Health-related quality of life in an unselected population of oncology patients, screened for anxiety and depression

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Introduction

There are currently no studies on the extent to which Swedish cancer patients with symptoms of anxiety or depression are identified and referred for assessment.

Anxiety and depression in cancer patients are associated with worse health-related quality of life (HRQOL)

Data are limited for the development of HRQOL over time for cancer patients with initially high scores of anxiety or depression.
Purpose

To explore the development of HRQOL during a six months period in patients with symptoms of anxiety or depression.

To compare them to a random sample of the Swedish population with regard to HRQOL.
Methods

All cancer patients were asked at their first visit to the department of oncology.

Hospital Anxiety and Depression Scale (HADS)

European Organization for Research and Treatment of Cancer, Quality of Life Questionnaire Core-30 (EORTC QLQ-C30)
Methods

HADS>7 on any of the 2 subscales were regarded as symptoms of anxiety or depression.

Follow-up questionnaires at 1, 3 and 6 months.
Approached n=644

Declined participation n=97
  “No interest”/“Do not want to participate” n=55
  “Poor health” n=15
  Gave no reason n=23

Consented n=547

Discontinued n=52

Baseline assessment, screened n=495

HADS>7 anxiety or depression n=176 (36%)
Baseline demographics HADS >7
n=176

Women n=103 (58%), men n=73 (41%)

Age mean 61 years (range 21-86 years)

Married/cohabitant n=130 (74%)
Single n=29 (16%)
Medical characteristics HADS>7
n=176

Diagnosis:
Breast cancer n=55 (31%)
Gastro-intestinal cancer n=42 (24%)
Urogenital cancer n=35 (20%)

Other n=44 (25%): malignant melanoma, lymphoma, lung cancer, CNS-tumour, gynaecologic cancer, head-neck cancer, oesophagus cancer and sarcoma.
EORTC QLQ-C30 functioning subscales, mean values for patients completing all four points of assessment (n=101-94)
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EORTC QLQ-C30 symptom subscales, mean values for patients completing all four points of assessment (n=101-94)
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- Fatigue
- Nausea and vomiting
- Pain
- Dyspnoea
- Insomnia
- Appetite loss
- Constipation
- Diarrhoea
- Financial difficulties

Baseline
1 month
3 months
6 months
To compare the study population to a random sample of the Swedish population with regard to HRQOL.
EORTC QLQ-C30 functioning subscales, mean values in the reference population

Reference
EORTC QLQ-C30 functioning scales, mean values in the reference population and in the study population at baseline
EORTC QLQ-C30 functioning scales, mean values in the reference population and in the study population at baseline and at 6 months.
EORTC QLQ-C30 symptom scales, mean values in the reference population

Reference
EORTC QLQ-C30 symptom scales, mean values in the reference population and in the study population at baseline.
EORTC QLQ-C30 symptom scales, mean values in the reference population and in the study population at baseline and at 6 months
Summary

Patients with symptoms of anxiety or depression had impaired HRQOL during the entire study period, although the mean levels improved over time.

They had a markedly worse HRQOL compared to the reference population both at baseline and 6 months.
Conclusion

Screening with HADS identifies patients with symptoms of anxiety or depression, remark that these patients also have a strongly impaired HRQOL

We recommend repeated assessments, information and referrals to psychosocial services during illness and treatment for oncology patients
Thank you!