Introduction
- OMS (World Health Organization) – estimates that 121 million people in the world suffer from depression1-3;
- Brazil – 10 million people3;
- Forecasts from OMS to 2020 – depression will occupy the second place in the international ranking of Global Burden of Disease4,5,6;
  - main health problem in developing countries6-7;
  - second cause of worldwide disability1,8,9,10;
- The prevalence of depression is high in adults with chronic diseases who make use of therapies with multiple drugs11, rates from 22% to 29%11,12,13;
- Studies point out the difficulty to distinguish between normal reactions of sadness/anguish and depression11,12,13;
- The challenge is the difficulty of evaluating the patients symptoms who face several life threaten with use of antineoplastic drugs.

Objective:
To integrate knowledge about depression in cancer patients based on literature review from 1998 to 2009

Methods
- Thematic literature review - content analysis and results integrated by themes11,12,13.
- Bibliographic survey through online search; PubMed, SciELO and Scholar Google databases; Publishing articles in Portuguese, English and Spanish;
- Period from 1998 to 2009;
- Descriptors (DeCS): “Depression” and “Cancer”

Resultados e Discussões

Table 01 – Articles selected about depression and cancer from 1998 to 2009 – Ribeirão Preto – 2011.

<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>TITLE</th>
<th>PERIODICAL</th>
<th>DESIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOTTINO</td>
<td>Depression in adult patients: a literature review</td>
<td>European Journal of Cancer Care</td>
<td>1998</td>
</tr>
<tr>
<td>MASSIE, M.J.</td>
<td>Prevalence of Depression in Patients With Cancer</td>
<td>Journal of the National Cancer Institute Monographs</td>
<td>2004</td>
</tr>
<tr>
<td>BOTTINO, S.M.B. et al.</td>
<td>Depressão e câncer</td>
<td>Revista de Psiquiatria Clínica</td>
<td>2009</td>
</tr>
<tr>
<td>WASTENSON, E. et al.</td>
<td>Depression assessment and classification in palliative cancer patients: a systematic literature review</td>
<td>Palliative Medicine</td>
<td>2009</td>
</tr>
</tbody>
</table>


1) Depression in cancer patients under perspective biomedical model

a) Types of cancers associated to depression11,12,13
- oropharyngeal (22% a 57%),
- pancreatic (33% a 50%),
- breast (1,5% a 46%),
- lung (11% a 44%)
- colon cancer (13% a 25%),
- gynecological (12% a 23%),
- lymphomas (8% a 19%) are types of cancers with less prevalence rates of depression in patients.

b) Assessment methods for depression
- Hospital Anxiety and Depression Scale (HADS)**;
- Life Quality questionnaire from European Organization for Research and Treatment of Cancer (EORTC QLC C-30);
- Diagnostic and Statistical Manual of Mental Disorders (DSM);
- Hamilton Rating Scale for Depression (HAM-D);
- Beck Depression Inventory (BDI)11,13

**this tool is more used – good psychometric properties10,13

3) Use of medicine for oncology treatment and its adverse effects
- In some patients the drugs can cause depression like corticosteroids (prednisone, dexamethasone), procarbazine, vincristine, vinblastine, L-asparaginase, amphotericin B, interferon and tamoxifen or hormones1,12,13.

4) Pharmacological and psychotherapeutic interventions for depression symptoms relief
- The use of antidepressants must be considered, since its benefits provide reduction of depressive symptoms, risk of suicide attempt caused by depression and major adherence to cancer treatment10,13.
- The efficacy of psychotherapeutic approaches also showed promising to relieve depressive symptoms, such as cognitive behavioral therapy, support interventions through social or online groups10,12,13.

2) Cancer depression under perspective on social and human sciences

a) Misunderstanding between sadness and depression
- The term depression is used with different meanings: such as diagnosis of major depressive disorder; category of loser that implies a significant suffering or, still, in the colloquial expression as unhappiness, anguish and sadness11,12.

b) The context of life in the diagnosis assessment for depression
- Only DSM-IV is not enough as diagnosis11, considering the relevance of subjects' feelings, besides their life experience12.

c) Cultural influences on depression discourses
- Individual cultural context is considered one of modulators factors of depression, since expression of its symptoms, the interpretation if is an illness and the focus for its detection varies based on ethnic group, just because the discourses are webs of symbol meaning built through history by social system, thus the depression is recognized and interpreted by subjects in their different contexts6,14.

Final Considerations
Cancer Depression: a question of paradigm.
- World vision of each one;
- The patient with cancer presents psychosocial and physical weakness;
- Term/Language use of depression is common between lay people and professionals – that can be the cause of misunderstanding on its designation;
- The nursing searches for complete care, then is necessary to pay attention to signs and symptoms of depression or suffering.

This study supported the development of my doctoral thesis project with focus in the discourse and behaviour (culture) of oncology patient in depression.

References

Financial Support: