Metastatic Lung Cancer and Distress

Use of the Distress Thermometer for patient assessment

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BACKGROUND: Patients with metastatic lung cancer experience high levels of distress related to their disease trajectory and treatment. Oncology nurses are experts in patient care and symptom management, giving them an opportunity to screen and treat patients' distress.

OBJECTIVES: The objectives of this study were to screen patients for distress and manage their symptoms to positively affect their quality of life, treatment adherence, and clinical outcomes, and to reduce healthcare costs.

METHODS: This quality improvement project was conducted to pilot the Distress Thermometer (DT) into the care of patients with thoracic cancer and to evaluate the effect of a multifaceted intervention, consisting of a patient education pamphlet and a nurse coaching call, on distress levels.

FINDINGS: Severe distress was reported in more than half the patients. A paired-sample t test revealed a significant decrease in distress scores following the intervention.

PATIENTS WITH ADVANCED LUNG CANCER have been shown to have a high symptom burden and elevated levels of distress related to their disease (Molassiotis, Lowe, Blackhall, & Lorigan, 2011). The National Comprehensive Cancer Network ([NCCN], 2016) defines distress as a multifactorial unpleasant emotional experience of a psychological, social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment. Undetected distress is associated with decreased quality of life, reduced treatment adherence, poorer clinical outcomes, and increased overall healthcare costs (Molassiotis et al., 2011). Screening for distress in patients with cancer is recommended by the NCCN, Oncology Nursing Society, Commission on Cancer (COC), and the Health and Medicine Division (HMD) of the National Academies of Sciences, Engineering, and Medicine, and many institutions are working to adopt this as a standard practice. The impetus behind distress screening is to improve patient quality of life and positively affect treatment outcomes and survival (Adler & Page, 2008; COC, 2012; Eaton & Tipton, 2009; NCCN, 2016). Patients diagnosed with lung cancer experience physical distress brought on by symptoms of cancer and treatments, as well as financial, spiritual, emotional, and psychosocial distress. Management of patients' symptoms through education is essential to helping them cope with distress (NCCN, 2016).

The Abramson Cancer Center, a National Cancer Institute (NCI)–designated comprehensive cancer center located in Philadelphia, Pennsylvania, conducted a pilot project to implement distress screening in thoracic oncology. The authors of the current study initiated a systematic method to educate patients about their symptoms to help mitigate distress. This study focused on testing a multifaceted intervention to reduce distress levels in adults with stage IV lung cancer through early screening assessment, patient education, a follow-up coaching telephone call by a nurse, and reassessment of distress.

Background

Lung cancer is the leading cause of cancer-related deaths in men and women worldwide, claiming more than 1.6 million lives each year (Stewart & Wild, 2014). Metastatic non-small cell lung cancer is a devastating disease