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Predictors of Anxiety and Depression Risk among Individuals with Lung Cancer

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Background: Lung cancer (LC) patients can face long-term symptom burden, quality of life concerns, and enduring distress. This study explored predictors of psychosocial distress among a community-based sample of LC survivors.

Methods: 208 individuals with LC enrolled in Cancer Support Community's Cancer Experience Registry[®], provided demographic/clinical background, and reported cancer-related distress using CancerSupportSource[®], a 25-item tool measuring level of concern (0-4) over 5 domains: emotional well-being (including 2-item depression and 2-item anxiety risk screening subscales), symptom burden and impact, body image and healthy lifestyle, health care team communication (HCTC), and relationships and intimacy. Using logistic regression, we estimate which domains influence anxiety and depression risk, controlling for significant demographic/clinical variables.

Results: Participants were 68% female, 83% non-Hispanic White; mean (SD) age=61 (11) years; mean (SD) years since diagnosis=3.1 (4.5); 86% non-small cell lung cancer (NSCLC); 43% ever diagnosed as metastatic. 52% underwent surgery; 76% received chemotherapy, 65% radiation. 53% were at risk for clinically significant anxiety; 42% for clinically significant depression.

Concerns about relationships and intimacy were associated with greater odds of anxiety risk (OR=1.70; $p<.01$); a positive interaction suggested that anxiety risk among individuals with NSCLC varied by HCTC concerns, with greater concerns being associated with higher risk ($p<.05$). Concerns about symptom burden and impact (OR=1.21; $p<.01$) and HCTC (OR=1.57; $p<.05$) were significantly associated with greater odds of depression risk; these associations did not vary by LC type.

Conclusions: Concerns around health care team communication, relationships and intimacy, and symptom burden and impact are important considerations in understanding risk for anxiety and depression among lung cancer patients and survivors. Additionally, type of lung cancer (NSCLC) can moderate the degree to which concerns about HCTC are associated with risk. Findings highlight the need for constructive patient-provider communication, particularly around relationships and intimacy and symptom burden.