

Care Guide: *Cancer Distress Management*

Screening Tools for Measuring Distress

Instructions: Circle the number between [0 – 10] that best describes your patient’s level of distress over the past week, including today.

No Distress										Extreme Distress
0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use this Problem List (not part of the 0 – 10 scale) to identify the specific areas that need further clarification and evaluation.

YES	NO	Practical Problems	YES	NO	Physical Problems
<input type="checkbox"/>	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	<input type="checkbox"/>	Appearance
<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Bathing/dressing
<input type="checkbox"/>	<input type="checkbox"/>	Insurance/financial	<input type="checkbox"/>	<input type="checkbox"/>	Breathing
<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Changes in urination
<input type="checkbox"/>	<input type="checkbox"/>	Work/school	<input type="checkbox"/>	<input type="checkbox"/>	Constipation
		Family Problems	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with children	<input type="checkbox"/>	<input type="checkbox"/>	Eating
<input type="checkbox"/>	<input type="checkbox"/>	Dealing with partner	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
		Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	Feeling swollen
<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	Fevers
<input type="checkbox"/>	<input type="checkbox"/>	Fears	<input type="checkbox"/>	<input type="checkbox"/>	Getting around
<input type="checkbox"/>	<input type="checkbox"/>	Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	Indigestion
<input type="checkbox"/>	<input type="checkbox"/>	Sadness	<input type="checkbox"/>	<input type="checkbox"/>	Memory/concentration
<input type="checkbox"/>	<input type="checkbox"/>	Worry	<input type="checkbox"/>	<input type="checkbox"/>	Mouth sores
<input type="checkbox"/>	<input type="checkbox"/>	Loss of interest in usual activities	<input type="checkbox"/>	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Nose dry/congested
		Spiritual/Religious Concerns	<input type="checkbox"/>	<input type="checkbox"/>	Pain
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Sexual
			<input type="checkbox"/>	<input type="checkbox"/>	Skin dry/itchy
			<input type="checkbox"/>	<input type="checkbox"/>	Sleep
			<input type="checkbox"/>	<input type="checkbox"/>	Tingling in hands/feet
			<input type="checkbox"/>	<input type="checkbox"/>	Other symptoms or physical signs

Periods of Increased Vulnerability to Distress

- *Finding a suspicious symptom
- *During workup
- *Finding out the diagnosis
- *Awaiting treatment
- *Change in treatment modality
- *End of treatment
- *Stresses of survivorship
- *Medical follow-up and surveillance
- *Treatment failure
- *Recurrence/progression
- *Advanced cancer
- *End of life
- *Discharge from hospital following treatment

Key Points: Distress Management

- Surveys have found that 20-40% of cancer patients show a significant level of distress. However, fewer than 10% of patients are actually identified and referred for psychosocial help because of either patient reluctance to report distress or physicians not inquiring about psychological concerns
- Screening for distress is important because every patient at every stage of disease deals with issues that cause some level of distress
- Patients in distress:
 - ◆ Make extra visits to the physician's office and hospital ER
 - ◆ Have trouble making decisions about treatment and adhering to treatment
 - ◆ Become dissatisfied with their physicians and medical care
- Early diagnosis and referral of patients with distress will:
 - ◆ Enhance patient Quality of Life and satisfaction
 - ◆ Improve doctor-patient communication, trust and respect
 - ◆ Improve patient adherence to treatment regimen
- Assess using the "distress thermometer" with its 0-10 scale with 0 being no distress and 10 being extreme distress. A score of 4 or more indicates a significant level of distress that should be evaluated
- Use the Problem List to identify the specific areas that need further clarification and evaluation. It is not part of the 0-10 scale

Key Points: Advance Disease Management

- The 5 stages of grief are Denial, Anger, Bargaining, Depression and Acceptance. Any patient or caregiver could have any or all or none of these emotions in any possible sequence
- A discussion involving Advance Directives with the patient and/or family members is very important and should occur at any appropriate time, preferably as early as possible in the continuum of cancer care. This will allow the patient and family to make informed decisions about treatment and care options.
- Advance Directives include any of the following:
 - ◆ A living will
 - ◆ A durable power of attorney (healthcare proxy)
 - ◆ Decisions concerning resuscitation, hydration, or nutrition orders
 - ◆ Hospice
- Assess the needs of all caregivers in order to be aware of what is required to bring comfort to all who are involved in the patient's care including the children, spouse, other relatives, friends and any significant others
- From patient and family surveys, the following are the identified, desired advanced care outcomes:
 - ◆ Strive for adequate pain and symptom management
 - ◆ Avoid prolonged dying
 - ◆ Promote a sense of control
 - ◆ Manage the physical and emotional burdens through hospice and respite care
 - ◆ Strengthen relationships
 - ◆ Respect personal values and preferences
 - ◆ Reduce patient/family distress
- 50% of cancer patients who die in the USA receive hospice care, and most are referred too late to get full palliative care benefit.

Definition of Distress in Cancer

Distress is a multifactorial unpleasant emotional experience of a psychological (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. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis.

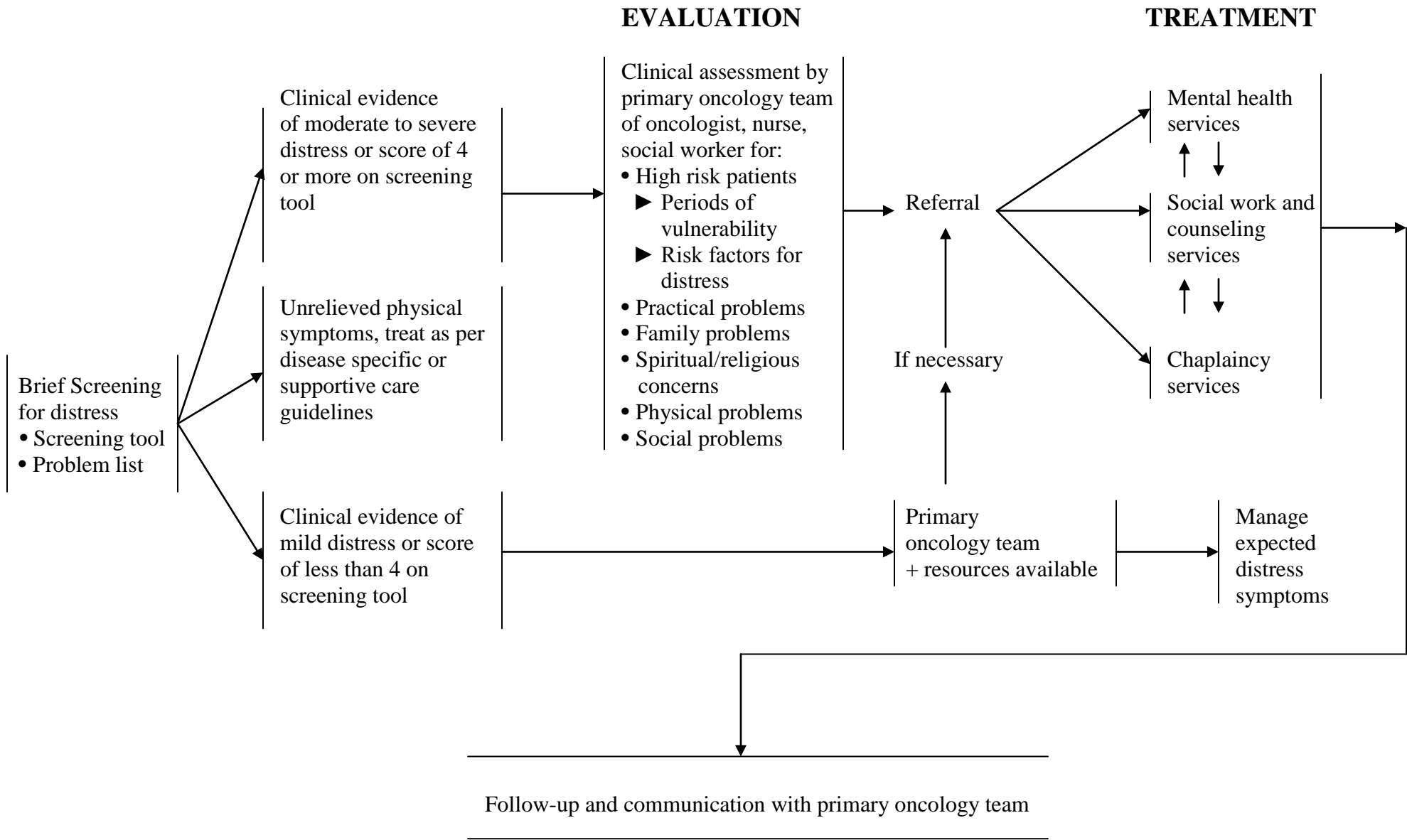
The term “Distress” was chosen because:

- It’s more acceptable and less stigmatizing than psychiatric, psychosocial, or emotional
- Sounds normal and less embarrassing
- Can be defined and measured by self-report

Standards of Care for Distress Management

1. Distress should be recognized, monitored, documented and treated promptly at all stages of disease.
2. All patients should be screened for distress and palliative care needs at their initial visit, appropriate intervals, and as clinically indicated especially with changes in their disease status (i.e., remission, recurrence, progression).
3. Screening should identify the level and nature of the distress.
4. Patients and families should be informed that distress management and palliative care are an integral part of total medical care; and they should be provided with relevant community and psychosocial services information.

Distress Management



References

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