

# Distress and Supportive Care Needs of Ethnically Diverse Older Adults With Advanced or Recurrent Cancer

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**OBJECTIVES:** To assess the prevalence of supportive care needs (SCNs) and distress and to describe relationships among these and patient characteristics for ethnically diverse older adults with advanced or recurrent cancer.

**SAMPLE & SETTING:** Cross-sectional survey in five outpatient oncology clinics in an urban academic medical center involving 100 participants receiving cancer care in an economically challenged community.

**METHODS & VARIABLES:** The supportive care framework for cancer care guided this study, and participants completed the SCN Survey Short Form 34 and the Distress Thermometer. Study variables are cancer diagnosis, gender, helping to raise children, number of comorbid diseases, race or ethnicity, treatment status, and zip code.

**RESULTS:** Clinically meaningful distress was found in about a third of patients. Distress was not affected by race or ethnicity. Many ethnically diverse older patients with advanced or recurrent cancer report distress and SCNs; those with high distress are more likely to report multiple SCNs.

**IMPLICATIONS FOR NURSING:** Nursing assessment of patient SCNs and distress is integral to establishing individualized patient-centered care plans and to delivering optimal care.

**KEYWORDS** distress; supportive care needs; older adults; advanced cancer; recurrent cancer

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The population of the United States is becoming more diverse, and the number of Americans aged older than 65 years is increasing. For example, from 1982–2003, the number of adults aged 65 years or older doubled (Korc-Grodzicki et al., 2014). It is projected that by 2044 more than half of the U.S. population will be non-Caucasian and that by 2060 almost one in four Americans will be aged 65 years or older (Colby & Ortman, 2015; Hurria et al., 2014; Korc-Grodzicki et al., 2014). With advancing age, older adults often experience multiple comorbidities, including cancer, which have the potential to cause distress. This study explores the needs of ethnically diverse older adults who receive care in an economically challenged community.

Cancer is the second leading cause of death in people aged 65 years or older (Chock et al., 2013). Historically, minorities (including African American, Asian, Hispanic, American Indian or Alaskan Native, and Asian American or Pacific Islander populations) have had higher rates of advanced disease at presentation than non-Hispanic Caucasians; they also have poorer rates of survival and experience worse physical symptoms, psychological outcomes, and social well-being related to living with cancer (Alananzeh, Levesque, Kwok, & Everett, 2016; Singh, Williams, Siahpush, & Mulhollen, 2011; Yeager et al., 2016). Nedjat-Haiem, Carrion, Ell, and Palinkas (2012) noted that economically disadvantaged Latinos with advanced cancer in underserved communities also experience poorer survival outcomes.

With developments in medical treatment, patients are living longer with advanced cancer (Brooks et al., 2013). However, as many as 78% of older adults living with cancer have at least one other condition, which adds to the burden of physical, emotional, and