

Screening for Distress in Patients With Cancer

Sandra M. Schilli, RN, BSN, OCN®



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Although distress is common among people with cancer, the current standard of care does not include consistent distress screening. To acquire or maintain accreditation, the American College of Surgeons Commission on Cancer will require cancer centers to have a distress screening program in place by 2015. When evaluating tools to screen for distress in patients with cancer, researchers should evaluate the literature to ascertain that tools have been tested for validity and reliability in the population of patients with cancer. Regardless of the distress screening tool chosen, studies support that screening patients for distress is beneficial to improving quality of life and outcomes by allowing for referral to appropriate interventions.

Sandra M. Schilli, RN, BSN, OCN®, is the director of oncology at Ste. Genevieve County Memorial Hospital in Missouri. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the author, planners, independent peer reviewers, or editorial staff. Schilli can be reached at sschilli@sgcmh.org, with copy to editor at CJONEditor@ons.org. (Submitted November 2013. Revision submitted February 2014. Accepted for publication February 27, 2014.)

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A projected 1,660,290 new cancer cases will be diagnosed in the United States in 2014 (American Cancer Society, 2014). More than 14 million cancer survivors are alive in the United States, including those who are cancer free as well as people living with metastatic cancer. Many large-scale studies show that psychosocial distress associated with the diagnosis, treatment, and prognosis of the disease is prevalent in most patients diagnosed with cancer (Massie, 2004); however, distress in patients with cancer remains underdiagnosed and undertreated (Fallowfield, Ratcliffe, Jenkins, & Saul, 2001). One article estimated that fewer than 10% of patients with cancer were screened and identified as having distress (Holland & Alici, 2010). Patients with cancer experience varying levels of distress throughout the disease trajectory associated with the diagnosis of cancer as well as the effects of the disease and treatments. Studies show that more than 43% of patients with cancer suffer significant psychological distress (Institute of Medicine [IOM], 2008), and 5% of people with cancer suffer from post-traumatic stress disorder per clinical criteria (Bellizzi & Blank, 2011).

Distress Screening

People with lung, brain, and pancreatic cancers are most likely to suffer distress; however, differences in psychological distress by cancer type are small (Zabora, BrintzenhofeSzoc, Curbow, Hooker, & Piantadosi, 2001). People with advanced

cancer and poor prognosis may be at greater risk for distress (Holland & Alici, 2010). Patients with cancer who have a history of psychiatric disorders, substance abuse, and depression are also at an increased risk for suffering distress (National Comprehensive Cancer Network [NCCN], 2013). Long-term symptoms such as cognitive impairment, fatigue, pain, and anxiety can cause distress in people long after cancer treatments are completed (Zabora, BrintzenhofeSzoc, Curbow, et al., 2001).

Time constraints on healthcare professionals are the main issues cited as contributing to the infrequent use of distress screening questionnaires or tools in cancer care (Schofield, Carey, Bonevski, & Sanson-Fisher, 2006). In addition, knowledge deficit and lack of understanding of psychological distress evaluation may, to some extent, account for the infrequent use of distress screening (Vodermaier, Linden, & Siu, 2009). Other personal and professional obstacles in the use of psychological distress tools may include beliefs, values, and assumptions (Schofield et al., 2006). These barriers are often conveyed in the opinion that screening is pointless or is beyond what can be addressed or capably treated in a cancer care setting (IOM, 2008; Jacobsen & Ransom, 2007; Schofield et al. 2006).

Defining Distress in Cancer

The word *distress* describes objectionable emotional feelings. The NCCN panel of experts who authored the original 1997 guidelines for distress management chose the word *distress*