

Policy-Relevant Characteristics of Depressive and Anxiety Disorders in Prostate Cancer Survivors

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Abstract

The overarching goal of this study was to generate evidence that informs depression- and anxiety-care recommendations in American Cancer Society's Prostate Cancer Survivorship Guidelines. This is important because major depression and clinically significant prostate cancer related anxiety (PCRA) may affect up to 1 million prostate cancer survivors, and little is known about who these survivors are, who gets appropriate care, or how PCRA's affects health-related quality of life. These gaps in the literature have huge implications on the cancer survivorship experience, patient safety, and our ability to plan and implement meaningful interventions.

The goal of the first study was to describe patterns and predictors of depression and clinical diagnosis of depression. I analyzed secondary data and made the following findings: the prevalence of depression declines from 38% in the year of cancer diagnosis to about 20% 7 years later; risk factors for depression include being black, unemployed, young, having a history of depression, treatment decisional regret, a low annual income, and lack of exercise, the average rate of clinical diagnosis of depression was 44%, and the unmet need for depression care increases from 2 in 5 cases after cancer diagnosis to 3 in 5 cases 7 years later. Survivors with undiagnosed depression were more likely to be black, less educated, employed, elderly, living with a cancer diagnosis for more than three years, and few annual visits to primary care clinics.

The goal of the second study was to describe patterns and predictors of depression treatment conditional on clinical diagnosis of depression. I analyzed secondary data and found the following: the rate of depression treatment was 62%; and depression treatment is more likely with worse depressive symptoms, and less likely in the employed, or two years post cancer diagnosis.

The goal of the third study was to describe relationships between PCRA and health-related quality of life (HRQOL). I analyzed secondary data and found the following: fear of recurrence affects productivity; and the risk of major depression is significantly higher in patients with clinically significant PCRA. I also created a crosswalk that converts patient-reported measures of PCRA into utilities for cost-effectiveness analyses.

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