

The management of cancer and depression in people with ID: An overview

Carneiro, L., Ćwirynkało, K., Vaičekauskaitė, R., Dogan, S., Kowalczyk, O., & Wells, J.



Authors:

Dr. Lara Carneiro, United Arab Emirates University, United Arab Emirates

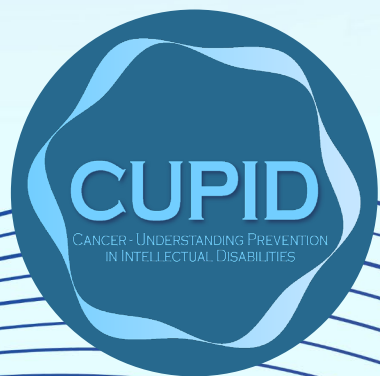
Dr. Katarzyna Ćwirynkało, University of Warmia and Mazury in Olsztyn, Poland

Dr. Rita Vaičekauskaitė, Klaipeda University, Lithuania

Dr. Soner Dogan, School of Medicine, Yeditepe University, Turkey

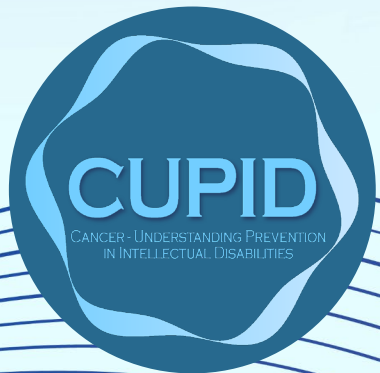
Dr. Oliwia Kowalczyk, Nicolaus Copernicus University in Toruń, Poland

Dr. John Wells, South East Technological University, Waterford, Ireland



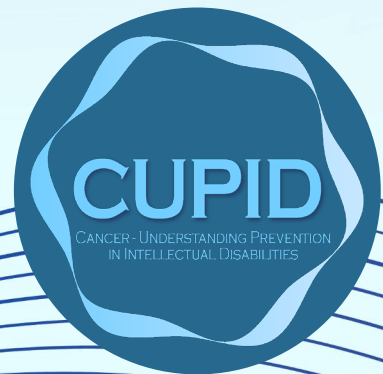
CUPID

- Funded through COST Action grant (European Cooperation in Sciences and Technology)
‘Cancer – Understanding Prevention in Intellectual Disabilities’
- PI: Dr. John Wells, South East Technological University, Waterford, Ireland.
- Chair CUPID, Dr. Suzanne Denieffe, South East Technological University, Ireland.

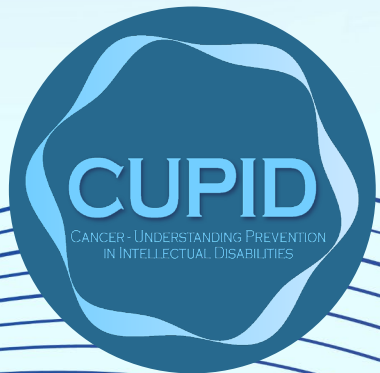


Depression in Adults with ID

- Until the 1980s, persons with ID were regarded as cognitively unable to have a mental illness and were shielded against psychological stress and therefore behaviour abnormalities were seen as part of the illness (Turner, 1989).
- However, in fact several studies have confirmed that psychiatric disorders are separate entities from ID and currently, it is accepted that people with ID can also experience psychiatric disorders independent of their ID diagnosis (Cooper et al., 2007a).



- Two of the psychiatric symptoms most frequently reported by people with ID are depression and anxiety (Tass & Haverkamp, 2022).
- Several investigations have shown that individuals with ID compared with the general population are at a considerably higher risk of developing anxiety (Mazza et al., 2020).

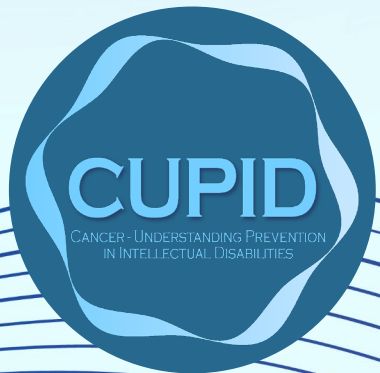


- Depressive disorder has been reported as occurring more in persons with mild to moderate disability than with more profound disabilities (Eaton et al., 2021; Maïano et al., 2018).
- Hsieh et al. (2020) in a recent study explored demographic, health and psychosocial risk factors of anxiety and depression in adults with ID and found that one of the most consistent findings was the relationship between physical health and mental health.

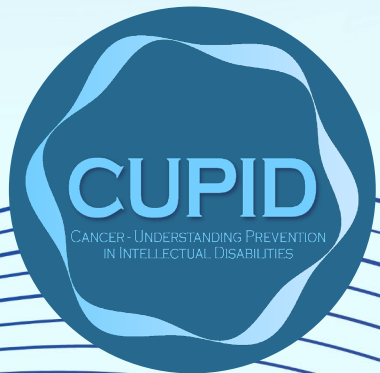


Adults with ID – Dual diagnoses

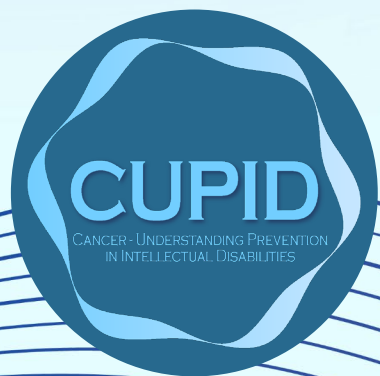
- When the diagnosis is dual, as the co-occurrence of cancer and a psychiatric disorder such as depression, it is underestimated, and people are under-diagnosed and often poorly treated (Alwhaibi et al., 2023).
- The diagnosis of mental disorders in people with ID is a highly complex process mostly because of the difficulty or inability of some of them to express their feelings and symptoms (Bouras, 2018).



- Depressive symptoms are highly heterogeneous (e.g., depressed mood, loss of interest, fatigue), and assessment of these symptoms in cancer patients can be difficult due to confounding factors between cancer and depression.
- Depression disorder has a very broad spectrum, and this makes the diagnosis even more challenging (e.g. symptoms variation, severity, causes, comorbidities).



- The knowledge about non-pharmacological treatment is scarce in adults with ID despite the high rates of depression symptoms (Witwer et al., 2022).
- Cognitive Behaviour Therapy is the most acknowledged non-pharmacological intervention for depression in people with ID and seems to be more effective in mild and moderate ID populations (Hamers et al., 2018).



Challenges

- Some authors (e.g., Bobińska et al., 2009; Merrick et al., 2005) suggest that psychiatrists tend not to diagnose psychiatric disorders in people with ID, which might be due to diagnostic overshadowing and limited appropriate assessment measures for these individuals.
- Many individuals with depression and ID may not meet diagnostic criteria using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013) or the Diagnostic Manual-Intellectual Disability (DM-ID; Fletcher et al., 2017) because of limitations in verbal self-reporting of symptoms.
- There is no single “best” instrument to measure depression in people with ID (Scheirs et al, 2022).

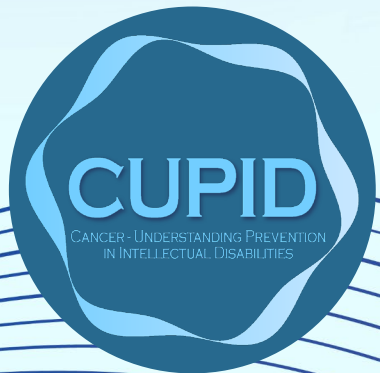


- Challenging behaviours can be associated with other psychiatric conditions, such as psychotic disorders, and they can occur in conjunction with situations such as critical life events (Clarke, 2007).
- It is crucial to be aware that the symptoms of depression in people with ID can be challenging and atypical (Eaton et al., 2021).

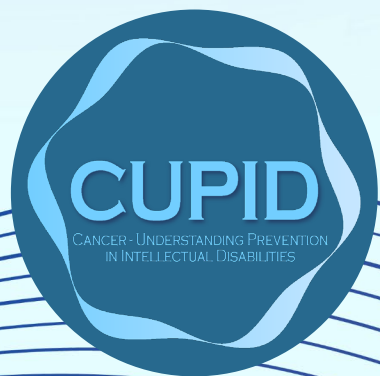


Recommendations

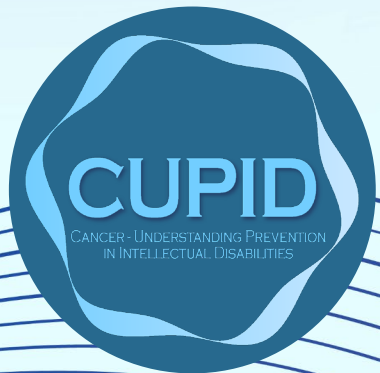
- Guidelines for assessing different levels should be developed, as most available treatment options focus on mild intellectual disabilities (Graser et al., 2022).
- It is important to promote a healthy lifestyle. Many individuals with ID are overweight, a factor known to increase the risk of some cancers.



- Cancer prevention and screening in people with ID is paramount (Chan et al., 2022).
- Differential diagnosis is of fundamental importance in intellectual disabilities psychiatry because of the substantial comorbidity of physical ill health and mental ill health.

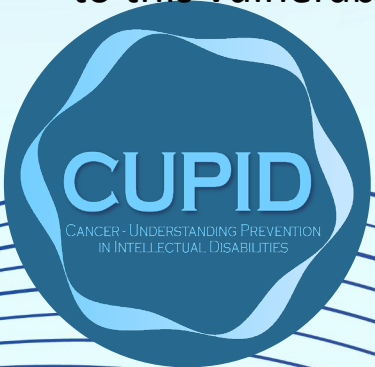


- It is essential to offer treatment to individuals with ID that would take into account their depressive symptoms. Once depression is diagnosed, they should be offered special treatment aimed at depression and stress reduction.
- Healthcare professionals should have specific training and expertise to cope with people with ID.



Conclusion

- Population-based studies investigating the link between ID , cancer and depression are largely missing (Liu et al., 2021).
- Affective disorders in adults with ID diagnosed with cancer remains a very understudied area and their incidence and determinants are unknown (Cooper et al., 2018).
- In the context of cancer, there is a pressing need to bridge the gap between stigma and intellectual disability and enhance the connections between oncology and psychiatry to develop more targeted therapies tailored to this vulnerable population.



“Cancer services, like all healthcare services, need to be inclusive of and accessible by everybody, including people with disabilities.”

Edwards et al. (Citation 2020, p. 1)



Chapter:

Carneiro, L., Ćwirynkało, K., Vaičekauskaitė, R., Dogan, S., Kowalczyk, O., & Wells, J. (2024). The Management of Cancer and Depression in People With Intellectual Disabilities: Overcoming Barriers to Improve Care. In L. Carneiro & F. Schuch (Eds.), *Combining Exercise and Psychotherapy to Treat Mental Health* (pp. 22-62). IGI Global. <https://doi.org/10.4018/978-1-6684-6040-5.ch002>

Thank you

