The Distress Thermometer: Cutoff Points and Clinical Use

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Purpose/Objectives: To establish an optimal cutoff point for the National Comprehensive Cancer Network’s Distress Thermometer (DT) as a screening measure to identify and address psychological distress in individuals with cancer, and to examine whether distress as measured by the DT significantly changes across the treatment trajectory.

Design: Secondary analyses of baseline data from a longitudinal parent study examining a computerized psychosocial assessment.

Setting: Three diverse comprehensive cancer centers across the United States.

Sample: 836 patients with a current or past diagnosis of cancer.

Methods: Study participants were selected from a randomized clinical trial. Patients during any stage of the cancer treatment trajectory were recruited during a chemotherapy infusion or routine oncology appointment.

Main Research Variables: The Behavioral Health Status Index and the DT were administered and compared using receiver operating characteristic analyses.

Findings: Results support a cutoff score of 3 on the DT to indicate patients with clinically elevated levels of distress. In addition, patients who received a diagnosis within the 1–4 weeks prior to the assessment indicated the highest levels of distress.

Conclusions: Providers may wish to use a cutoff point of 3 to most efficiently identify distress in a large, diverse population of patients with cancer. In addition, results indicate that patients may experience a heightened state of distress within 1–4 weeks postdiagnosis compared to other stages of coping with cancer.

Implications for Nursing: Using a brief measure of distress can help streamline the process of screening for psychosocial distress.

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O’Hea and Boudreaux contributed to the conceptualization and design. Cutillo, O’Hea, Harralson, and Boudreaux completed the data collection. Cutillo, Person, Lessard, Harralson, and Boudreaux provided statistical support. Cutillo, Person, Harralson, and Boudreaux provided the analysis. Cutillo, O’Hea, Person, Harralson, and Boudreaux contributed to the manuscript preparation.

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Psychological distress as a consequence of cancer care is related to diagnoses of anxiety, depression, adjustment disorders, and decreased quality of life (Mitchell et al., 2011). Despite estimates that 24%–50% of patients with cancer exhibit symptoms of distress, and can experience the aforementioned effects, psychological symptoms are not consistently addressed by all cancer teams (Carlson et al., 2004; Holland & Bultz, 2007; Jacobson & Ransom, 2007; Mitchell, Vahabzadeh, & Magruder, 2011; van Scheppingen et al., 2011). Even in patients exhibiting high levels of distress, rates of referral and access to psychosocial services tend to be low (Carlson, Waller, & Mitchell, 2012; Ellis et al., 2009; Verdonck-de Leeuw et al., 2009; Zebrack et al., 2015). Whether from of a lack of education regarding the use of psychosocial support or stigma regarding mental health care, highly distressed patients may not even express interest in, use, or follow up with a variety of psychosocial services (Roth et al., 1998; Tuinman, Gazendam-Donofrio, & Hoekstra-Weebers, 2008; Waller, Williams, Groff, Bultz, & Carlson, 2011). This discrepancy between high distress and low engagement in therapeutic interventions is problematic and warrants further investigation.