

PRIMARY CARE 10 TOP TIPS

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Treatment of anxiety and depression in palliative care

- 1** Depression and anxiety are common in palliative care patients.
- 2** Adjustment disorder is also very common.
- 3** Fatigue due to disease may mask lack of motivation and appetite due to depression, and a trial of antidepressants should be considered if time allows.
- 4** SSRI (Citalopram) is the drug of choice. Fluoxetine is generally avoided, as it can aggravate restlessness and withdrawal/switching can be problematic.
- 5** Remember risk of serotonin syndrome where patients are on multiple medications in addition to a SSRI.
- 6** Where neuropathic pain is an issue as well as depression, Mirtazapine is often used as the antidepressant of choice.
- 7** Mirtazapine 15mg has a more sedative effect than the higher doses.
- 8** Depression is statistically more common in pancreatic than in other cancers.
- 9** Diazepam may accumulate over a few days, so use should be carefully monitored. Once daily dosage is often adequate.
- 10** Lorazepam acts quickly, can be given sublingually, and has a relatively short half-life. It is particularly useful for anxiety related to physical symptoms such as breathlessness and pain.

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