

## Depression in Palliative Care

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Depression is a distressing group of symptoms that interferes with activities of daily living. It is common in patients with life-threatening illnesses. Studies have shown that up to 75% of patients with terminal illnesses are depressed. Depression can decrease the amount of pleasure and meaning in life. It can take away hope and peace at the end of life. Depression can also be a cause of suffering, and can increase physical pain. It also makes treatment of other illnesses difficult. Additionally, depression is associated with an increased risk of suicide. It is important to identify depression in order to preserve quality of life.

### *Signs and Symptoms of Depression*

- Feeling sad, hopeless, or worthless
- Loss of interest in activities
- Weight loss or weight gain
- Decreased or increased sleep
- Fatigue or loss of energy
- Decreased ability to concentrate
- Inability to make decisions
- Thoughts of early death or suicide
- Spending less time with family and friends
- Tearfulness
- Being less talkative

### *Preparatory Grief*

Preparatory grief is a normal reaction that people experience when they are preparing for death. The symptoms of preparatory grief can be very similar to those of depression. The treatment is different, so it is important to distinguish grief from depression. The following identify preparatory grief:

- Mood changes with time
- Normal self esteem
- Enjoying seeing friends and family
- Looking forward to special occasions

### *Treatment*

Depression is a treatable disease. It is important to treat depression to increase quality of life and improve function. Individuals who believe they are depressed need to seek a physician's help. There are certain med-

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ical conditions that can cause or worsen depression. Your doctor can help identify and treat those medical causes. Afterward, other forms of treatment may be appropriate. These include the following:

- Medications
- Individual, group, or family therapy
- Hypnotherapy
- Meditation
- Existential therapy (related to the meaning of life)
- Complimentary and alternative medicine

## REFERENCES

1. Periyakoil VJ, Hallenback J: Identifying and managing preparatory grief and depression in end of life. *Am Fam Physician* 2002;65:883–890.
2. Chochinov HM, Wilson KG, Enns M, Mowchun N, Lander S, Levitt M, Clinch J: Desire for death in the terminally ill. *Am J Psychiatry* 1995;152:1185–1191.
3. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Washington, D.C.: American Psychiatric Association, 1994.
4. Noorani NH, Montagini M: Recognizing depression in palliative care patients. *J Palliat Med* 2007;10:458–464.
5. Miller KE, Adams SM, Miller MM: Antidepressant medication use in palliative care. *Am J Hosp Palliat Care* 2006;23:127–133.

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