

Predicting Depressed mood in Head and Neck Cancer Patients

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Purpose: Head and Neck cancer (HNC) is associated with numerous tumor and treatment related sequelae that affect function, quality of life and psychosocial well-being. We conducted a cross sectional, descriptive study of HNC patients across the trajectory of diagnosis and treatment and their caregivers to identify factors useful in explaining depressed mood among the patients.

Methods: 61 patient-caregiver dyads participated in the study. Patients completed the following measures: the Vanderbilt Multi-dimensional Coping Inventory, the Vanderbilt Head and Neck Symptom Survey, and the Center for Epidemiology-Depression Scale. Caregivers completed the following measures: the Vanderbilt Multi-dimensional Coping Inventory, the Caregiver Reaction Assessment and the Center for Epidemiology-Depression Scale.

Findings: Patient characteristics: mean age = 54.5 (range 21-89 years), educational level 12.9 years (range 7-21 years), 75.4% male, 90.2% white, 82.0% married, 36.1% employed full time, 16.4% currently using a feeding tube. Caregiver characteristics: mean age = 50.7 (range 28-77 years), educational level 13.5 years (range 8-20 years), 83.6% female, 93.4% white, 86.9% married, 47.5% employed full time, 76.9% were spouses.

First, we examined the correlation matrix to identify variables with a significant relationship with the patient's CESD score. Significant correlations were observed between the patient's age, symptom assessment, overall rating of well-being, use of confrontive coping, distraction, wishful thinking, self-castigation, self-isolation and general disengagement and the patient's CESD score. We used hierarchical regression, controlling for age and gender, to determine the best predictors of depressed mood in these HNC patients. The patient's self report of their level of symptoms and the use of self-isolation as a coping strategy were the best predictors of depressed mood and accounted for 54% of the variability.

Discussion: These results suggest that the major variables predicting depressed mood of HNC patients were level of symptoms and the use of self-isolation as a coping strategy. Therefore, HNC patients who report more symptoms and less social activities are at risk for developing depressed mood. Consequently, nurses and other health care providers who care for HNC patients should regularly assess not only the symptoms but also the individual's tendency to withdraw from others or social activities. Our findings suggest that nurses should monitor the physical, psychological, and social dimensions of HNC patients in order to intervene and enhance their quality of life.