



## **GeriCare**

### **Management of Depression in Palliative Care**

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In the earlier video, we learnt about the assessment of depression in palliative care patients like Sam. In this video, we learn how to help Sam manage his depression.

Management of depression in palliative care is complex. It is best directed by a doctor familiar with treating depression in the palliative care setting with the support of a multidisciplinary team that includes nurses, therapists, social workers, psychologists or counsellors.

There are 3 key approaches in the management of depression. 1. Social interventions, 2. Psychological interventions and 3. Pharmacological interventions.

Social interventions aim to improve the mental health of a patient through increasing social interactions and activities, having more peer support and building rapport with patients through active listening and providing empathy. For Sam, kind and compassionate words made him feel like he is heard and cared for. These could be carried out by most healthcare workers or volunteers like you.

Sometimes bringing Sam out for outings to enjoy nature could soothe his anxieties and worries. By encouraging him to join in group activities could also help to promote his mental well-being. We can also occasionally buy his favourite food too! Sam loves his roti prata.

There may be difficult social situations where the multidisciplinary team can help. For example, helping to contact an overseas family member whom Sam misses very much.

Psychological interventions are provided by trained healthcare workers such as psychologists, counsellors or creative therapists. Examples of these interventions include cognitive behavioural therapy or person-centred therapy. Other therapies such as art or music therapy could be helpful too. By seeing an art therapist regularly, Sam could process his feelings through the use of painting and drawing.

Antidepressants can be useful in treating depression. However, the use of antidepressants in palliative care should be carefully considered depending on the causes of depression, interactions with other medications and the prognosis of patients.

In palliative patients, those with a short prognosis may not benefit from antidepressants as they take about a few weeks to work. However, for patients who have been started on antidepressants, there is an increased risk of self-harm in the first few weeks after starting the medication. It is important for healthcare workers to monitor for both the risk of self-harm and other signs of side effects such as increased agitation or drowsiness.

If the patient is having active suicidal ideas, it is important for him to be evaluated by a professional trained in suicide risk assessment. This could be a social worker, nurse or doctor with the appropriate training.

Compliance with medication is important. Antidepressants might be dangerous and less effective if taken irregularly or stopped suddenly.

For Sam, spending quality time with his loved ones and attending art therapy sessions have helped to uplift his mood. Coupled with the use of antidepressants, Sam could better cope with a more positive outlook in life. And importantly, healthcare workers can help patients like Sam get better by



actively listening to them, understanding who they are as a person, and responding to them with compassion and kindness.

## References

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