

Distress and Psychosocial Needs

Demographic predictors of clinical distress after a diagnosis of cancer

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BACKGROUND: Patients with cancer have increased rates of clinical distress compared to healthy individuals. Programs are needed to screen patients for distress and make appropriate psychosocial referrals.

OBJECTIVES: The purpose of this study was to describe the distress levels and psychosocial needs of a large, diverse sample of patients with cancer.

METHODS: More than 1,200 adult patients, attending their second appointment with a medical or radiation oncologist, were screened for distress and psychosocial needs. Electronic health records were reviewed to collect demographic data.

FINDINGS: Almost half of the sample reported a clinically meaningful level of distress. Younger age, single status, and female gender were significant predictors of a greater distress score and/or more psychosocial needs. Results suggest that demographic variables may be useful in identifying patients with cancer who are more likely to report higher levels of distress or greater psychosocial needs; these patients should be offered interventions and support services earlier in the treatment process, which may improve outcomes.

KEYWORDS

distress; psychosocial needs; screening; demographics; cancer

DIGITAL OBJECT IDENTIFIER

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ABOUT 20%–40% OF PATIENTS WITH CANCER will experience clinically significant levels of distress (Baken & Woolley, 2011; Zabora, BrintzenhofeSzoc, Curbow, Hooker, & Piantadosi, 2001). In recognition of the appropriate management of the needs of this population, the American College of Surgeons' (2012) Commission on Cancer mandated, via standard 3.2, that all accredited programs screen patients with cancer at a pivotal time point for distress and make appropriate psychosocial referrals to support services, including social work, psychology, dietetics, and chaplaincy. All cancer centers were required to incorporate distress screening by January 1, 2015.

Several factors may influence an individual's level of distress related to a cancer diagnosis, including uncertainty about prognosis or side effects of treatment. Zabora et al. (2001) was one of the first to suggest that preexisting demographic characteristics, such as gender, age, and race, may also influence how an individual copes with a new cancer diagnosis. Studies using the National Comprehensive Cancer Network's Distress Thermometer (DT) (Roth et al., 1998) among patients with cancer have indicated that women (Jacobsen et al., 2005) and younger individuals (Carlson & Bultz, 2004) were more likely than men and older individuals to report clinically significant levels of distress. However, more research is needed to validate these findings across large samples of patients with cancer because the existing research has limitations (e.g., it has focused only specific types of cancer) and because little has been published on this topic that looks comprehensively across cancer types.

Because cancer incidence increases with age (Howlader et al., 2016), it is possible that younger or middle-aged individuals experience more distress related to an unexpected cancer diagnosis. Younger individuals are also more likely to have additional responsibilities related to parenting and employment, the stress of which could be augmented after a health crisis. Giese-Davis et al. (2012) found that younger patients with cancer reported more practical (including issues related to accommodation, transportation, parking, drug coverage, work/school, income/finances, and groceries) and psychosocial areas of distress. In regard to race, Penner et al. (2016) determined that healthcare providers' implicit biases against African American patients have negative effects on patient-provider communication and patient perceptions of treatment recommendations, which suggests that