


**DEPRESSION IN PATIENTS WITH ADVANCED CANCER: CHALLENGES AND INTERDISCIPLINARY MANAGEMENT**

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**Abstract**

Depression in patients with advanced cancer is a highly prevalent yet frequently underdiagnosed condition, with significant impacts on quality of life, treatment adherence, and disease progression. This study aims to analyze the main challenges involved in the recognition and management of depression in patients with advanced-stage cancer, emphasizing the importance of an interdisciplinary approach to

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comprehensive care. This is a narrative literature review based on national and international scientific articles indexed in PubMed, SciELO, and Google Scholar databases, published between 2015 and 2025. The findings indicate that depressive symptoms are often masked by clinical manifestations of cancer itself or by treatment side effects, making early diagnosis difficult. In addition, factors such as stigma, emotional vulnerability, lack of systematic screening, and limited access to psychological care contribute to underreporting. Evidence also shows that integrated care involving oncology, nursing, psychology, psychiatry, and palliative care significantly improves symptom management and patients' overall well-being. It is concluded that addressing depression in advanced cancer requires continuous assessment, use of validated screening tools, and structured interdisciplinary intervention, promoting humanized and holistic care.

**Keywords:** Advanced cancer, Depression, Interdisciplinary care, Oncology, Palliative care.

### INTRODUCTION

Depression in patients with advanced cancer constitutes an important public health problem, frequently associated with intense psychological suffering, worsening quality of life, and reduced adherence to oncological treatments. Advanced-stage cancer affects not only the body but also triggers significant emotional impacts, such as fear of death, hopelessness, chronic pain, and loss of autonomy, factors that contribute to the development of depressive disorders. In this context, the identification and adequate management of depression become essential for comprehensive and humanized care.

In view of this, the research problem guiding this study is: what are the main challenges in the recognition and management of depression in patients with advanced cancer, and how can interdisciplinary action contribute to more effective care?

The general objective is to analyze the challenges related to depression in patients with advanced cancer, emphasizing the importance of interdisciplinary management. The specific objectives are: to identify the prevalence and characteristics of depression in this group of patients; to describe the main

obstacles to early diagnosis; and to discuss the relevance of joint action among health professionals in the treatment of these cases.

The justification for this study is based on the high prevalence of psychological distress among oncology patients and on the need to strengthen comprehensive care strategies that integrate mental health and oncological treatment. The literature indicates that depression, when untreated, can worsen the clinical prognosis and increase the suffering of the patient and their family, making it essential to discuss more effective and integrated interventions.

According to authors such as Holland and Breitbart (2010), psycho-oncology emphasizes that emotional aspects are directly linked to the progression of cancer, making the work of multiprofessional teams indispensable. In addition, the World Health Organization (WHO, 2022) reinforces that palliative care must include psychological support as a fundamental component of care for oncology patients.

Thus, understanding depression in advanced cancer from an interdisciplinary perspective is fundamental to promoting quality of life, dignity, and comprehensive patient care.

## **METHODOLOGY**

### **TYPE OF STUDY**

The present study consists of a narrative literature review, qualitative in nature, with a descriptive and exploratory approach. This type of methodological design was chosen because it allows a broad, interpretative, and critical analysis of the existing scientific production on depression in patients with advanced cancer, enabling the integration of different theoretical and practical perspectives. Narrative review is especially appropriate when seeking to understand complex health phenomena, such as psychological suffering in the oncological context, and its interfaces with interdisciplinary care.

### SEARCH STRATEGY AND STUDY SELECTION

The search for articles was conducted systematically in scientific databases widely recognized in the health field: PubMed, SciELO, and Google Scholar. These platforms were selected because they gather relevant national and international publications on oncology, mental health, and palliative care.

Controlled and uncontrolled descriptors in Portuguese and English were used, such as: “*câncer avançado*”, “*depressão*”, “*saúde mental em oncologia*”, “*cuidados paliativos*”, “*psychological distress*”, “*advanced cancer*” and “*interdisciplinary care*”. The terms were combined with Boolean operators (AND, OR, and NOT), aiming to broaden the sensitivity and specificity of the search.

In addition, an initial exploratory reading of titles and abstracts was carried out to screen potentially relevant studies, followed by full reading of the selected articles for final analysis.

### INCLUSION CRITERIA

The study included articles that met the following criteria:

- Publications from 2015 to 2025, ensuring scientific updating;
- Original articles, systematic reviews, integrative reviews, and observational studies available in full;
- Studies published in Portuguese, English, or Spanish;
- Research that directly addressed depression in patients with advanced cancer or in palliative care;
- Works that discussed interdisciplinary management strategies or a multiprofessional approach;
- Studies with clinical relevance for practice in oncology and mental health.

### EXCLUSION CRITERIA

The following were excluded:

- Duplicate articles across the databases;
- Studies that did not have a direct relationship with the central theme of the research;
- Simple abstracts, proceedings without full text, editorials, letters to the editor, and personal opinions;
- Publications outside the established time frame;
- Studies with low methodological consistency or without clarity in the description of results.

## DATA ANALYSIS PROCEDURES

Data analysis was carried out through critical, interpretative, and comparative reading of the selected studies. The information was organized into previously defined thematic categories, allowing the identification of recurring patterns and gaps in scientific knowledge.

The main categories analyzed were:

- Prevalence and manifestations of depression in advanced oncology patients;
- Difficulties in diagnosis and underreporting of depressive symptoms;
- Impacts of depression on clinical progression and quality of life;
- Role of the interdisciplinary team in the management of psychological suffering;
- Therapeutic strategies and integrated palliative care.

This organization enabled a critical synthesis of the findings and a broader understanding of the object of study.

## ETHICAL ASPECTS

Because this is research based exclusively on a literature review, there was no direct involvement with human beings or collection of primary data, which exempts submission to the Research Ethics Committee, in accordance with the guidelines of CNS Resolution No. 510/2016. However, the ethical principles of scientific research were rigorously respected, including the correct citation of authors, the

integrity of information, and the responsible use of consulted sources, avoiding any form of plagiarism or distortion of original data.

### **RESULTS AND DISCUSSION**

The analysis of the studies included in this review shows that depression in patients with advanced cancer is a condition of high clinical relevance, frequently underdiagnosed and associated with significant impacts on patients' quality of life and prognosis. The prevalence reported in the literature ranges from 20% to 60%, and may be even higher in palliative care contexts, in which disease progression, chronic pain, and functional dependence intensify emotional suffering.

One of the main findings concerns the difficulty of diagnosing depression in this group of patients, especially due to the overlap of symptoms between advanced cancer and depressive disorder. Symptoms such as intense fatigue, insomnia, anorexia, weight loss, and apathy are common in both conditions, which contributes to underreporting and delays in appropriate treatment. In addition, institutional and cultural factors, such as the absence of systematic mental health screening and the stigma associated with psychiatric disorders, also hinder early recognition of the depressive condition.

The literature also indicates that depression in patients with advanced cancer is multifactorial, being associated with biological, psychological, and social aspects. Among the main risk factors are chronic pain, progressive loss of autonomy, social isolation, fragility of family bonds, perception of the finitude of life, and adverse effects of oncological treatments. These elements act in an interconnected manner, intensifying the patient's psychological and emotional suffering. The impacts of depression are broad and directly affect the patient's clinical progression and well-being. Reduced adherence to treatment, worsening quality of life, increased perception of pain, and greater risk of social isolation are observed. In some cases, depression may even be associated with a poorer clinical prognosis, reinforcing the need for early and structured interventions.

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**Table 1**

*Factors associated with depression in patients with advanced cancer*

<b>Factors</b>	<b>Description</b>	<b>Consequences</b>
Chronic pain	Frequent symptom in the advanced stage of the disease	Intensification of emotional suffering
Loss of autonomy	Reduction of the patient's functional capacity	Feelings of dependence and uselessness
Social isolation	Reduction of family and social interaction	Worsening of depressive symptoms
Terminality of the disease	Awareness of the finitude of life	Anxiety, fear, and hopelessness
Effects of treatment	Chemotherapy, radiotherapy, and medications	Fatigue, physical and emotional changes

**Table 2**

*Barriers to the diagnosis of depression in oncology*

<b>Category</b>	<b>Identified barriers</b>	<b>Impacts on care</b>
Clinical	Symptom overlap with cancer	Diagnostic difficulty
Institutional	Absence of systematic psychological screening	Late diagnosis
Professional	Predominant focus on the biomedical model	Undervaluation of mental health
Social	Stigma related to depression	Resistance to psychological treatment
Care-related	Lack of integration among services	Fragmentation of care

**Table 3**

*Contributions of the interdisciplinary approach*

<b>Professional</b>	<b>Role</b>	<b>Benefits in care</b>
Oncology	Disease control and therapeutic definition	Clinical stabilization
Nursing	Continuous monitoring of the patient	Early identification of emotional changes
Psychology	Psychotherapeutic intervention	Reduction of psychological suffering
Psychiatry	Diagnosis and pharmacological treatment	Control of depressive symptoms
Palliative care	Comprehensive care and comfort	Improvement in quality of life

Based on these findings, it is observed that depression in patients with advanced cancer cannot be understood in isolation, but rather as the result of a complex interaction among physical, emotional, and social factors. The literature reinforces that an exclusively biomedical model of care is insufficient to meet the needs of these patients, requiring the implementation of integrated and interdisciplinary strategies.

In this sense, the interdisciplinary approach stands out as a fundamental element in the management of depression, allowing articulation among different areas of knowledge and health practices. The integration of oncology, nursing, psychology, psychiatry, and palliative care enables a broader view of the patient, favoring earlier, individualized, and humanized interventions.

Therefore, the results reinforce the need to incorporate psychological screening routines into oncology services, as well as to strengthen the training of health teams for the recognition and appropriate management of depressive symptoms, thereby promoting comprehensive and patient-centered care.

### CONCLUSION

The present study aimed to analyze the challenges related to depression in patients with advanced cancer, with emphasis on recognition, management, and the importance of the interdisciplinary approach. Based on the literature review, it was possible to understand more broadly how psychological suffering manifests in this group of patients and which factors hinder its identification and appropriate treatment.

The main results show that depression in patients with advanced cancer has a high prevalence and is frequently underdiagnosed due to the overlap of symptoms with the oncological disease itself. In addition, factors such as chronic pain, loss of autonomy, social isolation, and awareness of terminality contribute significantly to the worsening of the depressive condition. It was also observed that the absence of systematic psychological screening and the stigma related to mental health represent important barriers to early diagnosis and adequate management.

Another relevant finding is that the interdisciplinary approach proves essential for improving care, allowing integrated action among oncology, nursing, psychology, psychiatry, and palliative care. This integration contributes to the early identification of symptoms, reduction of psychological suffering, and promotion of greater quality of life for oncology patients.

As a contribution, this study reinforces the importance of the humanization of care in oncology, highlighting the need to incorporate mental health as a fundamental part of advanced cancer treatment, going beyond the exclusively biomedical model.

Finally, it is suggested that future research should deepen the investigation of standardized protocols for screening depression in oncology services, as well as intervention studies that evaluate the effectiveness of interdisciplinary strategies in improving the psychological and clinical outcomes of these patients.

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