Depression

Feelings of depression are common when patients and family members are coping with cancer. It’s normal to feel sadness and grief. Dreams, plans, and the future may seem uncertain. But if a person has been sad for a long time or is having trouble carrying out day-to-day activities, there is reason to be concerned.

Depression can be mild and temporary with periods of sadness, but can also be more severe and lasting. The more severe type is often called major depression or clinical depression.

Major or clinical depression makes it hard for a person to function and follow treatment plans. It happens in about 1 in 4 people with cancer, but it can be managed. People who have had depression before are more likely to have depression after their cancer diagnosis.

What to look for

Family and friends who notice signs and symptoms of depression can encourage the person to get help. Sometimes symptoms of anxiety\(^1\) or distress\(^2\) can go along with depression. Here are some signs and symptoms that could mean professional help for depression is needed:

- Ongoing sad, hopeless, or “empty” mood almost every day for most of the day
- Loss of interest or pleasure in activities that were once enjoyed
- Major weight loss (when not dieting) or weight gain
- Sleep changes (can’t sleep, early waking, or oversleeping)
- Extreme tiredness or less energy almost every day
- Other people notice that you’re restless or “slowed down” almost every day
- Feelings of guilt, worthlessness, and helplessness
• Trouble focusing, remembering, or making decisions
• Frequent thoughts of death or suicide, or attempts at suicide
• Wide mood swings from depression to periods of agitation and high energy

Some physical problems such as tiredness, poor appetite, and sleep changes can also be side effects of cancer treatment, and can linger after cancer treatment is over. Ask your cancer team about the possible causes of these symptoms and if depression might be a factor.

Managing depression

Managing depression in people with cancer might include counseling, medication, or a combination of both, and sometimes other specialized treatments. These treatments improve the depression, reduce the suffering, and help the person with cancer have a better quality of life.

What the patient can do

• Talk about feelings and fears that you or family members have. It’s OK to feel sad, angry, and frustrated, but don’t take it out on those close to you. It’s important to listen carefully to each other, decide together what you can do to support each other, and encourage, but do not force, one another to talk.
• Use mindfulness, prayer, meditation, or other types of spiritual support.
• Try deep breathing and relaxation exercises several times a day. (For example, close your eyes, breathe deeply, focus on each body part and relax it, starting with your toes and working up to your head. When you’re relaxed, imagine yourself in a pleasant place, such as a breezy beach or a sunny meadow.)
• Consider working with a professional counselor to deal with the changes in your life.
• Ask about treatments for depression.

What caregivers can do

• Gently invite the patient to talk about their fears and concerns. Do not force the patient to talk before they are ready.
• Listen carefully without judging the patient’s feelings or your own. It’s OK to point
out and disagree with self-defeating thoughts.

- Avoid telling the person to “cheer up” or “think positively.”
- Decide together what you can do to support each other.
- Don’t try to reason with the person if fear, anxiety, or depression is severe. Get help from someone on the cancer care team.

- Engage the person in activities they enjoy.

- Keep in mind that caregivers can also become depressed. All these suggestions may be used for caregivers, too.
- Take time to care for yourself. Spend time with friends or doing things you enjoy.
- Consider getting support for yourself through groups or one-on-one counseling.

Call the mental health provider or the cancer care team if the patient

- Has thoughts of suicide, or can’t stop thinking about death
- Behaves in such a way that you’re concerned about their safety
- Can’t eat or sleep and isn’t interested in their usual activities for several days
- Has trouble breathing, is sweating, or feels very restless

Hyperlinks


References


Mehta RD, Roth AJ. Psychiatric Considerations in the Oncology Setting. CA Cancer J Clin. 2015;65:300-314.


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Written by

The American Cancer Society medical and editorial content team (www.cancer.org/cancer/acs-medical-content-and-news-staff.html)

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