Screening of distress in cancer patients: its need, importance and tools of examination.

Aalapti Singh
Ph.D. Research Scholar (Psycho-Oncology)
Institute of Medical Sciences & SUM Hospital,
Siksha 'O' Anusandhan (deemed to be University),
Bhubaneswar, India

ABSTRACT

Cancer continues to be a majorly significant threat to our society despite advancements in its diagnosis and treatment. It is the second largest cause for mortality around the world after cardiovascular diseases (4). Cancer patients have to cope with a great deal of distress. Individuals facing a possible diagnosis of cancer are confronted with multiple physical, psychological and educational challenges. A diagnosis of cancer increases susceptibility to stress; indeed, cancer patients are at high risk for a variety of emotional disorders including anxiety, traumatic stress, and depression (1). Patients' stress can be amplified by long waiting room times, lack of information, poor communication between clinic staff and patients, and inadequate psychosocial care. This calls for an immediate need to begin screening of distress in cancer patients. Examination of distress not only helps in capturing the its prevalence but also guides in identifying the common areas of distress among patients, as well as relevant solutions to their problems.

Most importantly, screening of distress alone is not solely useful in itself. After screening, patients must be given adequate interventions and be followed up regularly to monitor changes in their levels of distress over time.

There are several tools available for screening of distress in cancer patients. Some are traditional and most commonly used, as well as, recently, experts through research have

come up with cancer- tailored tools for examination of distress. The long established tools include- DASS (42), DASS (21), ESAS, HADS, Beck's Depression Inventory (BDI) and many more. On the other hand, we now have tools more suited towards cancer patients' interests such as the National Comprehensive Cancer Network Distress Thermometer (NCCN-DT), Emotional Thermometer (ET), Mental Adjustment to Cancer (MAC) scale and so on (2,3). This article encompasses the salient features of each of these tools, methodology of use and application in daily routine.

RECENT PUBLICATIONS

1. Chittem M, Norman P, Harris PR. Illness representations and psychological distress in Indian patients with cancer: Does being aware of one's cancer diagnosis make a difference? Psychooncology [Internet]. 2015 Dec [cited 2019 Apr 15];24(12):1694–700. Available from: http://doi.wiley.com/10.1002/pon.3837
2. National Comprehensive Cancer Network. NCCN Distress Thermometer and Problem List for Patients. Nccn [Internet]. 2016;5. Available from: https://www.nccn.org/patients/resources/life_with_cancer/pdf/nccn_distress_thermometer.pdf
3. Moorey S, Greer S. Mental Adjustment to Cancer (MACS) Scale. 2012 [cited 2019 Apr 15];2–4. Available from: http://www.oxfordclinicalpsych.com/view/10.1093/med:psych/9780199605804.001.0001/med-9780199605804-interactive-pdf-003.pdf
4. New Global Cancer Data: GLOBOCAN 2018. https://www.uicc.org/new-global-cancer-data-globocan-2018
5. National Comprehensive Cancer Network Oncology Practice Guidelines. https://www.nccn.org/about/news/ebulletin/ebulletindetail.aspx?ebulletinid=1120

BIOGRAPHY



Aalapti Singh is pursuing Doctoral Research in the area of Psycho-Oncology in India. She focusses on reducing cancer-related distress among patients, family, caregivers and oncology staff. It was her immense passion to help cancer patients that led her to quit her job with the Ministry of Health & Family Welfare, Government of India as a Biologist. Given her unrelated Biotechnology background, it was not easy for her to delve in an all-new field of Psycho-Oncology; especially in a country where mental health equals taboo. Nevertheless, nothing ceased her from chasing her dream to make a difference. Her work persistently focuses on de-stigmatization and awareness creation about cancer and its treatment. She is earnestly interested in distress screening and management among oncology staff to help reduce burnout. She is an Indian musician, a mental health activist and an avid traveller by the side.

E-Mail: aalapti.singh@gmail.com

Contact No: +91 95837 06347

Category: Oral

NOTES/ COMMENTS

This abstract is an introduction to Psycho-Oncology and its need. I am not aware of the level of understanding of the participants, hence I preferred keeping it general and simple for everyone to comprehend. It would have been easier to just talk figures and percentages from numerous studies, but I want to connect on a personal level as psychology and emotions do not go by numbers. Also, I have put this abstract under the "Cancer Therapy" category because, I feel, it's about time for Psycho-Oncology to be considered as a therapeutically remedial arm for cancer treatment.