Abstract

Objectives: To measure prevalence of depressive symptoms, to compare clinical and non–clinical depression in cancer patients, and to identify explanatory variables and effect–mechanisms, mode of action related to depressive symptomatology. Participants: According to the tumor location, our heterogenic, mixed sample includes 420 adult oncology patients. Methodology: Shortened Beck Depression Inventory, FACT–G 4.0, State–Trait Anxiety Inventory, Shortened Hopelessness Scale, Shortened Vital Exhaustion Questionnaire, Rahe’s Brief Stress and Coping Inventory Life Events Rating Scale / Sense of Coherence, Social and Emotional Loneliness Scale for Adults, Multidimensional Health Locus of Control Scale, Illness Intrusiveness Rating Scale, Shortened Generalized Self–Efficacy Scale, Shortened Dysfunctional Attitude Scale, Shortened Type–D Scale. Statistical analyses: analysis of covariance (ANOVA), hierarchical logistic regression (odd ratios – OR – with 95% confidence intervals) and stepwise linear regression (co-variables: age, gender, place of residence, education, marital status, subjective economic status, religion, nationality, cancer diagnosis disclosure, reactions to cancer diagnosis, cancer type, site and stage, treatment conditions and self-rated health). Results: Prevalence of clinical depression in our study sample is high. Almost half of hospitalized cancer patients involved in our study are clinically depressed, most likely requiring treatment. Our data demonstrate the broad negative impact of depressive symptoms requiring treatment on psychosocial functioning and well–being, quality of life. Conclusions: Based on our psychooncologic research, we propose the routine use of self–administered questionnaires in the Transylvanian oncology settings and services for better identification of psychosocial problems, needs.

Kulcsszavak

daganatos betegek, depresszió, prevalencia, többváltozós elemzés