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Significance of Nonphysical Predictors of Distress in Cancer Survivors

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Background: The Distress Thermometer (DT) is a well-validated tool that is frequently used in patients with cancer to screen for general distress and to generate referrals. However, a majority of the DT problem list items relate to physical concerns; this may lead to psychosocial issues being overshadowed.

Objectives: The purpose of the current study is to examine the endorsement rates for nonphysical items, as well as the relationship between these items and overall DT scores.

Methods: A multiple logistic regression analysis of the first-time distress rating scale of 1,209 patients from 2005–2009 was conducted to determine whether nonphysical items on the DT significantly contributed to a patient falling into one of two categories: at risk for distress or not at risk for distress.

Findings: This study provides evidence that emotional variables are particularly significant for patients who are at risk for distress and, consequently, should be prioritized for intervention when endorsed on the DT problem list.

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The Patient Protection and Affordable Care Act emphasized integrated care (i.e., the move toward a more complete and comprehensive healthcare system [(Kodner & Spreeuwenberg, 2002)]) as a modality for improving quality and value in health care. Physicians, nurses, and other providers were called to prioritize interdisciplinary initiatives to improve patient-centered services and treatment outcomes. The co-occurrence of common psychological disorders, such as depression and anxiety, with serious medical conditions is known to significantly increase treatment costs and negatively affect health outcomes, whether these are preexisting or diagnosed during the course of the cancer trajectory (DiMatteo, Lepper, & Croghan, 2000). Assessing patients' emotional states and well-being in addition to physical symptoms is important.

In cancer care, the Distress Thermometer (DT) is widely used during medical treatment to detect emotional and psychological wellness. Although the DT is highly effective in assessing overall patient distress levels, and studies have identified the most endorsed problem list items (Clark, Rochon, Brethwaite, & Edmiston, 2011; Kendall, Glaze, Oakland, Hansen, & Parry, 2011), a limited empirical understanding exists regarding how item scoring differentiates areas of distress. This information is critical to the appropriate interpretation of DT results and the subsequent efficacy of supplementary care referrals, such as psychology, physical therapy, occupational therapy, and chaplaincy services. Nurses are often the first provider to see a patient's completed DT and identify symptoms of distress, as well as deliver interventions (Coolbrandt et al., 2014). Consequently, nurses must not only review the DT but also triage all concerns and make referrals to other services.

Background

Cancer management has traditionally focused on the physical impact of cancer and its related treatments. However,