Stress and Coping in Patients With Cancer With Depression and Sleep Disturbance

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OBJECTIVES: To evaluate for differences in global, cancer-specific, and cumulative life stress, as well as resilience and use of various coping strategies among five groups (no depression or sleep disturbance, no depression and moderate sleep disturbance, subsyndromal depression and very high sleep disturbance, moderate depression and moderate sleep disturbance [Both Moderate]; and high depression and very high sleep disturbance [Both High]).

SAMPLE & SETTING: Patients (N = 1,331) receiving chemotherapy were recruited from outpatient oncology clinics.

METHODS & VARIABLES: Measures of global, cancer-specific, and cumulative life stress, resilience, and coping were obtained. Differences were evaluated using parametric and nonparametric tests.

RESULTS: Global and cancer-specific stress scores increased as joint profiles worsened. Both Moderate and Both High classes had cancer-specific stress scores suggestive of post-traumatic stress. Both Moderate and Both High classes reported higher occurrence rates for several stressful life events and higher use of disengagement coping. Both Moderate and Both High classes had resilience scores below the normative score for the United States.

IMPLICATIONS FOR NURSING: Clinicians need to screen vulnerable patients for post-traumatic stress disorder and implement interventions to reduce stress.

Although depression and sleep disturbance are often evaluated independently, limited evidence suggests that these two symptoms co-occur in patients receiving chemotherapy (Brant et al., 2011; Whisenant et al., 2019). For example, in a longitudinal study of patients with breast cancer that explored whether membership in the sleep disturbance and depressed mood classes was associated with other symptoms (Whisenant et al., 2019), women in the higher sleep disturbance class reported more days with moderate to severe depressed mood. In another study of patients with cancer (Brant et al., 2011), depression and sleep disturbance co-occurred with pain, distress, and fatigue during the first six cycles of chemotherapy. The current authors used latent profile analysis (LPA) to evaluate for subgroups of patients with distinct joint depression and sleep disturbance profiles during chemotherapy (Calvo-Schimmel et al., 2022). More than 45% of these patients had subsyndromal to high levels of depression and moderate or very high levels of sleep disturbance. Risk factors associated with the worse joint depression and sleep disturbance profiles included being female and unemployed; having a lower functional status and a higher comorbidity burden; and reporting higher severity scores for anxiety, fatigue, and pain.

Although these three studies evaluated for the co-occurrence of depression and sleep disturbance in patients with cancer undergoing chemotherapy (Brant et al., 2011; Calvo-Schimmel et al., 2022; Whisenant et al., 2019), limited information is available on modifiable and nonmodifiable risk factors. Emerging evidence suggests that higher levels of stress (a modifiable risk factor) are associated with an increased risk of depression and sleep disturbance in patients with cancer. For example, in a study of patients with relapsed/refractory chronic