

Clinically Significant Depressive Symptoms Are Prevalent and Independently Associated With Functional Impairment in Cancer Patients: A Cross-Sectional Analysis Using the PHQ-9 in a Pakistani Oncology Cohort

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BACKGROUND

Depression is among the most common and least addressed comorbidities in oncology, yet psychosocial screening is rarely integrated into nutritional or functional assessment frameworks. In LMIC settings, the burden of cancer-related depressive symptoms and its functional consequences remain poorly characterised.

OBJECTIVE

To report the prevalence, severity distribution, and clinical correlates of depressive symptoms assessed by PHQ-9 in a multidimensional oncology cohort from Pakistan.

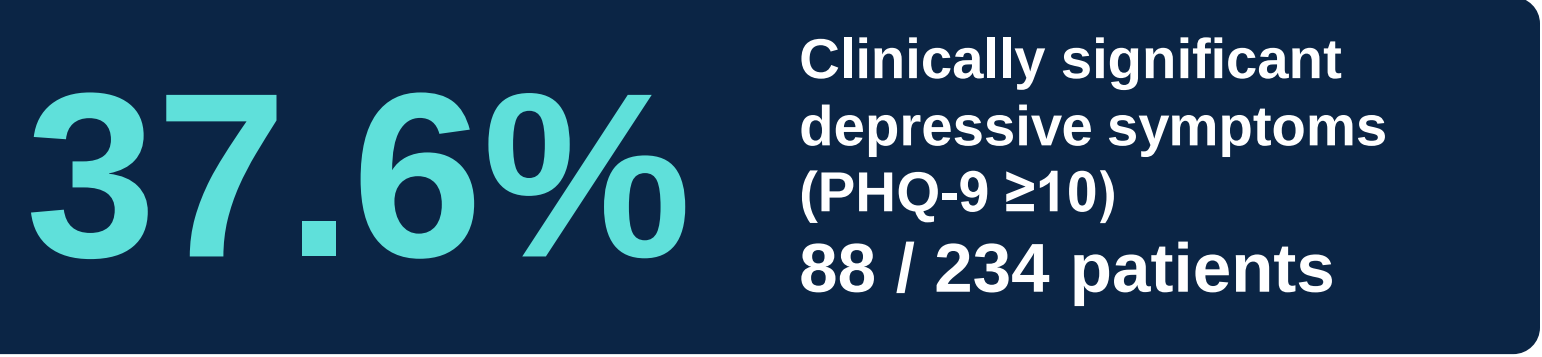
METHODS

- Cross-sectional design
- 236 adult cancer patients
- Mayo Hospital, Lahore
- PHQ-9 assessment
- PHQ-9 ≥10 threshold
- ECOG ≥2 (performance status)
- Feeding difficulty
- Self-rated health
- CNVB ≥2 (multidomain vulnerability)
- Logistic regression
- Spearman correlation
- ROC analysis
- DeLong test

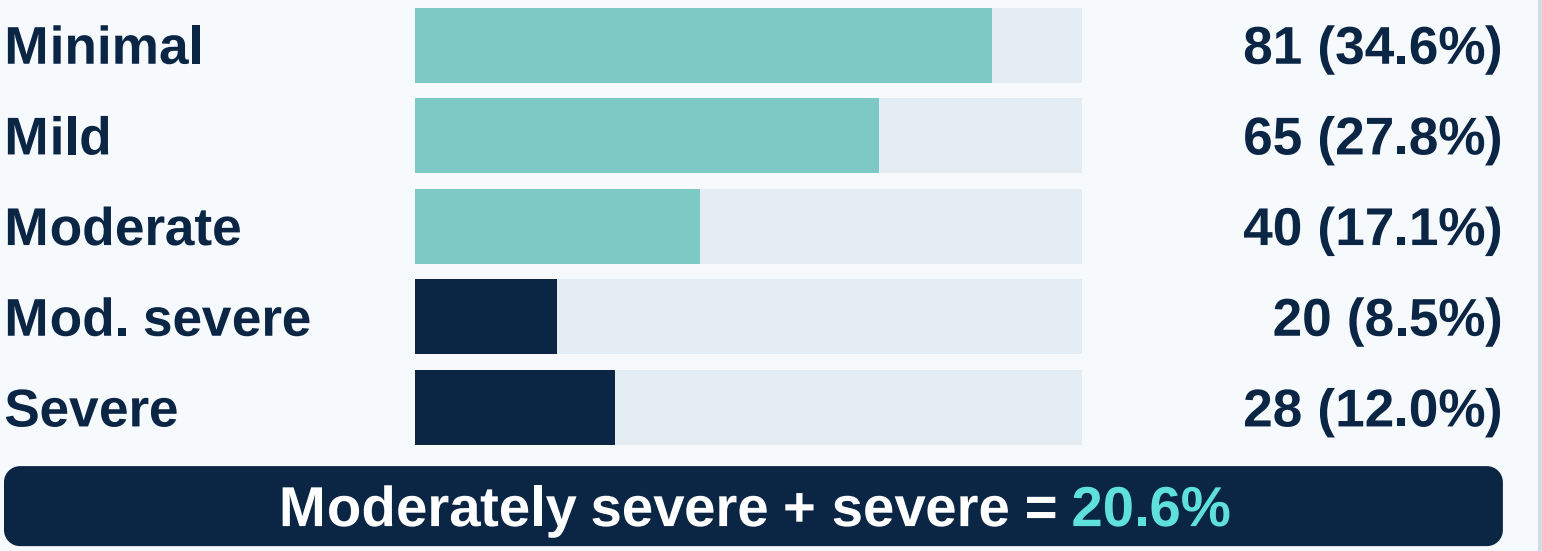
OTHER ASSOCIATIONS

PHQ-9 ≥10 → higher rates of poor/fair self-rated health

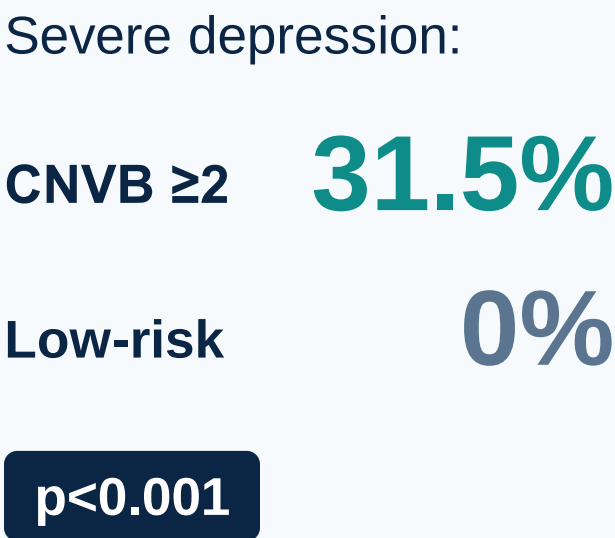
PHQ-9 ≥10 → higher rates of feeding difficulty



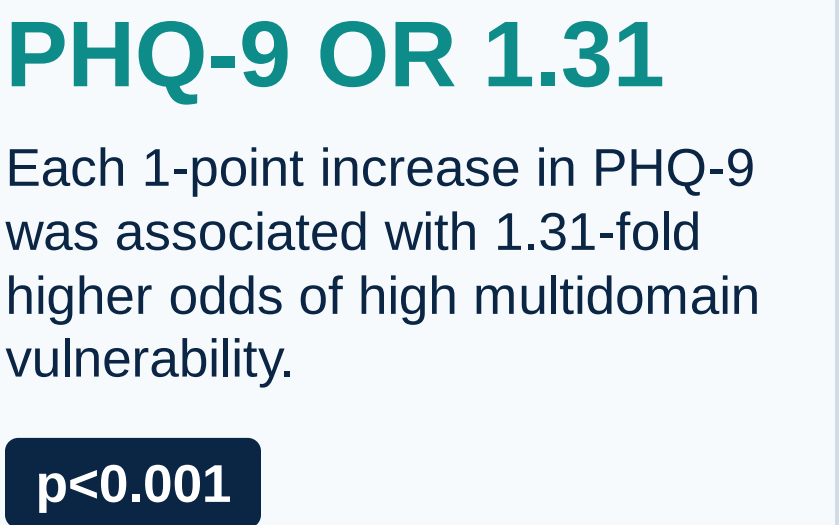
PHQ-9 SEVERITY DISTRIBUTION



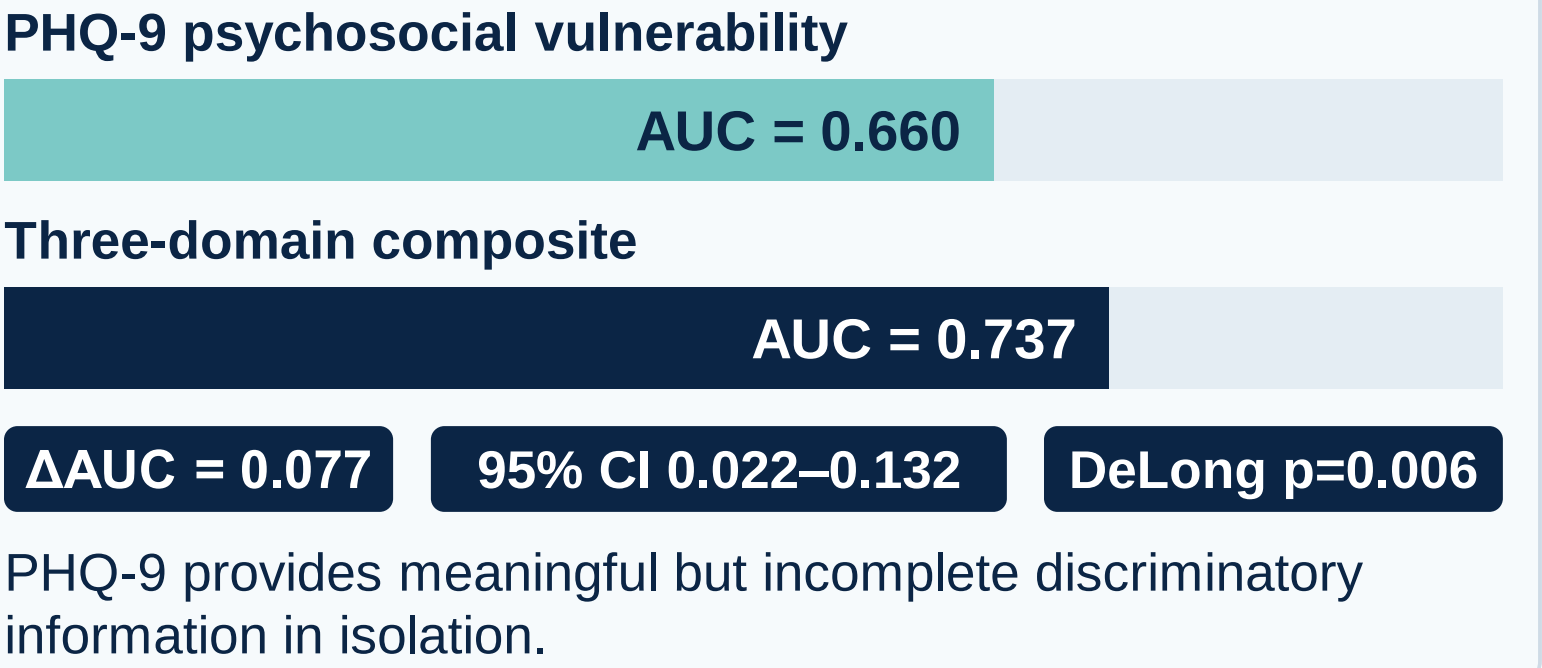
MULTIDOMAIN



REGRESSION



ROC · POOR PERFORMANCE (ECOG ≥2)



CONCLUSION

Clinically significant depressive symptoms are present in more than one-third of cancer patients in this cohort and contribute independently to functional impairment and multidimensional vulnerability burden.

Routine PHQ-9 integration into oncology nutritional assessment may identify patients requiring psychosocial support alongside nutritional intervention.

Clinical implication: Psychological screening should be considered alongside nutritional and functional assessment in oncology, particularly in LMIC settings.