

Journal Watch

Pathways to distress: The multiple determinants of depression, hopelessness, and the desire for hastened death in metastatic cancer patients

Reference: Gary Rodin, Christopher Lo, Mario Mikulincer, Allan Donner, Lucia Gagliese, Camilla Zimmermann. *Social Science & Medicine*, 68 (2009), 562-569

Prepared by: Cheryl Nekolaichuk, PhD, R. Psych.

Reviewed: Tertiary Palliative Care Unit 43, Grey Nuns Community Hospital
February 3, 2009

Abstract

We tested a model in which psychosocial and disease-related variables act as multiple protective and risk factors for psychological distress in patients with metastatic cancer. We hypothesized that depression and hopelessness constitute common pathways of distress, which mediate the effects of psychosocial and disease-related factors on the desire for hastened death. This model was tested on a cross-sectional sample of 406 patients with metastatic gastrointestinal or lung cancer recruited at outpatient clinics of a Toronto cancer hospital, using structural equation modeling. The results supported the model. High disease burden, insecure attachment, low self-esteem, and younger age were risk factors for depression. Low spiritual well-being was a risk factor for hopelessness. Depression and hopelessness were found to be mutually reinforcing, but distinct constructs. Both depression and hopelessness independently predicted the desire for hastened death, and mediated the effects of psychosocial and disease-related variables on this outcome. The identified risk factors support a holistic approach to palliative care in patients with metastatic cancer, which attends to physical, psychological, and spiritual factors to prevent and treat distress in patients with advanced disease.

Keywords: Canada, oncology, depression, hopelessness, psychosocial risk factors, palliative care, desire for hastened death.

Strengths

- Integrative approach to understanding distress in advanced cancer patients – view of depression, hopelessness and desire for hastened death as a “triad of distress”
- Balanced model which recognizes contribution of both “negative” (e.g. increased physical burden, anxious attachment) and “positive” (protective) factors (e.g. meaning and peace, faith) to distress
- Large sample size (n=406)

Weaknesses

- Sampling issues
 - cross sectional sample – single snapshot in time, does not capture longitudinal dynamics of relationships amongst depression, hopelessness and desire for hastened death, as patients approach death
 - recruited over a long time period (4 1/2-years)
 - limited to metastatic gastrointestinal and lung cancer outpatients recruited from medical and radiation oncology clinics [average Karnofsky Performance Status = 81.55]
 - difficult to assess level of symptom burden [only number and frequency of symptoms reported, intensity of symptoms not reported other than for pain]
 - may not be generalizable to patients with complex pain and symptom profiles [average pain intensity = 1.49 (scale 0 – 10)]

Relevance to Palliative Care

- Distress in advanced cancer and palliative patients is very common, complex and multifactorial in nature, particularly at end of life. This integrative model allows for the identification of different entry points for assessment and intervention of distress in advanced cancer and palliative patients.