

Does comorbid anxiety increase health resource use or costs among cancer patients? A review of the evidence

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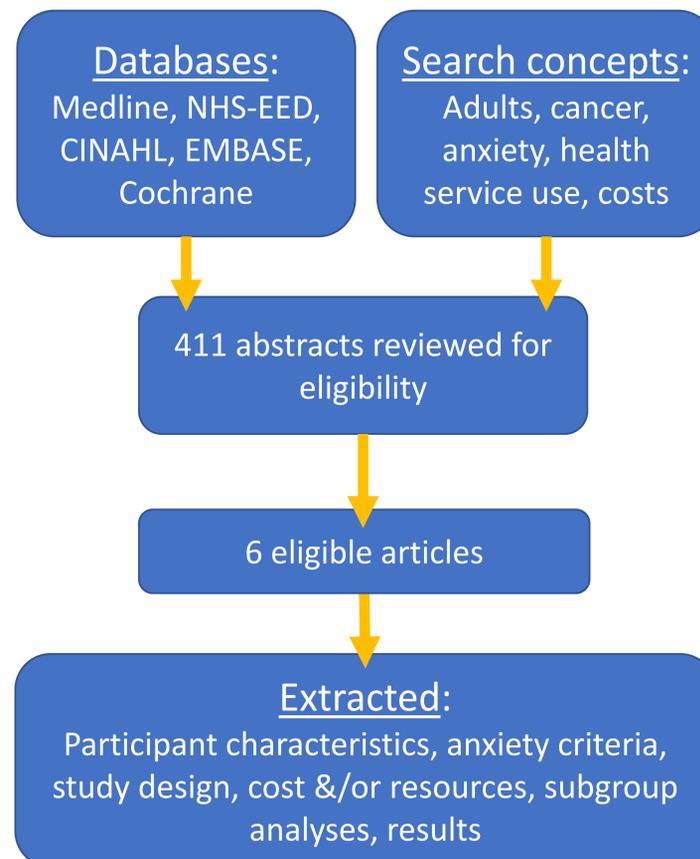
BACKGROUND

- Clinical anxiety is more common in cancer patients than the general population.
- In other clinical areas (e.g. diabetes) individuals with clinical anxiety use more health services than those without anxiety.
- While some of this increased cost is directly related to mental health services, most of it is not.

AIM

To identify literature on the health resource use and costs associated with anxiety in cancer patients.

SEARCH STRATEGY



CONCLUSIONS

The limited available evidence suggests individuals with cancer and comorbid anxiety use additional healthcare resources and may have higher associated costs.

While some of these additional resources and costs are related to mental health services, many are not.

Development and implementation of effective screening and intervention programs for anxiety among cancer patients could improve patient outcomes while reducing resource use and associated costs.

Paper	Cancer (n)	Anxiety definition	Design	Resources	Results – participants with anxiety had...
Fox et al, 2012	Breast (n=40,202)	ICD-9-CM	Observational cohort	Direct medical	<ul style="list-style-type: none"> • Higher likelihood of complications • Higher likelihood of prolonged hospitalisation • Higher costs of care
Mahal et al, 2015	Prostate (n=375)	Memorial Anxiety Scale	Observational cohort	Receipt of therapy	<ul style="list-style-type: none"> • Twice the likelihood of receiving therapy (instead of surveillance), despite limited additional benefit
Sabariego et al, 2011	Breast, colon or cervical (n=174)	Fear of Progression Questionnaire	RCT	Direct medical, direct non-medical, indirect	<ul style="list-style-type: none"> • Fewer GP visits, inpatient days and outpatient treatment after CBT group (vs. support group)
Lemieux et al, 2003	Breast (n=125)	Profile of Mood States	RCT	Direct medical	<ul style="list-style-type: none"> • Higher use of radiation • Higher use of psychotropic drugs • No statistically significant different in costs
Mosher et al, 2012	Breast (n=86)	HADS-A	RCT	Use of mental health services	<ul style="list-style-type: none"> • Higher use of mental health services after expressive writing group (vs. neutral writing)
Henry et al, 2014	Head & neck (n=127)	HADS-T	Cross sectional survey	Supportive care needs	<ul style="list-style-type: none"> • Higher levels of unmet needs • Higher willingness to use support services

1. Fox, J.P., et al., *Associations between mental health and surgical outcomes among women undergoing mastectomy for cancer*. The breast journal, 2013. **19**(3): p. 276-284
 2. Lemieux, J., et al., *Economic analysis of psychosocial group therapy in women with metastatic breast cancer*. Breast cancer research and treatment, 2006. **100**(2):p.183-190
 3. Mosher, C.E., et al., *Randomised trial of expressive writing for distressed metastatic breast cancer patients*. Psychology & health, 2012. **27**(1): p. 88-100
 4. Sabariego, C., et al., *Cost-effectiveness of cognitive-behavioral group therapy for dysfunctional fear of progression in cancer patients*. Eu J HE, 2011. **12**(5): p. 489-497
 5. Mahal, B., et al., *High PSA anxiety and low health literacy skills: drivers of early use of salvage ADT?* Annals of Oncology, 2015. **26**(7): p. 1390-1395
 6. Henry, M., et al., *Head and neck cancer patients want us to support them psychologically in the posttreatment period: survey results*. Palliative & supportive care, 2014. **12**(6): p. 481