment](#) side effects, quit smoking, or maintain adequate nutrition or sleep habits. A team led by Elizabeth Cash, PhD, of the University of Louisville School of Medicine, was interested to see if depressive symptoms might also affect patients' health outcomes.

The researchers studied 134 patients with head and neck cancers who reported depressive symptoms during the planning of their treatment. When the investigators examined the patients' clinical data over the following two years, they found that patients with greater depressive symptoms had shorter survival, higher rates of chemoradiation interruption, and poorer treatment response.

"We observed that head and neck cancer patients who reported more depressive symptoms at their initial appointment were more likely to miss scheduled treatment appointments and were more likely to have tumors that persisted after [medical treatment](#)," explained Dr. Cash, who serves as the director of research for the Department of Otolaryngology-Head and Neck Surgery and Communicative Disorders at UofL. "We also observed that patients with depressive symptoms suffered greater two-year overall mortality rates,

and this was especially true for those who did not achieve optimal response to medical treatment."

Poorer treatment response partially explained the depression-survival relationship; however, there were no significant effects from factors commonly used to determine cancer prognosis—such as the patient's age, the stage of tumor advancement, or extent of smoking history. "This suggests that depressive symptoms may be as powerful as the clinical features that physicians typically use to determine the prognosis of patients with head and neck cancer," said Dr. Cash.

Dr. Cash noted that most patients in the study did not meet criteria for diagnosis of [major depressive disorder](#), suggesting that even mild symptoms of depression may interfere with head and neck cancer treatment outcomes. She also stressed that the findings need to be replicated in a larger study but suggest that depressive symptoms may affect head and neck cancer patients' survival through mechanisms that potentially coincide with the activities of their tumor.

"We want patients to know that it is normal to get depressed when they are diagnosed, but it is important to seek help for any depression symptoms because they may lead to poorer outcomes related to their [cancer](#) treatment," said Dr. Cash. She and her colleagues are hopeful that this information can facilitate discussions between patients and psycho-oncologists or behavioral oncology specialists to expedite the development of targeted behavioral interventions, which may have high potential to complement medical treatment efficacy.

More information: *Cancer* (2018). [DOI: 10.1002/cncr.31109](#)

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