Distress in Patients With Cancer: Definition, Assessment, and Suggested Interventions

Leesa Vitek, MSN, CRNP, OCN®, Margaret Quinn Rosenzweig, PhD, CRNP-BC, AOCNP, and Susan Stollings, PhD

Distress in patients with cancer impacts their quality of life. The National Comprehensive Cancer Network (NCCN) created a distress thermometer and a problem checklist to aid in recognizing distress. The thermometer measures distress on a 0–10 scale, and the problem checklist identifies more specific etiologies of distress, such as practical, spiritual, physical, emotional, and family problems. Oncology nurses play a key role in the success of the distress-screening tool because they have the most patient contact. The NCCN guidelines suggest that patients complete the screening tools at each visit and clinicians review the outcome. NCCN has provided clinical pathways for treating the etiologies of distress using a multidisciplinary approach, including members from social work, pastoral services, mental health, and oncology.

At a Glance
- Cancer and its associated distress can affect quality of life.
- The National Comprehensive Cancer Network developed a distress thermometer and problem checklist to screen distress.
- Oncology nurses should be leaders in implementing the distress thermometer and problem checklist.

Relevance and Impact of Distress on Quality of Life

The NCCN (2007b) guidelines defined cancer-related distress as “a psychological (cognitive, behavioral, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment” (p. DIS-2). The term distress was chosen for its lack of associated psychological implications and ability to be defined and measured (NCCN, 2007b). Rather than a single physical or emotional symptom, distress can be multifactoral in etiology and may represent physical, social, and emotional components. Distress can present anywhere along the cancer care continuum, from initial diagnosis to after the completion of cancer treatment (ACS & NCCN, 2005). Intervention for cancer-related distress is important because of improved outcomes with psychosocial intervention. When patients experience distress, QOL decreases; when distress is alleviated, QOL

Leesa Vitek, MSN, CRNP, OCN®, is a nurse practitioner for a private medical oncology and hematology practice in Monongahela, PA; Margaret Quinn Rosenzweig, PhD, CRNP-BC, AOCNP, is an assistant professor for Oncology Clinical Emphasis in the Acute Care Nurse Practitioner Program at the University of Pittsburgh in Pennsylvania; and Susan Stollings, PhD, is a senior clinician in Behavioral Medicine and Oncology at the University of Pittsburgh Medical Center. No financial relationships to disclose.

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