1. Introduction

Presently, cancer poses a significant global challenge, particularly in Indonesia. Breast cancer primarily affects women, with a minimal occurrence rate in men.\(^1\)\(^2\) Individuals afflicted with breast cancer or survivors may encounter symptoms such as despair, hopelessness, anxiety, and a sense of emptiness. This can arise due to the pathological state of the disease or as a consequence of the therapeutic interventions that the patient is required to endure. Depression may be the result of bereavement and anxiety, such as the patient's worry about aging and fear of rejection by their family, particularly their spouse.\(^2\)\(^4\) Depression can arise from internal factors such as genetics, personality type, and past traumatic experiences. External factors, on the other hand, include life stressors, substance abuse, menopause, childbirth, medical conditions, and medication.\(^3\)

Depression risk factors can be classified into psychological, biochemical, medication-related, personal traits, and sociodemographic factors. The objective of this study is to describe diagnosis treatment update for depression among individuals diagnosed and survived with breast cancer.

Diagnosis of depression in breast cancer survivor

Research indicates that depression and its symptoms have a substantial influence that extends beyond the treatment period of cancer.\(^4\)\(^6\) A prior investigation revealed that women diagnosed with early-stage breast cancer experienced depressive symptoms and anxiety within the first year following diagnosis. Therefore, studies on breast cancer survivors have consistently found a correlation...
between the length of time since treatment or diagnosis and the occurrence of depression. Only a limited amount of research has examined potential factors linked to depression in individuals who have survived breast cancer. The Patient Health Questionnaire (PHQ-8) was utilized to evaluate the prevalence of depressive symptoms and the degree to which they are linked to the quality of life of patients and survivors. Depression exhibited a strong correlation with quality of life. Women experiencing depression exhibited lower scores across all functional subscales.

Furthermore, even after accounting for other factors, these associations remained consistent. Inadequately controlled depression significantly contributes to anguish and compromised physical and social abilities for both patients and their families. Depression might also lead to the delay or discontinuation of therapy. Monitoring patients with a depressed mood is necessary in order to improve the quality of life of breast cancer survivors. Concise assessment tools, such as the PHQ-8, are successful in detecting patients who exhibit signs of depression and need additional assessment. Multiple studies conducted on cancer patients have demonstrated that concise self-report scales evaluating depressive symptoms had favorable performance when compared to more extensive depression scales or interviews.

Treatment for depression in breast cancer

When faced with the possibility of experiencing depressive symptoms, women with breast cancer expressed a greater preference for individual counseling over medications or support groups as a form of treatment. A previous study indicated that 53% of participants preferred individual therapy as their primary treatment option. The ratings for alternative treatments were markedly inferior. Women who assessed their health as higher indicated a greater inclination towards individual therapy. However, there was no significant correlation between treatment options or a desire for no treatment and demographic, disease, or treatment characteristics in all other instances.

A number of clinical care guidelines for cancer patients who also suffer from co-morbid distress have emphasized the significance of screening and identification. The American College of Surgeons' Commission on Cancer (CoC) has issued standards for hospital cancer programs, which mandate the 2015 screening of all cancer patients for psychosocial distress. Additionally, while providing cancer care, the American Society of Clinical Oncology (ASCO) has issued screening guidelines for anxiety and depression that are to be conducted periodically. The ASCO guidelines suggest that healthcare facilities should establish networks of referral sources or suitable resources to effectively address patients' reports of distress regarding screening measures, in addition to conducting screenings. The provision of screening or treatment is obviously contingent on the financial means of the institutions supporting them. However, in accordance with the CoC mandate, institutions that have or require accreditation will be required to perform screening at a minimum. The provision of information by a nurse or navigator, support or educational groups, and clinicians with experience working with individuals diagnosed with cancer, preferably stationed within the cancer center, could constitute treatment resources. The ASCO guidelines also support the use of psychological interventions that have empirical backing.

2. Conclusion

With the ongoing progress in breast cancer therapeutics, a considerable proportion of breast cancer survivors will require timely intervention to address the late effects of the disease. Breast cancer survivors continue to face a substantial health risk in the form of depression, which persists well beyond the treatment phase.

3. References

2. Reyes-Gibby CC, Anderson KO, Morrow PK, Shete S, Hassan S. Depressive symptoms and


