

Distress During Radiation Therapy

Assessment among patients with breast or prostate cancer

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BACKGROUND: Distress is regarded as the sixth vital sign in cancer care, but few studies describe distress in patients undergoing radiation therapy.

OBJECTIVES: The purpose of this study was to assess distress levels among patients with breast or prostate cancer undergoing radiation therapy and investigate which problems contribute to patients' distress levels.

METHODS: A retrospective medical record review was conducted for 217 patients with breast or prostate cancer at a midwestern community cancer center. Demographic data, distress scores, and problems or concerns from the patient-completed Distress Thermometer and associated Problem List were collected. Descriptive and bivariate statistics were calculated.

FINDINGS: The average distress of patients with breast cancer was significantly higher than that of patients with prostate cancer, and patients with breast cancer reported more problems than those with prostate cancer.

KEYWORDS

radiation therapy; distress; medical record review; breast cancer; prostate cancer

DIGITAL OBJECT IDENTIFIER

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ONE IMPORTANT CONCERN AMONG THOSE DIAGNOSED WITH CANCER IS DISTRESS, which is acknowledged as the sixth vital sign in cancer care (Bultz & Carlson, 2005, 2006). Distress in patients with cancer is defined as “a multifactorial unpleasant experience of a psychological (i.e., cognitive, behavioral, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment” (National Comprehensive Cancer Network [NCCN], 2016, p. 7). Assessing for distress among people with cancer is important to allow for prompt symptom management, with the expectation of improvement in quality of life. Distress has been acknowledged as a significant factor in cancer care by NCCN (n.d.), a nonprofit alliance of 26 cancer centers throughout the United States that develops and maintains evidence-based clinical practice guidelines supporting best practices in managing patients with cancer.

About 37%–62% of people with cancer report clinically significant distress (Carlson, Groff, Maciejewski, & Bultz, 2010; Graves et al., 2007; Johnson, Gold, & Wyche, 2010; Shimizu et al., 2010; Steinberg et al., 2009). Distress is reported in people with varied cancer diagnoses who undergo a variety of treatment modalities, including surgery, chemotherapy, hormonal therapy, immunotherapy, and radiation therapy (Dabrowski et al., 2007; Fulcher & Gosselin-Acomb, 2007; Johnson et al., 2010; Mergenthaler et al., 2011; Steinberg et al., 2009; Yamagishi, Morita, Miyashita, & Kimura, 2009). Given the high prevalence of distress among this population, the NCCN (2016) recommends distress screening for all patients at their initial visit and across the care continuum, particularly when a change occurs in disease status.

Despite the prevalence of distress and the acknowledged importance of distress screening in people with cancer, sparse research exists that describes distress in patients undergoing radiation therapy. This study explored distress in patients with breast cancer or prostate cancer because these were the top two cancer sites treated in a community radiation therapy clinic, representing 30% and 17% of its patients, respectively. Therefore, this study investigated the distress levels of patients with breast or prostate cancer who were undergoing radiation therapy and investigated which problems were contributing to patients' distress levels.