

P03-381

QUALITY OF LIFE IMPROVEMENT THROUGH DEPRESSION TREATMENT IN ONCOLOGIC PATIENTS

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Objective: To evaluate the impact of depression treatment over the quality of life in oncologic patients.

Methods: A group of 27 patients, 14 male and 13 female, mean age 56,3, diagnosed with lung (n=7), gastric (n=7), prostate (n=5), colon (n=4) and breast (n=4) cancer, were also diagnosed with moderate or severe depression (Hamilton Depression Rating Scale-17 items score at the inclusion was over 14). These patients received a combined, psychopharmacological (escitalopram mean daily dose 15 mg, n=15 or mirtazapine, mean daily dose 30 mg, n=12) and psychotherapeutic (cognitive behavior therapy) approach for 3 months and were monitored using monthly HAMD, Global Assessment of Functioning and Lehman Quality of Life Interview (QOLI). Patients didn't present any significant axis I, II or III comorbid condition.

Results: Patients responded well to the combined therapy, as the final HAMD (-11.2, $p < 0.01$) and GAF (+12.3, $p < 0.01$) scores reflected, with no significant inter-group difference ($p=0.23$). The quality of life scales regarding health, family relations and social relations from the QOLI registered significant improvement compared to baseline (+10%, +12.2% and +12.5% respectively, $p < 0.01$). Patients who had the higher response rate to the treatment also had the higher rate of life quality improvement ($r=0.65$).

Conclusion: The treatment of depression in oncologic patients is a necessity, due to the impact of depressive symptoms over the patient quality of life and is associated with a significant rate of success. The improvements are observed especially in the patient perception of health, family and social relationship and functioning.