Depression and anxiety in patients with pancreatic cancer: a cohort study using the Clinical Practice Research Datalink

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BACKGROUND

Pancreatic cancer is the tenth most common UK cancer, with a high economic burden and mortality. Up to 25% patients with any cancer require psychological support within a year of diagnosis, and older patients have higher and more persistent distress. However, pancreatic cancer differs from others due to its short lead-in time prior to diagnosis, radical surgical management, and high mortality. This is emphasised by its high suicide rate, second only to mesothelioma. However, previous work in this field suggests that distress in pancreatic cancer is under-reported and under-treated.

AIM: This study aimed to determine the coded prevalence of psychological distress in primary care data, and psychological care provided.

METHODS

The study utilised the Clinical Practice Research Datalink (CPRD) Aurum dataset, National Cancer Registration and Analysis Service dataset, and the Civil Registrations of Death dataset. Patients with pancreatic cancer diagnosed between 2000 and 2018 were identified by ICD-10 diagnosis, and the primary care outcomes of anxiety and depression were explored. These were defined using clinically validated SNOMED codelists for anxiety and depression as well as identifying prescriptions for hypnotics, anxiolytics and antidepressants. Patients were followed up for three years.



35,102

1.8% vs 1.2%

Percentage of the sample coded as anxious in the year before diagnosis compared to the percentage of people coded as anxious after diagnosis; more likely to be coded in those receiving active treatment

	Surgical treament	Chemotherapy	Neither
n	7112	12481	15509
Age (mean (SD))	69.95 (11.70)	70.35 (12.06)	75.52 (11.30)
Male sex (n, %)	3737 (52.5)	6419 (51.4)	7440 (48.0)
White British (n, %)	5830 (82.0)	10514 (84.2)	11370 (73.3)
Median survival (days, 95% confidence interval)	218 (210-229)	133 (129-137)	46 (45-47)
GP contact made within three months following diagnosis (n, %)	3916 (55.1)	6767 (54.2)	7625 (49.2)

2.9% vs 1.9%

Percentage of the sample coded as depressed in the year before diagnosis compared to the percentage of people coded as depressed after diagnosis; more likely to be coded in those receiving active treatment

1.4% vs 1.5%

Percentage of the sample prescribed SSRIs in the year before diagnosis compared to the percentage of people prescribed SSRIs after diagnosis

11.1% vs 16.0%

Percentage of the sample prescribed anxiolytics or hypnotics in the year before diagnosis compared to the percentage of people prescribed these after diagnosis; % increases to 20% in those receiving active treatment

CONCLUSIONS

Distress is infrequently coded in primary care, in contradiction with the high levels of distress identified when case-finding in this patient group. This may be because distress is not being identified, or that clinicians are documenting it in free-text rather than coding a problem. Clinicians may be more likely to prescribe anxiolytics and hypnotics when there is less concern about dependency (due to a palliative diagnosis), or may lack confidence in identifying depression and anxiety in patients with terminal cancer. These results suggest high levels of unaddressed distress and lack of treatment in this patient group. Given the expectation of better treatment and outcomes over time, it is essential to address the psychological impact experienced by these patients.

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