

# Key Symptoms of Major Depressive Disorder in Palliative Care Patients

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## Introduction

Major Depressive Disorder (MDD) is a profound and pervasive mental health condition that significantly impacts individuals across various settings, including those receiving palliative care. In the context of palliative care, which focuses on providing relief from the symptoms and stress associated with serious illness rather than curative treatment, the prevalence and impact of MDD are notably profound. Patients in palliative care often grapple with a unique set of challenges including advanced disease, terminal prognosis and complex symptom management, all of which can contribute to or exacerbate depressive symptoms. Palliative care aims to enhance the quality of life for patients facing life-threatening conditions, emphasizing comfort and support rather than aggressive treatment. This care model is particularly relevant for patients with terminal illnesses such as advanced cancer, end-stage organ diseases, or progressive neurological conditions.

Despite the goal of alleviating suffering, palliative care patients are at a high risk for developing or experiencing worsening symptoms of MDD, which can further diminish their quality of life and complicate their care. Understanding the key symptoms of MDD in palliative care patients is crucial for several reasons. Firstly, recognizing these symptoms enables healthcare professionals to address the complex interplay between physical and emotional suffering, thus improving overall patient outcomes. Secondly, it allows for the implementation of targeted interventions that can help manage depressive symptoms effectively, thereby enhancing the patient's comfort and dignity during their final stages of life.

Lastly, a thorough understanding of these symptoms can guide caregivers and families in providing compassionate support and ensuring that patients' emotional and psychological needs are met. This discussion will explore the key symptoms of Major Depressive Disorder within the context of palliative care patients, offering a detailed examination of their manifestations, implications and management strategies. By delving into the intricate relationship between depression and palliative care, this exploration aims to shed light on the essential aspects of identifying and addressing depressive symptoms to improve the overall quality of life for these vulnerable patients [1].

## Description

Major Depressive Disorder in palliative care patients manifests through a variety of symptoms, each contributing to the overall burden of disease. These symptoms can be broadly categorized into emotional, cognitive, physical and behavioural domains. The emotional experience of MDD is characterized by

pervasive sadness, hopelessness and a marked loss of interest or pleasure in previously enjoyed activities. In the palliative care setting, patients may express a sense of despair or resignation, reflecting their awareness of their terminal condition. They might also experience intense feelings of guilt or worthlessness, which can be compounded by their perceived burden on others. Cognitive impairment is a significant aspect of MDD. Patients may exhibit difficulties with concentration, memory and decision-making. In palliative care, cognitive symptoms can overlap with effects from medications or the underlying disease process, making it challenging to distinguish between depression-related cognitive decline and other factors. This cognitive decline can impact the patient's ability to participate in care decisions and maintain a sense of agency [2].

The physical manifestation of depression in palliative care patients often includes changes in appetite and weight, disruptions in sleep patterns and persistent fatigue. These symptoms can be particularly difficult to differentiate from the physical effects of the underlying illness or its treatment. For example, changes in appetite might be attributed to either depression or medication side effects, while fatigue might be seen as a symptom of both the disease and depressive disorder. Behavioral changes in MDD can include withdrawal from social interactions, decreased engagement in self-care activities and a noticeable decline in overall functioning. In palliative care, patients might become less responsive to family and friends or neglect personal hygiene and activities of daily living. This withdrawal can exacerbate feelings of isolation and contribute to further psychological distress. The presence of MDD in palliative care patients can have significant implications for both the patients and their caregivers.

Depression can complicate symptom management by exacerbating physical symptoms and diminishing the patient's ability to cope with their illness. For instance, a patient suffering from depression may report increased pain sensitivity or have difficulty adhering to pain management regimens due to lack of motivation or engagement. Additionally, MDD can affect the quality of communication between patients and healthcare providers. Depressed patients might struggle to articulate their needs or may not actively participate in discussions about their care preferences, leading to misaligned treatment goals and dissatisfaction with care. The overall experience of palliative care can be negatively impacted if depressive symptoms are not adequately addressed, leading to a diminished sense of well-being and overall quality of life. For caregivers and family members, dealing with a patient who has MDD can be emotionally taxing and challenging [3].

The emotional and behavioral changes associated with depression can lead to strained relationships and increased caregiver stress. Effective management of MDD in palliative care patients requires a holistic approach that considers the needs of both the patient and their support system. Accurate assessment and diagnosis of MDD in palliative care settings require a comprehensive approach that considers the patient's physical condition, psychological state and overall quality of life. Standard diagnostic tools, such as the DSM-5 criteria for MDD, may need to be adapted to account for the complexity of the palliative care environment.

Healthcare providers should employ a multidimensional assessment approach that includes patient interviews, self-report measures and observations of behaviour. Tools like the Patient Health Questionnaire-9 (PHQ-9) or the Hamilton Depression Rating Scale (HDRS) can be useful, though it is essential to interpret results in the context of the patient's illness

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and treatment. Moreover, healthcare professionals should consider the role of interdisciplinary collaboration in assessing and managing MDD. Palliative care teams often include physicians, nurses, social workers and psychologists who can contribute valuable insights into the patient's emotional and psychological state. Collaboration among team members can facilitate a more comprehensive understanding of the patient's experience and guide the development of a tailored care plan [4].

Managing MDD in palliative care patients involves a combination of pharmacological and non-pharmacological approaches. The choice of treatment should be individualized based on the patient's specific needs, preferences and overall prognosis. Antidepressant medications are commonly used to address symptoms of MDD. Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) are frequently prescribed due to their favourable side effect profiles and efficacy. However, the use of antidepressants in palliative care requires careful consideration of potential drug interactions and the patient's overall health status.

Dosage adjustments and close monitoring are essential to minimize adverse effects and ensure therapeutic efficacy. Non-pharmacological approaches, such as Cognitive-Behavioural Therapy (CBT), supportive psychotherapy and psychosocial interventions, can play a crucial role in managing MDD. These therapies focus on addressing negative thought patterns, enhancing coping strategies and providing emotional support. In the palliative care setting, interventions that promote meaning-making, life review and spiritual support can be particularly beneficial. Additionally, integrating complementary therapies, such as art therapy, music therapy, or mindfulness practices, can provide valuable emotional relief and improve overall well-being. These approaches should be considered as part of a holistic care plan that addresses both psychological and physical aspects of the patient's experience.

Addressing MDD in palliative care involves navigating several ethical and practical considerations. The goals of care in palliative settings emphasize patient autonomy and quality of life, which must be balanced with the need for effective symptom management. Healthcare providers should engage in open and empathetic communication with patients and their families to ensure that treatment decisions align with the patient's values and preferences. Moreover, the potential for conflicts between depression management and other aspects of palliative care, such as end-of-life decision-making and symptom control, must be carefully managed. Providers should work collaboratively with patients, families and the palliative care team to create a care plan that respects the patient's wishes and addresses their emotional and psychological needs [5].

## Conclusion

Major Depressive Disorder in palliative care patients represents a significant challenge that requires a nuanced and compassionate approach. The key symptoms of MDD, including emotional, cognitive, physical and behavioural manifestations, can profoundly impact the quality of life and overall care experience for patients facing terminal illnesses. Recognizing and addressing these symptoms is essential for providing holistic and effective palliative care that meets the needs of both patients and their families.

Effective management of MDD involves a combination of pharmacological and non-pharmacological treatments, tailored to the individual's specific situation and preferences. Interdisciplinary collaboration, comprehensive assessment and a focus on patient-centered care are critical components in addressing depressive symptoms and improving overall well-being. By prioritizing the identification and management of MDD in palliative care settings, healthcare providers can enhance the quality of life for patients, alleviate suffering and support a more compassionate and effective approach to end-of-life care. Ensuring that both emotional and physical aspects of care are addressed can lead to a more dignified and fulfilling experience for patients during their final stages of life, ultimately achieving the core goals of palliative care.

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## Conflict of Interest

None.

## References

1. Block, Susan D. and ACP-ASIM End-of-Life Care Consensus Panel. "Assessing and managing depression in the terminally ill patient." *Ann Intern Med* 132(2000): 209-218.
2. Noorani, Nazneen Hyder and Marcos Montagnini. "Recognizing depression in palliative care patients." *J Palliat Med* 10(2007): 458-464.
3. Wilson, Keith G., Harvey Max Chochinov, Merika Graham Skirko and Pierre Allard, et al. "Depression and anxiety disorders in palliative cancer care." *J Pain Symptom Manag* 33 (2007): 118-129
4. Chochinov, Harvey Max, Keith G. Wilson, Murray Enns and Neil Mowchun, et al. "Desire for death in the terminally ill." *Am J Psychiatry* (1995).
5. Breitbart, William, Barry Rosenfeld, Hayley Pessin and Monique Kaim, et al. "Depression, hopelessness and desire for hastened death in terminally ill patients with cancer." *Jama* 284(2000): 2907-2911.

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