

Depression and Anxiety in Pancreatic Cancer

Dr Anna Kathryn Taylor

University of Leeds

Leeds and York Partnership NHS Foundation Trust

 @Anna_K_Taylor

What we are going to discuss

- Aetiology of depression and anxiety
- Risk factors
- Epidemiology
- Case study
- Starting a conversation about mental health
- Treating depression and anxiety
- Resources

‘And that’s the only thing I do worry about is, will it come back? And I’ve been told, well, we don’t know. So that is always at the back of my mind... The first different pain you get you start worrying, so.’

Elizabeth

A bit about aetiology...

- Genetics
- Environment and life events
- Neurobiological theories include:
 - low serotonin
 - low dopamine
 - high cortisol

Risk factors

- Female
- Older age
- Past history of mood disorder/anxiety
- Family history
- Poor social support/networks
- Physical illness
- Adverse life events
- Poverty
- Substance misuse e.g. alcohol and drugs

‘I don’t know who I am at the moment... I hope that I improve my stamina and I hope we get to do some of the things we want to do, and I hope I don’t become unwell again. But I do not feel in control of that. At all.’

Tim

How common is it?

- Lifetime prevalence of depression 5-17%
 - Lifetime prevalence of generalised anxiety disorder 1-7%
 - Other anxiety disorders include PTSD, OCD, phobias
 - Many people have both depression and anxiety
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- Depression in pancreatic cancer: up to 50%?
 - Anxiety in pancreatic cancer: ?

Clinical features of depression

- Low mood
- Reduced energy
- Lack of interest/pleasure in usually enjoyable activities
- Low self-esteem
- Guilt
- Poor concentration
- Change in sleep and appetite
- Self-neglect
- Hopelessness
- Suicidal ideation

Clinical features of anxiety

- Depends on subtype:
 - generalised anxiety
 - PTSD
 - OCD
 - phobia
 - panic disorder

‘[Everyone] probably needs to be doing other things without fussing about me... I didn’t want to bother people... [if someone had asked] that would have broken the ice and uh, I would have felt that I’d been invited to, which is different to imposing on them, you know what I mean?’

Joseph

Why is it important to recognise depression and anxiety?

- Co-morbid physical and mental health problems can lead to:
 - poorer clinical outcomes (physical and mental)
 - poorer quality of life
 - reduced ability to manage physical symptoms

Case study

- 68yo Michael was diagnosed with pancreatic cancer earlier this year and underwent a Whipple's procedure. He is now having chemotherapy. You see him in his outpatient's appointment with his wife. In previous appointments he has been fairly positive in outlook. Today he seems tired and glum. He mentions he has been really struggling with chemo side effects and has not been sleeping well. He is otherwise tolerating the chemotherapy quite well.
- What would you do?

How to start a conversation about mental health

- ‘Lots of people in your situation can feel quite low in mood or anxious. How are you feeling?’
- ‘You seem quite upset today, which is understandable. Would you like to talk about it?’
- ‘How has all this affected the rest of your life outside your physical treatment?’
- ‘It’s hard to see a family member/friend going through this. How are you coping with it?’

‘I was in there a long time, more than the five or ten minutes you’re allowed, you know. And he was very supportive and he said, “My door is always open”... I was very depressed at one time ... And I would see him quite a lot, it was like once a month. He’s a doctor that you can talk to.’

Elizabeth

Management

- Validate the person's feelings and experiences
- Mild/moderate depression/anxiety does not need medication
- Ensure the GP is aware and ask them to follow up as well
- Signpost to services like Maggie's and Macmillan for cancer support including counselling
- Self-referral for psychological therapies (IAPT)
- Citizens Advice for support around financial issues
- If experiencing suicidal thoughts: urgently contact GP or the Single Point of Access line

Find a local NHS urgent mental health helpline in England

NHS urgent mental health helplines are for people of all ages in England.

You can call for:

- 24-hour advice and support for you, your child, your parent or someone you care for
- help speaking to a mental health professional
- an assessment to find the right care for you

You may need urgent help for many reasons.

The important thing to know is you will not be wasting anyone's time.

We need to ask 1 or 2 questions to find the right helpline for you.

[Start now](#)

Resources and further reading

- Macmillan: <https://www.macmillan.org.uk/cancer-information-and-support>
- Maggie's Centres: <https://www.maggies.org/>
- Michoglou et al. Pancreatic cancer and depression. *World J Clin Cases*. 2023 Apr 26; 11(12): 2631–2636
- NICE Clinical Knowledge Summaries
- Single Point of Access: <https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>
- Taylor et al. 'It's always in the back of my mind.' *BMJ Open*. 2021;11:e050016
- Taylor et al. 'You know where we are if you need us.' *BJGP Open* 2022; 6 (2): BJGPO.2021.0154
- Watson et al. Experiences and supportive care needs of UK patients with pancreatic cancer. *BMJ Open*. 2019; 9: e032681

Thank you!



annaktaylor@doctors.org.uk

X @Anna_K_Taylor