DIFFERENTIATED MANAGEMENT OF DEPRESSIVE DISORDERS IN ONCOLOGY PATHOLOGY

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POSITIONING DEPRESSION IN ONCOLOGICAL AFFECTIONS

Figure 1. Types of depression in oncological affections and its mechanisms of action

Figure 2. Specific side effects of antidepressant medication

Figure 3. Side effects of antidepressant and oncological medications

Introduction:

Epidemiological data prove depression as the most frequent psychiatric disorder associated with oncological pathology.

Objectives:

We believe that depression in oncology can be split in three clinical categories.

Methods:

The correct identification of these depression types (figure 1) and adopting differentiated strategies may improve the prognosis and the life quality of the oncology patient with depression.

Results:

1. In the prodromal phase, which we interpret as a real paraneoplastic syndrome (1). It precedes the oncologic disease by 5 years, correlated with the multi-systemic neurobiologic depression model and with moderate symptomatology (Hamilton scale <23), insomnia, tiredness, algic elements frequently interpreted as fibromyalgia. Antidepressants associated or not with antipsychotic medication determines negative oncologic evolution (figure 2) through 2 mechanisms: A. Incomplete therapeutic response, with persistent symptomatology associated with biologic markers (increase of reactive C protein levels, 6 and 8 interleukins).

B. Consecutive adverse events mechanisms induced by psychotropic medication intensifying inflammatory mechanisms and ARN markers modification mechanisms. Paraneoplastic depression requires multidisciplinary evaluation, associating depression markers with oncologic ones, for early diagnosis.

2. Associated with the disease, consecutive to oncologic diagnosis, under psychotraumatic and distress conditions, decreasing the patient's life quality and associating an avoidance behavior that delays treatment compliance. Evaluation and treatment require a psychotherapeutic team with psycho-oncologic competence (2).

3. Consecutive to neurotoxic side-effects of medication (3) (figure 3), with hippocampal atrophy, leading to secondary therapeutic resistance, associated with the increase of 6 and 8 interleukins (progression factors of angiogenesis).

Conclusions:

Immune and inflammatory markers regards depression as an independent risk factor leading to unfavorable evolution. Consequently the customized treatment must consider such symptoms.

References:

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