

2 Health Lifestyle

Medical Matters

Muiris Houston



Depressed cancer patients need special treatment

It's not that many decades ago since cancer was seen as something of a stigma. People either avoided the word completely or used euphemisms such as "the big C". Thankfully, those days are almost behind us. But stigma attaches itself to other diseases, most notably psychological illness.

Mental health advocate and TD Dan Neville has called for the de-stigmatisation of mental illness, saying "many people are still unnerved by the idea of mental ill health and there has traditionally been a reluctance to discuss mental illness in our society".

All of which must make it especially difficult for people with both cancer and depression. Distress, the range of unpleasant emotions associated with a cancer experience, is common in patients and their families.

Some manage to include the new reality in their lives; for others, unfortunately, emotional distress goes undetected and may progress to clinical anxiety and depression.

An editorial last year in the journal *Cancer World* had this to say: "There are a number of factors that contribute to this unsatisfactory situation. Patients are sometimes reluctant to seek help or admit to feeling distressed, because of taboos surrounding mental health disorders. These taboos can also influence clinicians, who may be reluctant to label a patient as having a mental health condition."

"Lack of experience, lack of time, low index of suspicion and failing to inquire about relevant symptoms can all play a role. Lack of specialist support once mental health problems are picked up is also an issue."

Distress thermometer

The International Psycho-social Oncology Society (IPOS) is campaigning to have emotional distress measured as the "sixth vital sign" in cancer patients. Incorporating regular screening for distress into

Major depression was most common in patients with lung cancer (13 per cent) and lowest in those with genitourinary cancer (6 per cent). Unfortunately, almost three-quarters of depressed cancer patients were not receiving treatment.

But good news came in the other two papers which showed that a new integrated treatment programme reduces depression and improves quality of life.

The SMART Oncology-2 randomised trial, published in the *Lancet*, evaluated the effectiveness of a new programme called "Depression Care for People with Cancer" (DCPC). Delivered by a team of specially trained cancer nurses and psychiatrists, DCPC includes both antidepressant and psychological therapy.

Carried out on 500 adults with major depression and a cancer with a good prognosis - where the predicted survival was more than 12 months - the trial compared DCPC with

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usual care. DCPC was strikingly more effective at reducing depression. At six months, some 62 per cent of the patients who received DCPC responded to treatment compared with only 17 per cent of those who received usual care. The programme also improved anxiety, pain, fatigue, functioning, and overall quality of life.

Health Scan Dr Katherine Condren



Do you have a healthy lifestyle?
I don't believe I have the best work/life balance. I'm at a busy life stage, working full-time and I have teenagers. I hope my life will become easier as time passes. I am trying to get my children to help more in the house. I try to eat well but I love chocolate in the evening.

How often do you exercise?
We have dogs, so I try to walk them a few times a week. I also swim once a week. At the weekends, I try to get out into the countryside for a longer walk. During my holidays in Mayo, I walk, swim and cycle. I feel my best if each day has some exercise. I must be reasonably fit as I trekked the Inca trail over four days to Machu Picchu this summer with no problems.

Do you get your five fruit and vegetables a day?

Yes, I think I do. I always start off my day with a glass of orange juice. Mostly I would have some salad at lunchtimes, usually in a sandwich. In a meal, I enjoy vegetables the best and am trying to dish up less meat and rely more on vegetables. I am also trying to build up a bigger repertoire of vegetarian meals for the family.

Do you worry?
I think worry is part and parcel of life. I worry about my work, my children and the future but I control my worry; I tell myself that

Dr Katherine Condren: 'I try to eat well but I love chocolate.'

everything at the moment is fine and I will cope with what is ahead if I have to.

What do you do to relax?
I enjoy baking. I enjoy chatting with my friends of whom my number one is my husband, Charles. He has always had the ability to make me smile and relax. If he sees me looking a bit tense, he always says, unprompted: "It's not going to happen." I enjoy reading in bed, which I do before I sleep and when I wake up, even on work days.

What's your worst habit?
I am a bit of a perfectionist; I think that is an attribute of being a dentist. It makes one strive to excel at work but bringing it home is not a good idea. I try each day not to mind the mess that having teenagers in the house entails.

Dr Katherine Condren is a dentist and president of the Orthodontic Society of Ireland. orthodontics.ie
Colin Gleeson



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Health Board

ADD support: Support group meetings for parents and carers of children and teenagers with attention deficit disorder (ADD) start in Dublin this week. Run by the hyperactivity attention deficit

Inclusion conference: "Disability through the course of life" is the theme of a free research conference, 8.30am-1pm, on Tuesday, September 16th, at the ESRI, Whitaker Square, Sir John Roger-

the centre at 01-6614911 or email volunteer.services@rcc.ie. Closing date is Friday, September 26th.

AMD testing: Anyone over 50 can avail of free testing for the progressive eye disease age-related