Section: Oncology

Original Research Article

IMPACT OF DISTRESS THERMOMETER AS SCREENING TOOL FOR PSYCHOLOGICAL DISTRESS IN CANCER PATIENTS AND TO MAKE IT A ROUTINE PRACTICE IN ONCOLOGY OPD

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ABSTRACT

Background: Psychological distress is highly prevalent among patients with cancer and has a significant impact on treatment adherence, quality of life, healthcare utilization, and survival. Despite its importance, distress often remains under-recognized in busy oncology outpatient settings due to time constraints, stigma, and lack of systematic screening. The Distress Thermometer (DT) is a simple, validated screening tool recommended by the National Comprehensive Cancer Network for identifying distress in cancer patients.
Aim: To evaluate the impact of routine distress screening using the Distress Thermometer on referral rates to clinical psychology services in an oncology outpatient department
Materials and Methods: This prospective observational study was conducted in the Medical Oncology OPD at PKDIMS, Ottapalam, from 24 January 2024 to 23 January 2025 after institutional ethical approval. All patients attending the OPD during the study period were screened using the Distress Thermometer. A cut-off score of ≥4 was used to identify clinically significant distress. Patients scoring above the cut-off were referred for psychological evaluation. Referral rates before and after the implementation of routine DT screening were compared.
Results: Prior to routine distress screening, only 2 out of 500 patients attending the oncology OPD over six months were referred for psychological consultation. After implementation of the Distress Thermometer, 2000 patients were screened, of whom 200 (10%) scored ≥4, indicating significant distress. All patients above the cut-off were referred for psychological services, resulting in 60 referrals during the study period. This represented a substantial increase in referral rates following the introduction of systematic distress screening.
Conclusions: Routine implementation of the Distress Thermometer in the oncology OPD significantly improved identification of psychological distress and increased referrals to clinical psychology services. The Distress Thermometer is an effective, feasible, and time-efficient screening tool that should be incorporated into routine oncology practice to ensure comprehensive, patient-centred cancer care.
Keywords: Psychological distress; Distress Thermometer; Cancer patients; Oncology outpatient department; Distress screening; Psycho-oncology; Referral to psychological services.

INTRODUCTION

The term "distress" was chosen because it is more acceptable and less stigmatizing than "psychiatric," "psychosocial," or "emotional". It sounds "normal" and less embarrassing and can be defined and measured by self-report. Distress is a multifactorial unpleasant experience of a psychological (i.e., cognitive, behavioural, emotional), social, spiritual, and/or physical 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.

All patients experience some level of distress associated with the cancer diagnosis and the effects of the disease and its treatment regardless of the stage of disease. Distress can result from the reaction to the cancer diagnosis and to the various transitions throughout the trajectory of the disease, including during survivorship. Clinically significant levels of distress occur in a subset of patients, and identification and treatment of distress are of the utmost importance.

• Distress should be recognized, monitored, documented, and treated promptly at all stages of disease and in all settings.

• Screening should identify the level and nature of the distress.

• Ideally, patients should be screened for distress at every medical visit as a hallmark of patient- centred care. At a minimum, patients should be screened for distress at their initial visit, at appropriate intervals, and as clinically indicated, especially with changes in disease status (i.e., remission, recurrence, progression, treatment-related complications).

BARRIERS TO DISTRESS MANAGEMENT IN ONCOLOGY OPD

Formal screening of psychological distress is necessary because health care professionals might not always recognise signs of psychological distress in their patients care, which tends to focus on physical aspect of illness rather than psychological issues especially in busy oncology clinics where intervention focus on cancer treatments and their side effects. Professionals might avoid delving into patients emotional states for fear of precious time and resources. Patient reluctance to discuss their concerns with staff they perceive to be too busy. Embarrassment or the stigma associated with psychological weakness or, mental illness could prevent them from seeking help.

A rigidly structured diagnostic interview based upon the diagnostic and statistical manual of mental disorders has traditionally being viewed as the gold standard for the diagnosis of psychological problems. This is impractical in every case given patient volumes in most outpatient clinics. Brief screening tools aimed at identifying those patients experiencing severe forms of distress and referring them for further assessment by mental health professionals is the possible solution. The national comprehensive cancer network suggests that the distress thermometer is ideally suited for use by nurses working in cancer settings because it assesses a broad range of problems.

Surveys have found that 20% to 52% of oncology OPD patients show a significant level of distress.[1-5] Survivors of cancer are about twice as likely to report medication use for anxiety and depression as adults who don't have a personal history of cancer.[6] Distress is a risk factor for non-adherence to treatment, especially with oral medications. In women with primary breast cancer, Partridge and colleagues observed that the overall adherence to tamoxifen decreased to 50% in the fourth year of therapy and nearly one fourth of patients may be at risk of inadequate clinical response due to poor adherence.[7]

In addition to decreased adherence to treatment, failure to recognize and treat distress may lead to several problems:

• Patients may have trouble making decisions about treatment and may make extra visits to the physician's office and emergency room, which takes more time and causes greater stress to the oncology team.[8,9]

• An analysis of 1036 patients with advanced cancer showed that distress is associated with longer hospital stays(P= .04).[10]

• Distress in patients with cancer also leads to poorer quality of life and may even negatively impact survival.[11,12-15]

• Furthermore, survivors with untreated distress have poorer compliance with surveillance screenings and are less likely to exercise and quit smoking.[16]

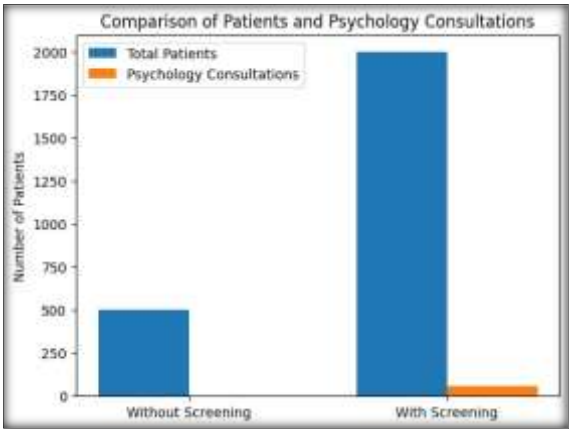
MATERIALS AND METHODS

The distress thermometer is a modified visual analogue scale that resembles a thermometer. It ranges from 0(no distress) to 10(extreme distress). It also contains an accompanying list of 34 problems grouped into 5 categories (practical, family, emotional, spiritual/religion and physical). Responants are instructed to indicate whether any of the item listed has been a problem in the past week by selecting from a fixed yes/no response allowing an overview of the issues affecting patient's level of distress. Focussing in the self reported problems identified on the distress thermometer is regarded as a starting point for further discussion in the clinical interview. The word distress carries less stigma for most people than anxiety or depression which may pathologies many normal responses to being diagnosed with cancer.

TOOL

RESULTS & DISCUSSION

Patient is normally assessed in the clinics and referred to psychology according to discretion of the treating physician. According to our regular oncology outpatient data of last 6 Months among 500 patients visited to our OPD only 2 was referred for a psychology consultation. We introduced screening with the distress thermometer for every patient who visits to Medical Oncology OPD in PKDIMS, Ottapalam from 24/01/24 to 23/01/25 after proper discussion with doctors ,nurses and other staff in the department and approval from research and ethical committee.



(Without screening 500/2)
(With screening 2000/60)

Out of 2000 patient visited in our Outpatient 200 people had a score above the cut-off. Out of that 60 people reported yes to emotional reasons. We took a score of 4 in distress thermometer as cut off value for identifying distressed patient and referring them for psychological consultation. All the patients who are above the cut off value are referred for psychological service. By introducing distress thermometer to oncology OPD in our institution referral rates to psychology service has increased. Which means distress thermometer is good screening tool for identifying psychological distress in patient visiting oncology OPD.

CONCLUSION

Routine implementation of the Distress Thermometer in the oncology OPD significantly improved identification of psychological distress and increased referrals to clinical psychology services. The Distress Thermometer is an effective, feasible, and time-efficient screening tool that should be incorporated into routine oncology practice to ensure comprehensive, patient-centred cancer care

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