Depression Moderates the Positive Impact of Early Palliative Care on Survival Among Advanced Cancer Patients (FR467-E)

Marie Bakitas, DNSc ACHPN CRNP, University of Alabama at Birmingham, Birmingham, AL
Jay Hull, PhD, Dartmouth College, Hanover, NH
James Dionne-Odom, PhD RN, University of Alabama at Birmingham, Hoover, AL
Anna Prescott, BA, Dartmouth College, Hanover, NH
Tor Tosteson, ScD, Geisel School of Medicine at Dartmouth, Lebanon, NH

Objectives
• Understand the complex relationships among palliative care, depression, and survival.
• Report the results of a secondary data analysis of 2 RCTs.

Original Research Background: We previously demonstrated improved depression and survival in advanced cancer patients participating in two palliative care RCTs. ENABLE II (EII; n=322) compared intervention versus usual care and ENABLE III (EIII; n=207) compared immediate versus delayed intervention. The interventions were similar (eg, in-person PC consultation, weekly phone sessions facilitated by a nurse coach, and monthly follow-up calls), except in EIII there was a delayed intervention group (beginning 12 weeks after enrollment) and a caregiver intervention. The Center for Epidemiologic Studies-Depression (CES-D) was collected at baseline and approximately every 12 weeks until death or study completion.

Research Objectives: To determine whether baseline depression moderates the effect of the intervention on survival in the combined RCTs’ sample (n=529; intervention n=368; usual care n=161).

Methods: A Cox proportional hazard analysis was conducted with (a) intervention (as a time-varying covariate), (b) baseline CES-D scores, and (c) their interaction, entered simultaneously.

Results: There was a significant effect of the interaction (intervention x CES-D) on mortality risk (p=.035), indicating a moderating role of depression. To clarify the nature of this interaction, we classified patients as depressed (baseline CES-D>16) or not and conducted a separate Cox analysis within each depression group that included intervention as the sole predictor variable. Among depressed patients, receiving the intervention was associated with lower mortality risk (HR = 0.65, CI: 0.44-0.95, p=0.29), but this relationship was not significant among nondepressed patients (HR = 0.89, CI: 0.65-1.21, p=45).

Conclusions: The ENABLE intervention effect of reduced mortality risk was moderated by baseline depression such that the magnitude of the intervention effect increased as baseline depression scores worsened. This finding provides initial insight into one mechanism of early PC.

Implications for Research, Policy, or Practice: This finding warrants further study; however, given limited PC resources, it may be most beneficial to target early PC for depressed patients.