

FEATURE ARTICLE

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

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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.

The American Cancer Society (ACS) estimated that 1,444,920 new cancer cases will be diagnosed in 2007 (Jemal et al., 2007). Cancer and its associated distress can affect quality of life (QOL) greatly (ACS & National Comprehensive Cancer Network, 2005). According to Vachon (2006), a third of patients with cancer experience distress and may benefit from early psychosocial intervention. Although cancer care professionals believe that assessment and intervention for distress and its associated poor QOL are important to excellent patient care, clinicians fail to recognize distress among their patients (Passik, Dugan, & McDonald, 1998; Taylor, Macdonald, Bezjak, Ng, & DePetrillo, 1996; Zhao, Kanda, Liu, & Mao, 2003). To improve patient care through monitoring distress, a distress management screening measure (DMSM) was created by NCCN.

NCCN is a nonprofit organization comprised of 19 national cancer centers. The goal of NCCN (2007a) is to provide evidence-based oncology clinical practice guidelines for use as the standard of care for patients with cancer. The distress model is based on a self-report questionnaire with two components: a problem checklist and a distress thermometer. The thermometer ranks distress on a scale of 0–10. The problem checklist includes physical, emotional, and social components (ACS & NCCN, 2005; NCCN, 2007b). This article describes the impact of global distress on patients with cancer. The importance of consistent distress screening is discussed, and guidelines that are available for evaluating patients' level of distress are described. In addition, the article reviews the NCCN recommendations and treatment guidelines for cancer-related distress (Passik et al., 1998).

Relevance and Impact of Distress on Quality of Life

The NCCN (2007b) guidelines defined cancer-related distress as “a psychological (cognitive, behavioral, emotional), social,

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.

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 multifactorial 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

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