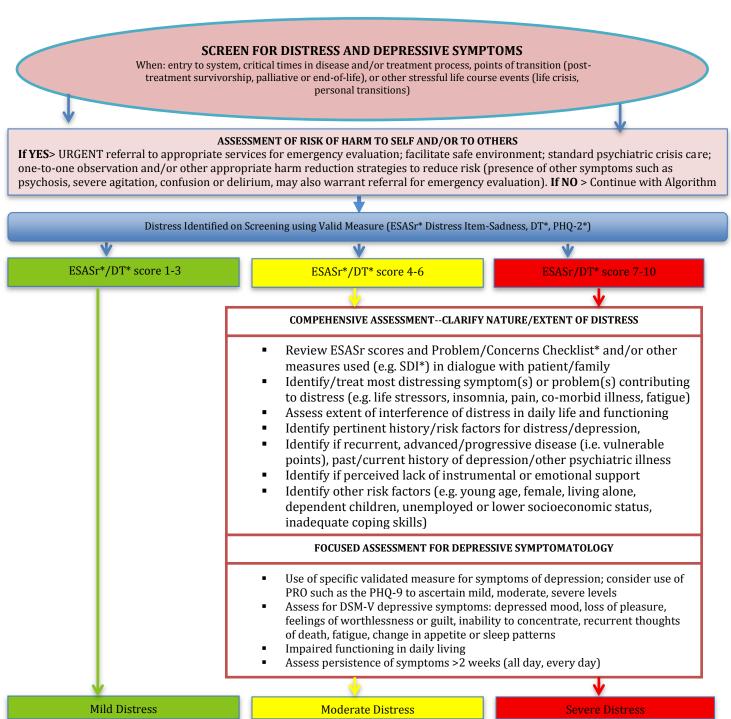
# 1.A Algorithms for Cancer-Related Distress, Depression, & Global Anxiety

SCREENING AND ASSESSMENT-DISTRESS & DEPRESSION IN ADULTS WITH CANCER



ESASr=Edmonton Symptom Assessment Scale Revised; PHQ-9=Patient Health Questionnaire- 9 items; PHQ-2=2 item screener for depression; use of algorithm does not substitute for appropriate clinical judgment; Reference: Howell et al. Screening, Assessment and Management of Psychosocial Distress. Anxiety and Depression. Canadian Association of Psychosocial Oncology (CAPO) 2015.

# CARE MAP-DISTRESS AND DEPRESSION IN ADULTS WITH CANCER

Mild Distress/Minimal Depressive Moderate Distress/Depressive Severe Distress/Symptoms of Severe or Major Depression **Symptoms** Symptoms Plus Impairment Risk of harm to self and/or others Sub-threshold depressive NO/Mild Distress (<4 on ESASr or and/or Suicidal Concerns on PHQsymptoms **Distress Thermometer** 9-any level= URGENT referral to If using PHQ-9, score of 8-14= If using PHQ-9, score of 1-7 PHQ-Moderate Distress/Depression appropriate services: facilitate 9=Mild Depression (minimal safe environment one-to-one Two or more depressive symptoms observation, initiate harm for 2 weeks or more; or depressive symptoms) impairment in daily living or reduction interventions to reduce "Normal" worries with situation risk of harm to self and/or others functioning Effective coping skills and access Persistent maladaptive response to social support which is difficult to control Gradual resolution over weeks/ Risk factors (e.g. gaps in social months If using PHO-9, Score 15-19 for support or coping skills) Moderate to Severe; Severe Symptoms= Score of 20-27 Symptoms of Major Depression: depressed mood >2 weeks, change from Offer referral to psychosocial Referral to psychosocial services as baseline, impaired function plus >5 support and/or peer support required; any risk factors or suicidal symptoms of depressed mood, insomnia groups concerns-refer or hyperinsomnia, psychomotor agitation or retardation, fatigue, weight change/loss of appetite, guilt/worthlessness, impaired concentration (DSM V criteria) Care pathway 1 Care pathway 2 Care pathway 3 Prevention and supportive care Psychosocial care Specialist referral for diagnosis STEPPED CARE MODEL Intensity of intervention graded to severity and responsiveness of distress to initial treatment Provide universal education and information (verbal or written) and support self-management in following areas: Normalcy of distress in cancer; signs and symptoms of worsening distress and need for additional support Benefits of peer support groups and services (e.g., patient library, reliable internet sites) Availability of practical supports (e.g. transportation, financial assistance, drug benefit, etc.) Specific stress reduction strategies (e.g. relaxation approaches, coping skills training) Self-management support to facilitate management of other symptoms i.e. sleep hygiene, fatigue and pain Use of non-pharmacological strategies i.e. exercise, mindfulness, optimal nutrition Low intensity psychological interventions (behavioural (CBT\*, interpersonal therapy, individual psychotherapy) activation, guided self-help-based on CBT\*, problem-solving, psycho-Combine with education) pharmacotherapy, as appropriate-check adherence As appropriate, combine with pharmacotherapy-attention to Psychiatric standard of care for interactions and side-effects concerns on PHQ-9 Refer to specialist psychosocial services, as required Reassess effect at 8-weeks Follow-up and ongoing re-assessment

<sup>\*</sup> CBT-cognitive-behavioral therapy; \*major depression based on clinical interview or threshold depression on valid tool

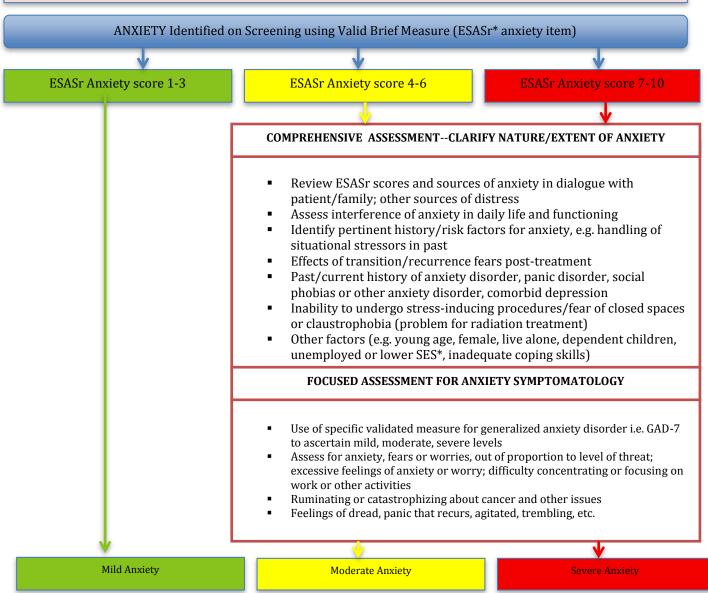
# SCREENING AND ASSESSMENT-ANXIETY IN ADULTS WITH CANCER

#### SCREEN FOR ANXIETY

When: entry to system, critical times in disease and/or treatment process, points of transition (posttreatment survivorship, palliative or end-of-life), prior to procedures or other stressful life course events (life crisis, personal transitions)

### ASSESSMENT OF RISK OF HARM TO SELF AND/OR TO OTHERS

If YES> URGENT referral to appropriate services for emergency evaluation; facilitate safe environment; standard psychiatric crisis care; one-to-one observation and/or other appropriate harm reduction strategies to reduce risk (presence of other symptoms such as psychosis, severe agitation, confusion or delirium, may also warrant referral for emergency evaluation). If NO > Continue with Algorithm



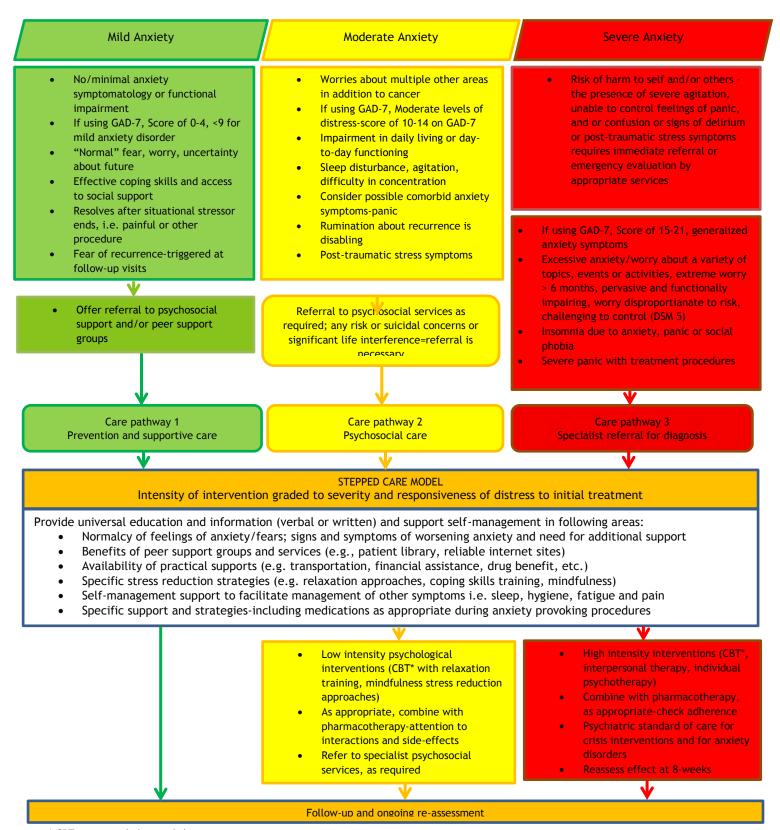
ESASr=Edmonton Symptom Assessment Scale Revised; GAD-7=Generalized Anxiety Disorder 7 items; \*Socioeconomic status-SES; Team decides referral standard; Reference: Howell et al. Screening, Assessment and Management of Psychosocial Distress, Anxiety and Depression, Canadian Association of Psychosocial Oncology (CAPO) 2015. Use of algorithm does not substitute for appropriate clinical judgment.

Howell et al. Canadian Association of Psychosocial Oncology, 2015

REFERENCE-Howell et al. 2015 Distress Guideline, Canadian Association of Psychosocial Oncology

Reference: Howell et al. Screening, Assessment and Management of Psychosocial Distress, CAPO

# CARE MAP-ANXIETY IN ADULTS WITH CANCER



<sup>\*</sup> CBT-cognitive-behavioral therapy

Figure 1.A.1: Algorithm for Cancer-Related Distress, Depression & Global Anxiety