Distress Levels Among Breast and Prostate Cancer Patients In A Radiotherapy Setting

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Background

• The American Cancer Society estimates over 1.6 million adults will be diagnosed with cancer in 2015 with an estimated 37% to 62% reporting clinically significant distress.

• Distress in patients with cancer is defined as a multifactorial, unpleasant experience of an emotional, psychological, social, or spiritual nature that interferes with the ability to cope with cancer, its physical symptoms and its treatment.

• The National Comprehensive Cancer Network (NCCN) recommends distress screening for all patients throughout their cancer trajectory.

• Despite the prevalence of distress and the acknowledgement of the importance of distress screening, sparse research exists in patients undergoing radiotherapy.

Purpose

• To assess level of distress in patients with breast or prostate cancer receiving radiotherapy
• To identify which problems contributed to distress levels

Sample/Setting

Convenience sample of 217 patients from a Midwest Community Cancer Center
• Male = 87 (40.1%)
• Female = 130 (59.9%)
• Mean age = 65.71 (SD 12.19) years

Distress Scale and Problem List

The Distress Thermometer

Methods

• Retrospective review of medical records of patients with breast and prostate cancer being treated with radiotherapy
• Received IRB approval from the University and affiliated hospitals.
• Used data from Distress Thermometer and Problem List, which are completed at each visit
• Employed a standardized data abstraction tool developed specifically for this project

Results

• Patient visits ranged from 1 – 16, averaging 5.27 (SD = 3.92)
• Most reported DT score: “0” (n = 343, 31.0%); least reported: “10” (n = 2, 0.2%).
• Average DT score: 2.0 (SD = 2.0)
• Mean number of problems was 4.28
• Patients with breast cancer most concerned about: fatigue (29%), worry about family and friends (24%), weight (24%), fears and worries (21%), and pain (20%)
• Patients with prostate cancer most concerned about fatigue (24%), sleep (23%), pain (18%), worried about children (17%), and urination (16%).

Conclusions

• The Distress Thermometer and Problem List is useful for initial screening in patients with cancer however individual follow-up is necessary and should be patient specific.
• Specific interventions for the most common problems of fatigue, pain, fears-worries, and sleep should be anticipated.

Analysis

• Used descriptive statistics to characterize the sample
• Categorized average distress as:
  o Little to None (0–3)
  o Mild (3.1–5)
  o Moderate (5.1–7)
  o Severe (7.1–10)
• Evaluated bivariate relationships using t-tests, Pearson’s correlation coefficients, and ANOVA