Dimensions of Distress in Lung Cancer

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OBJECTIVES: To (a) compare the domains of distress between patients who were distressed and patients who were not distressed and (b) examine the relationship between the National Comprehensive Cancer Network Distress Thermometer and Problem List for Patients (DT-PL) and the Hospital Anxiety and Depression Scale (HADS) in individuals with advanced lung cancer.

SAMPLE & SETTING: Individuals with advanced lung cancer receiving chemotherapy were recruited from a comprehensive cancer center in the southeastern United States.

METHODS & VARIABLES: A cross-sectional, descriptive, exploratory design was used. Individuals with lung cancer completed the DT-PL and the HADS. Data were analyzed using descriptive statistics, t tests, and chi-square analysis.

RESULTS: Significant differences were found between the nondistressed group and the clinically distressed group in three domains of distress: family problems, emotional problems, and physical problems. There was no relationship between the DT-PL and the HADS anxiety subscale or the HADS depression subscale.

IMPLICATIONS FOR NURSING: Distress in individuals with advanced lung cancer goes beyond psychological stressors and includes family problems and physical problems.

KEYWORDS lung cancer; oncology; distress; depression; anxiety

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After a cancer diagnosis, some individuals experience distress. For individuals with lung cancer, distress is a common experience (Chambers et al., 2015; Graves et al., 2007; Lashbrook et al., 2018). Previous studies report that 39% to 51% of individuals with lung cancer experience distress (Steinberg et al., 2009; Ugalde et al., 2012; Zabora et al., 2001). Despite advances in options for treatment and palliative care, individuals with advanced lung cancer continue to report a high physical symptom burden and unmet needs (Sung et al., 2017). Physical symptoms have been shown to have some associations with distress in patients with cancer (McFarland et al., 2018). In addition to coping with symptoms and unmet needs, individuals with advanced lung cancer must also cope with the diagnosis of a very serious, and potentially terminal, illness. Potential uncertainty about the future and the experience of physical and psychological symptoms may influence the distress experience for these individuals. Necessary to the effective delivery of psychosocial interventions is the development of a treatment plan (Holland et al., 2013). Consequently, it is important to examine the differences in components of distress in those with high and low distress to further individualize interventions.

Background

Definitions of Distress

Ridner (2004) described psychological distress as a "unique discomforting, emotional state experienced by an individual in response to a specific stressor or demand that results in harm, either temporary or permanent, to the person" (p. 539). According to the National Comprehensive Cancer Network (NCCN, 2020), "distress is a multifactorial unpleasant experience of a psychological (ie, cognitive, behavioral, emotional), social, spiritual, and/or physical nature that may interfere with one's ability to cope effectively with cancer, its physical symptoms, and its treatment" (p. 5). Distress is a negative appraisal of