Feasibility of screening and managing caregiver burden and depressive symptoms in head and neck cancer clinics during patient point-of-care

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Background:
• Half of cancer caregivers experience depression, caregiver burden, or stress.
• Less than a third have discussed their needs with anyone.
• Identifying this vulnerable population is challenging since caregivers only interact with the healthcare system in service of the patients.

Objectives:
• Test the feasibility of screening cancer caregivers for burden and depressive symptoms during patients’ radiation and chemotherapy visits;
• Test the feasibility of a brief counseling session for caregivers who screened positive.

Screening cancer caregivers for depression and caregiver burden at their patients’ visits is convenient, feasible and acceptable.

Many caregivers experience caregiver burden, depressive symptoms, or both.

Connecting those in need to mental health resources may be more challenging.

Methods:
• Caregivers of patients with head and neck cancers were recruited from cancer clinic waiting rooms at Palo Alto VA and Stanford.
• Participants completed PHQ-9 (depressive symptoms), and Zarit Burden Inventory-Short Form (caregiver burden).
• Participants screening positive for burden (>16) and/or depressive symptoms (>9) were provided psychoeducational resources and choice to attend 1 brief counseling session with a clinical psychologist.

Results:
• N=50 were recruited
• Caregivers were 72% women and 60% significant others.
• Mean scores for depressive symptoms was 6.29±5.01 which would indicate normal symptoms
• Mean scores for caregiver burden was 11.02±8.62 which would indicate high burden
• 9 participants screened positive for depressive symptoms
• 11 participants screened positive for caregiver burden
• 3 screened positive for both depressive symptoms and caregiver burden.
• 4 indicated an interest in counseling.
• Main reason for refusal was: lack of time, or that they were already receiving mental health care.

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