Case 9 (Part 2) – January 2017

SA Palliative Care

Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

"Depressive disorders are important potentially reversible causes of suffering for palliative care patients, and while sadness and distress can be understandable, depressive disorders are not a normal part of dying". TG (palliative care) 4th Ed.

Effect of Life-Limiting Illness

Michael is a 75 year old who has recently been diagnosed with mesothelioma following workplace asbestos exposure. He received a course of palliative radiotherapy to metastatic disease in his ribs which was causing him some pain. This has provided some pain relief, but he still requires oxycodone at times, particularly before going to bed.

When discussing his diagnosis, Michael continues to be teary. He is anxious about getting his affairs in order and what his care needs might be at the end of life. Michael has lost about 7kg in the last month due to poor appetite and sleeps poorly as he is worried about who is going to support him and the burden that will be on them. He has been difficult to contact and the palliative care nurses have not been able to visit him as often as they would have liked.

Depressive Disorders in Life-Limiting Illness

Symptoms of a depressive disorder can be difficult to distinguish from symptoms associated with cancer e.g. anorexia, weight loss, fatigue and insomnia.

Treatment-related factors can also lead to symptoms which might be suggestive of a depressive disorder e.g. fatigue from chemotherapy or opioids; confusion from metabolic abnormalities, CNS disease, or brain radiotherapy.

Delirium is also common in patients with a life-limiting illness and should be excluded before a depressive disorder can be diagnosed.

Treating Depressive Disorders

If there are ongoing symptoms of a depressive disorder beyond an expected grief and adjustment following diagnosis, pharmacological management may be indicated.

There is no evidence to suggest any difference in efficacy when use in patients with a life-limiting illness. Thus, the general principles in selecting and antidepressant are unchanged. Given Michael's poor sleeping and recent weight loss, mirtazapine has a side-effect profile which may be advantageous. Increased appetite and associated weight gain as well as sedating properties while help with these specific symptoms while also improving his mood. See Therapeutic Guidelines (Psychotropic) 7th Ed: Table 8.14 for a comparison of adverse effects.

Michael should be regularly reviewed to monitor for adverse effects which may be difficult to distinguish from disease processes and other treatment-related factors.

A social worker has assisted with organising his affairs and developing self-care strategies.

Useful resources

- Therapeutic Guidelines (Palliative Care) 4th Ed: Psychological Symptoms
- CareSearch: Depression, Sleeping Problems

For more information

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