
This quick view provides very brief information from the ONS PEP resources. Full ONS PEP information for this topic and description of the categories of evidence are located at <http://www.ons.org/Research/PEP/Topics> and Eaton, L.H., & Tipton, J.M. (Eds.), (2009), *Putting evidence into practice: Improving oncology patient outcomes*, Pittsburgh, PA: Oncology Nursing Society. **Users should refer to these resources for full dosages, references, and other essential information about the evidence.**

Definition and incidence: Symptoms of *depression* include depressed mood, markedly diminished interest or pleasure in activities that formerly were enjoyed, behavioral disturbances in eating and sleeping, social withdrawal, loss of energy, feelings of worthlessness or excessive guilt, diminished ability to think or concentrate, and recurrent thoughts of death or suicide. At least 25% of people diagnosed with cancer experience depression.

Evidence-Based Interventions for Depression

RECOMMENDED FOR PRACTICE

- Psychoeducational/psychosocial interventions
- Antidepressant medications

LIKELY TO BE EFFECTIVE

- Methylphenidate (Ritalin[®], Novartis)
- Relaxation therapy

EFFECTIVENESS NOT ESTABLISHED

- Exercise
- Hypnotherapy
- Massage therapy

SPECIAL CONSIDERATIONS

- Complementary methods such as St. John's wort or other nutritional and herbal supplements, yoga, acupuncture, aromatherapy, and meditation have not been studied specifically in the setting of patients with cancer and depression. Some of these interventions may benefit quality of life or even mood; however, they should not be generalized to depression.