

CANCER SMART

October 2008 • Issue 4 • FREE



Cancer and Depression

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How often have you heard: “Of course you feel depressed - you have cancer.”? Someone may have said this to you or you may have thought it about yourself.

There are many myths surrounding depression and cancer. Here are ten of the most common ones:

MYTH: Depression is not a real medical illness.



It is normal to have feelings of sadness or despair when coping with cancer. Clinical depression is much more than just a depressed mood. It involves a

worsening of your mood to the point that these feelings are pronounced and present every day for most of the day over weeks or months. It may be accompanied by feelings of hopelessness, irritability, extreme guilt, persistent aches or pains that do not ease with treatment, loss of energy, or concentration. There may be a loss in the ability to experience pleasure in one's usual hobbies, or relationships – doctors call this anhedonia. Frequently there are changes in usual sleep patterns and appetite. Some may experience recurring thoughts of death or suicide, or wish for a hastened death.

It is known that depression is a real brain

illness involving several areas, the most important of which is called the deep limbic system. This area has many functions including setting the emotional tone of the mind, storing emotionally charged memories, motivation, libido, and sleep. The deep limbic system is influenced by a combination of genetic, biochemical, environmental, and psychological factors.

MYTH: Depression is a natural part of having cancer.

Sadness and grief are natural. Natural, expected reactions to cancer include, but are not limited to, those such as sadness, grief, anger, denial, and fear. Usually these lessen as adjustment to the diagnosis occurs. Reactive depression (feelings of sadness in response to getting cancer) is normal and may occur, but does not greatly interfere with functioning.

MYTH: Depression is not common.

The fact is that while the majority of individuals with cancer do not become depressed, it is estimated that up to 25% will experience a clinical depression. This rate is just slightly higher than that of the general population. Doctors call a clinical depression a *major depressive episode*. Men and women with cancer are equally affected but may differ in their symptoms. While less than half will [Continued on page 5](#)

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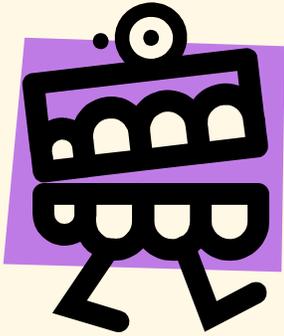
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Neglect Your Teeth and They May Come Back to Bite You

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Admittedly when diagnosed with cancer your first thought is not going to be “I have to remember to visit my dentist”. This is understandable. However, it is extremely important to visit your dentist before your cancer treatment begins since your teeth are a potential source of infection, especially if your treatment includes drugs or radiation that make your immune system work less effectively.

If treatment suppresses the immune system your body might not be able to handle oral and dental problems that it could handle before. Any infection could cause a greater risk of developing a serious medical problem and even delay your cancer treatment.

The dental clinic at Princess Margaret Hospital assists cancer patients before they undergo treatment. Only about one third of these patients have mouth cancer, so most patients are those whose cancer is not related to the mouth area.

Below are some helpful tips for all cancer patients:

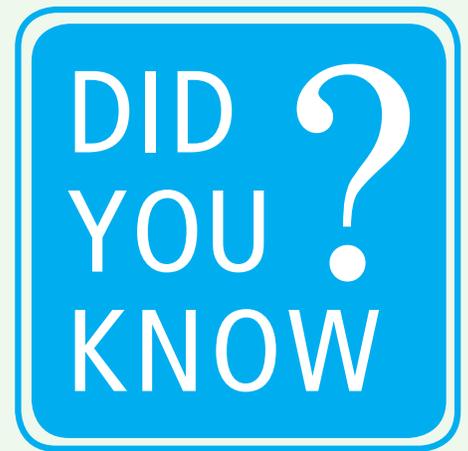
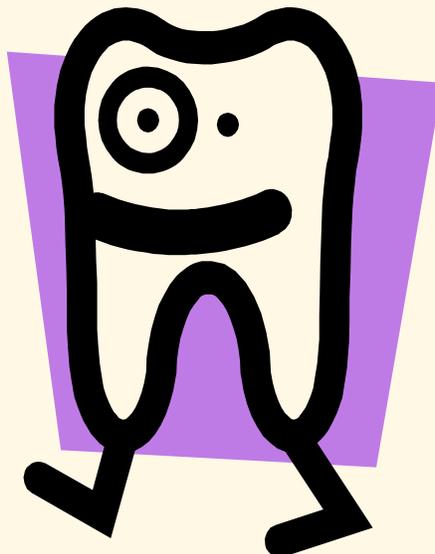
- 1 After your cancer diagnosis, make sure you visit your dentist promptly. Tell the dental office that you want your teeth to be in an excellent state prior to the cancer treatment you are about to undergo.
- 2 Inform your dentist of your medical diagnosis and your proposed medical management. Decide whether you and your dentist are comfortable with the treatment available at your dentist's office. If there are any concerns, ask your oncologist for a referral. Generally, it is better to be treated by a dentist experienced in oncology; however, dentists do undergo extensive training during their undergraduate programs with respect to management of patients with medical problems.
- 3 Inform your oncologist that you will be visiting your dentist and get the okay to receive dental treatment. Some cancer patients (such as those with Acute Leukemia) might not have adequate substances in their blood for most dental procedures to be done safely. Dental scaling, in particular, can cause serious bleeding in a patient with reduced platelets (a substance in the blood that helps with clotting) and can lead to infection in people with a seriously suppressed immune system.
- 4 Have your dentist do a complete soft tissue, hard tissue and tooth examination with a complete set of dental x-rays that show all the crowns and roots of your entire set of teeth.
- 5 Deal with any sources of infection, or potential sources of infection, in the mouth on an urgent basis. Additionally, if problems in your mouth arise during treatment (infections such as thrush or herpes) have your dentist or oncologist deal with them. **Continued on page 3**



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Make sure you maintain good oral hygiene measures throughout your treatment. If your platelet count becomes very low, you will be advised by your oncologist and tooth-brushing may be out. Your dentist can prescribe a mouth rinses during that time interval. Dry mouth (xerostomia) is also a manageable problem.

6. If your therapy includes intravenous bisphosphonates (drugs used to strengthen bone such as pamidronate or zoledronate) make sure that your teeth are in good shape, strong, and likely to last a long time. Oral surgery in patients on long term bisphosphonate therapy can predispose them to serious problems of the jaws. Patients who are on bisphosphonates are not candidates for dental implants, periodontal surgery, or root canal surgery (non-surgical root canal is okay). Extractions should be avoided in these patients but if they are required, must be undertaken with great care.
7. If your jaws, teeth, or salivary glands are likely to be radiated as a part of your treatment you will require specialized care not usually available in most dental offices. In this case, you would be referred to as Dental Oncologist.
8. After your cancer treatment is completed you will be at a higher risk of developing cavities so you will need MORE not less dental x-ray examinations. The frequency of dental x-rays is determined by your dentist after their examination.
9. Time future dental appointments for just after you have visited your oncologist so that you can take along a copy of your blood counts and double check with your oncologist that dental treatment is safe.
10. There are specialized services available in many communities. In Ontario, these include services found at the Sudbury Dental Oncology Clinic, Sunnybrook Health Sciences Centre, London Regional Cancer Centre, The Ottawa Hospital, and the author's Dental Oncology Clinic at Princess Margaret Hospital. In Calgary these services can be accessed through the Oral Medicine and Surgery department at the Tom Baker Cancer Centre. Generally, unless you are already a patient at one of these centres you will need a referral. ■



- **The lifetime risk of developing prostate cancer for an average man is about 1 in 7.**
- **39% of Canadian men aged 45 and over had a PSA test in the past year.**
- **Approximately 70% of men with one abnormal PSA result do not have prostate cancer. However, if PSA levels are very high, or both a PSA result and a Digital Rectal Exam result are abnormal, there is a 50% chance that cancer will be found.**
- **A “normal” value for PSA is affected by age and race, and most doctors now take them into account when deciding if a patient’s PSA is high.**
- **The Canadian Cancer Society recommends that men over the age of 50 should ask their doctors about testing for prostate cancer.**

PSA Screening: Still the Best Test For Early Prostate Cancer Detection

Erin Fagan: Development Assistant, Annual Giving, Prostate Cancer Research Foundation of Canada

Mark Dailey, CityTV news anchor and prostate cancer survivor, knows personally the value of routine Prostate Specific Antigen (PSA) testing.



“When my doctor insisted I have my PSA test almost 5 years ago I wasn’t worried. I thought I was young and in good shape. I’m lucky that I listened to him.”

A higher PSA test result led to further examination, a diagnosis and the opportunity for early, effective treatment against Dailey’s aggressive form of prostate cancer.

Even though prostate cancer is the number one cancer threat to Canadian men, affecting one in every seven men in their lifetime, a 2007 poll conducted by the Prostate Cancer Research Foundation of Canada found that only 39 per cent of Canadian men between the ages of 45 and 55 had a PSA test in the last year.

In addition, three of Canada’s largest provinces – Alberta, Quebec and British Columbia – do not pay for the PSA test as a screening tool. (Ontario, earlier this year, announced that the PSA would be covered for men over 50 beginning sometime in 2009).

Better understanding of the PSA test - of its limitations and strengths - is key for men and their families.

PSA is a protein secreted by the prostate gland and can be found in the blood. Men with healthy prostates have low blood levels of PSA. Cancerous cells leak more PSA so high levels of the antigen can signal disease.

Unfortunately, PSA levels can rise for other reasons, such as age or non-cancerous prostate conditions and can remain low even when cancer exists, making the PSA test an imperfect tool. This potential for false positives (high PSA levels when cancer is not present) can lead to unnecessary biopsies and stress. Controversy over effectiveness has led to speculation about its relative worth – and confusion for patients.

However, other cancer screening tests (such as mammograms for detection of breast cancer) are also not 100% accurate and yet have long been covered by all provinces as an essential and routine procedure. Public awareness on the importance of screening for breast cancer, is far more widespread than public awareness of screening for prostate

cancer, in spite of the high risk of prostate cancer among men.

Despite its imperfections, the PSA test remains our best screening tool. Ninety five per cent of prostate cancer cases can be cured, when caught and treated early.

Routine PSA testing, paired with the DRE (Digital Rectal Exam), is recommended by the Prostate Cancer Research Foundation of Canada for all men over the age of 45. All men over the age of 40 should also begin discussing prostate health with their family doctors, especially in consideration of risk factors such as family history and lifestyle.

As innovative research continues to explore new methods for effective and early prostate cancer detection, the PSA remains the best test available -- and a lifesaver for many.

The Prostate Cancer Research Foundation of Canada is the leading national organization devoted solely to eliminating prostate cancer. Its mission is to raise funds for research into the prevention, treatment and cure of the disease by engaging Canadians through awareness, education, and advocacy.

For more information, please visit www.prostatecancer.ca. ■



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receive treatment for depression, there is an increasing awareness of the importance in identifying and treating depression as an important quality of life issue.

MYTH: Those who have depression are just being negative.

A negative style of thinking is often a symptom experienced by those suffering from depression. We refer to these as cognitive distortions. It is a negative shift or distortion away from the balanced viewpoint of understanding that events in our life have meaning and have both good and bad qualities. This may lead someone to view the glass as half empty or in an even more catastrophic way such as - it is the last glass on earth, it is dirty, and half full of mud. Thoughts such as these, occurring during the course of a depression, may cause a worsening of mood. Many therapies target these symptoms specifically as a way to treat depression.

MYTH: People who see psychiatrists are crazy.

Mental illness can affect anyone regardless of age, gender, ethnicity, occupation, and culture. Depression is the most frequent form of mental illness. The World Health Organization cites mental illness as the number one cause of lost productivity and disability worldwide. The stigma surrounding mental illness is beginning to change with increased awareness.



MYTH: It is impossible to predict who will get depressed.

There are well known risk factors for depression and cancer. These can be divided up into cancer-related and cancer-unrelated categories, and require careful evaluation by your doctor or nurse.

Some cancer-related risk factors include: the presence of a clinical depression at the time of the cancer diagnosis, certain types of cancer, advanced stage of cancer, poorly controlled pain, increased physical impairment, and treatment with some anti-cancer drugs.

Cancer-unrelated factors are: previous history of a major depressive episode, social isolation and lack of family support, family history of depression or suicide, history of alcoholism or drug abuse, increased number of stressful life events, other additional serious medical problems such as heart attack or stroke.

MYTH: You can snap out of it if you try. If you cannot then you are weak.

Depression does not go away on its own. Very often individuals need help to get better. Recognition of the problem by you or your family is an important first step. Comprehensive treatment of depression targets each individual's specific risk factors. This may involve modification of social, environmental, psychological, and/or biological influences.

MYTH: Even if it is a real illness, there is nothing that can be done about it.

Effective treatment does exist. This involves modifying risk factors when possible, for example, improving pain control. Attention to good nutrition, exercise, and sleep habits is very important. Recovery may involve some form of counselling by a professional or peer support groups. Sometimes treatment with an antidepressant medication is necessary. These are well tolerated and are safe and effective.

MYTH: Only psychiatrists treat depression.

Family doctors treat the vast majority of individuals suffering from depression. A psychiatrist may be required when the person is not getting better, if the

symptoms are severe, or if suicide is a concern. Your oncologist or nurse may suggest that you see your family doctor or refer you to a psychiatrist.

MYTH: Depression has nothing to do with cancer survival.

Depression affects cancer treatment outcomes. Untreated depression may affect tolerance of cancer treatments. It influences pain tolerance, impacts on quality of life and may delay recovery from treatment.

How Can I Help Myself?



The most important thing you can do is recognize depression and seek help from your medical team. They will make sure that your depression is

properly assessed and, if needed, treated. You can also help yourself by seeking out support from family, other professionals, and peer groups. Allow others to help you!

Talk about your feelings with someone you trust. Engage in regular mild physical activity (pace yourself). Try to spend time with other people. Try to keep a balanced diet and reduce or avoid alcohol consumption. It helps to set realistic goals. Positive thinking will eventually replace the negative thoughts so be gentle with yourself! Letting out the negative will make way for the positive.

How Can I Help Someone I Care About?

Offer support – emotional, listening, understanding, patience, and practical. Do not ignore comments about suicide. Encourage them to talk to their doctor or nurse. Spend time with them. Invite them out for activities. If they decline, be patient and do not push. Stay calm and remind them that their mood will lift with proper attention, and that help is available. ■



A Lifeline to Cancer Support

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Where do I start? Start here at Wellspring.

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Wellspring is a network of centres that offer support, coping skills and educational programs to cancer patients and their loved ones at no charge and without referral.

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CANCERSMART

October 2008 • Issue 4

CANCERSMART is published three times a year as an educational service of the Wellspring Cancer Support Foundation, under the auspices of its Program Committee: Kathryn Lennox (Chair), Mary Brown, Dr. Lavina Lickley, Yvette Matyas, Harvey Nelson, Dr. Yasmin Rahim, Dr. Sheila Tervit, and Magdalene Winterhoff.

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