Depression, cancer therapy-related symptoms, and self-care among Mexican American adults

Leticia Lantican, PhD, RN, Phoebe Williams, PhD, RN, FAAN, Julia Bader, Ph.D, & Daniela Lerma, BSBA, MBAc

Detailed Abstract:

Background/ Significance :

Cancer treatment is often associated with experiencing its side effects. Depression symptoms, in addition to other therapy-related symptoms, may compromise continuing with cancer treatment which may lead to increased health burden and poorer health outcomes. The symptom burden associated with depression in cancer patients presents continuing challenges in oncology practice.

Purpose :

Focused on Mexican Americans, this study sought to accomplish the following objectives:

1) to determine the occurrence and severity of depression symptoms and its association with other therapy-related symptoms among Mexican American adults undergoing chemotherapy;
2) to describe the self-care methods used by these patients to alleviate the symptoms reported;
3) to examine the relationship among the variables depression symptoms, functional status, and performance of self-care methods.

The primary goal was to generate baseline data for planning and implementing interventions to enhance self-care management of symptoms especially depression symptoms that may be related to the stress of undergoing cancer treatment.

Methods:

**Design:** Descriptive-correlational (guided by Orem’s Self-Care Deficit theory)

**Sample:** Mexican-American adults (N=67) receiving chemotherapy at a US-Mexico border city cancer treatment facility.

**Instruments:** PHQ-9 Depression scale, Therapy-Related Symptom Checklist (TRSC), Symptom Allevation: Self-Care Methods (SA:SCM), Karnofsky Performance Status Scale (KPSS) and Personal Demographics.

Findings:

Participants’ Characteristics: Mean age: 58.1 (Range: 29 – 86), mostly women (76%), married (51%), Catholic (81%), mostly educated (86%).
A. Depression symptoms: As measured by the PHQ-9, occurred (91%) at varied levels (Mild, moderate, severe); also included among TRSC top 10 therapy-related symptoms with highest severity and response frequency.

B) Self-Care Methods: Found helpful in categories: Life Style Change (e.g., exercise), Spiritual and Mind/Body Control (e.g., prayers, relaxation), and Medication (Paxil, Effexor). In the presence of severe depression symptoms, some self-care methods used did not provide relief.

C) Correlations among therapy-related symptoms, depression symptoms and functional status: Significant: (a) TRSC total score x PHQ-9—i.e., more severe symptoms related to higher depression; (b) PHQ-9 x Karnofsky score—i.e., more depression related to lower functional status; (c) PHQ-9 x Self-care—i.e., more depression related to lesser self-care abilities.

Conclusions and Implications

Findings validated information from research literature on association between cancer and depression. The need for assessing depressive symptoms among cancer patients is underscored in light of its potential for diminishing abilities for self-care use and affecting functional status.

Although findings cannot be generalized to the broader Mexican American population, this study provides preliminary data that could be useful for planning, implementing, and evaluating culturally competent interventions to enhance self-care and symptom management among Mexican Americans undergoing cancer treatment.

This study addressed an important priority goal of the 2005 Texas Cancer Plan especially pertaining to treatment and survivorship. It will contribute to the scarce literature on Hispanics especially on long-term effects of cancer treatment and complementary strategies that may help patients care for themselves.

The study findings are likewise expected to have significant implications on enhancing oncology practice through integration of depression care. Psychiatric-mental health nurses have a significant role in developing and implementing an integrated mental health-primary care model in oncology practice.
Select References


