DEPRESSION AS A RISK FACTOR FOR CANCER

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BACKGROUND

Depression and cancer are common co-morbidities. Depression is now conceptualized as a **systemic disease of chronic inflammation**; it has a well-known deleterious impact on the course and outcome of inflammatory-mediated medical illnesses. There are evidences that depression predicts cancer progression and mortality and that providing psychosocial support reduces depression, anxiety, and pain, and may increase survival time with cancer.

OBJECTIVES:

To understand if depression can represent a risk factor for cancer incidence, progression and survival.

MATERIALS AND METHODS:

A survey was made on depression as a risk factor for cancer; PubMed and ClinicalKey® databases were searched to identify studies and meta-analysis on the subject. The key words/expressions: “depression”, “risk factor” and “cancer” were used.

RESULTS AND CONCLUSIONS:

24.6% of cancer patients suffered from at least one category of syndromal depression (major depression, minor depression, or dysthymic disorder).

Chronic **depression was associated with a higher risk for cancer incidence.**

Depression is associated with more rapid progression, increased symptoms of cancer (especially pain), shortened survival and with treatment non-adherence.

Psychophysiological mechanisms linking depression and cancer progression include dysregulation of the hypothalamic-pituitary-adrenal axis, especially diurnal variation in cortisol and melatonin.

Depression affects the immune function, affecting cancer incidence and progression; it also complicates the way patients cope with cancer and the adherence to treatment.

There is a growing evidence of a mutual relationship between cancer and depression; this is of uttermost importance on finding new opportunities for therapeutic intervention. Further research is necessary to determine whether optimal depression treatment improves cancer survival.

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