

FEATURE ARTICLE

The Problem of Distress in Patients With Cancer: More Effective Assessment

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This article provides oncology nurses with an overview of the incidence, diagnosis, and treatment of emotional distress in patients with cancer. Oncology nurses tend to focus more on the physical symptoms of their patients, and the assessment and treatment of distress in patients with cancer often are overlooked. A brief discussion of the National Comprehensive Cancer Network practice guidelines for distress management and signs and symptoms of distress are included, especially in the context of somatic symptoms. Barriers to nursing assessment of distress are included. Signs and symptoms are considered, especially in the context of patients' somatic symptoms.

The phenomenon of distress in patients with cancer is underassessed, underdiagnosed, and undertreated. The National Comprehensive Cancer Network (NCCN), 2005) defined distress as “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.” The continuum of distress ranges from feelings of vulnerability, grief, and worry to issues such as “depression, anxiety, panic, social isolation, and existential and spiritual crisis” (NCCN). This article will focus on the symptoms of anxiety and depression. Excessive worries, fear, sadness, unclear thinking, despair, severe family problems, spiritual crisis, and severe financial problems can trigger distress (NCCN).

Despite the fact that being diagnosed with cancer is a traumatic event for most patients, oncology healthcare professionals, including nurses, traditionally tend to focus primarily on the physical aspects of their patients' care. As a result, patients with cancer often experience distress without sufficient support from their oncology nurses.

Distress in patients with cancer is not uncommon. The American Cancer Society (2006) estimated that, based on clinical data, more than 25% of patients with cancer undergoing treatment become clinically depressed. The depression, often reactive in type, can be distinguished from depression as a normal stage of grieving. Reactive depression, also known as adjustment disorder, often is situational and is characterized by depression that occurs after an event or situation. It lasts for as long as six months and is characterized by feelings of hopelessness and helplessness, anxiety, shaking or twitching, and palpitations (Medline Plus Medical Encyclopedia, 2005a, 2005b). Patients with a history of depression are at increased risk for depressive episodes, as are patients with other significant comorbidities,

At a Glance

- ◆ Many patients with cancer experience distress.
- ◆ Healthcare professionals often fail to assess for and treat distress in patients with cancer because they focus mostly on the physical aspects of patients' diseases.
- ◆ Informal questions and formal tools can be used to assess patients for distress, thus improving patients' quality of life.

those with a family history of depression, and those with a history of alcohol or drug abuse (American Cancer Society).

Sadness, grief, and anxiety are normal reactive emotions to the crisis faced during the cancer trajectory. Because such feelings are common, oncology nurses must be able to distinguish between normal degrees of sadness or anxiety and depressive or anxiety disorders. A critical part of oncology nursing care is the assessment of the level of patients' potential distress, as well as the appropriate level of nursing interventions (McCorkle, 2004).

Distress is a significant issue for patients with cancer in terms of their quality of life (QOL). Distress can influence treatment outcomes and survival rates of women with breast cancer. Women with prior diagnoses of depression are less likely to receive cancer treatment that generally is recognized as appropriate. They also

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