

# CLINICAL IMPACT OF A PSYCHO-ONCOLOGY SERVICE: USING THE DISTRESS THERMOMETER TO EVALUATE SYMPTOMS, OUTCOME AND PATIENT SATISFACTION

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## Background

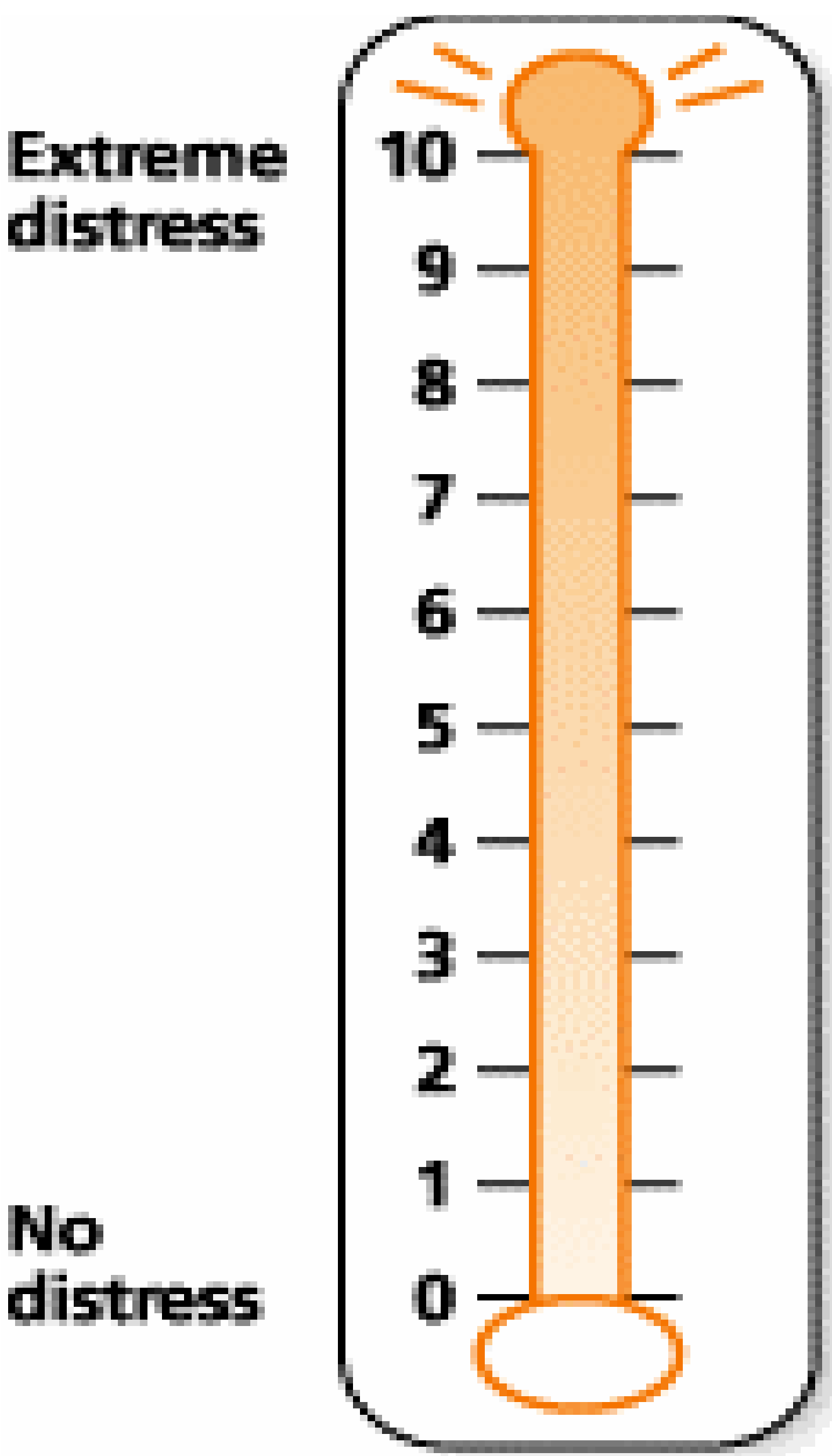
NICE recommends the use of structured tools to improve holistic care for patients with cancer. The Distress Thermometer and Problem Checklist (DT) is commonly used for screening in physical health settings. Prospective research suggests that the DT can help to facilitate communication and monitor changes in psychological distress over time. However, to date it has not been integrated into the clinical pathway within specialist psycho-oncology services.

## Aims & Hypothesis

We used the DT to examine the clinical effectiveness of psycho-oncology intervention, ascertain factors linked to an improved outcome and evaluate patients' satisfaction with their care.

## Method

111 adult outpatients referred to York Psycho-oncology Service completed the DT at their first appointment. Individuals offered a period of psycho-oncology care re-rated their emotional distress, problems and service satisfaction measures on the DT at discharge.



## Results

Median distress scores decreased significantly (from 6 to 4, Wilcoxon's  $z = -4.83$ ,  $p < 0.001$ ) indicating a large clinical effect (Cohen's  $d = 1.22$ ). Frequency of emotional problems (anxiety, depression and anger) fell significantly by 15-24%, despite no significant change in patients' physical health or practical problems. Number of emotional problems was the best predictor of distress at discharge ( $\beta = 0.468$ ,  $p = 0.002$ ). Satisfaction was high and correlated with lower distress scores ( $r = -0.42$ ,  $p = 0.005$ ) and fewer emotional problems ( $r = -0.31$ ,  $p = 0.04$ ) at discharge but not with number of appointments attended. Qualitative thematic analysis showed patients particularly value supportive listening and advice on coping strategies delivered by professionals who are independent from their physical care.

## Conclusions

The DT is an acceptable and useful tool for enhancing the delivery of structured psycho-oncology care. It also provides evidence to support the effectiveness of specialist psycho-oncology interventions.

TABLE 1: Problems Identified by Distress Thermometer: Number of Patients Affected at Start versus End of Care

Type of Problem	Patients Affected at Start (n=106)	Patients Affected at End (n=50)	Chi Sq (p value)
	No. (%)	No. (%)	
All Problems	102 (97)	47 (94)	0.39 (0.53)
Practical	40 (45)	18 (36)	0.04 (0.83)
Family	39 (37)	18 (36)	0.01 (0.92)
Spiritual/ Religious	4 (4)	3 (6)	0.39 (0.53)
Physical	91 (87)	39 (78)	1.51 (0.22)
Emotional (all types)	98 (93)	38 (76)	8.23 (0.004)**
Worry	74 (70)	23 (46)	8.19 (0.004)**
Sadness	47 (45)	14 (28)	3.81 (0.05)*
Depression	35 (33)	8 (16)	4.93 (0.02)*
Nervousness/ Anxiety	64 (61)	20 (40)	5.68 (0.02)*
Anger	38 (36)	9 (18)	5.14 (0.02)*
Loss of Enjoyment	35 (33)	9 (18)	3.79 (0.05)*
Concerns about the way I look	37 (35)	13 (26)	1.24 (0.27)

\*  $p < 0.05$ , \*\*  $p < 0.01$

North Yorkshire and York

Community and Mental Health Services

Distress Thermometer 2

Instructions for using the Distress Thermometer

Firstly, please circle the number from zero to ten that best describes how much distress you have felt in the past week, including today.

Extreme Distress

10

9

8

7

6

5

4

3

2

1

0

No Distress

Secondly, please tick any of the following that have been a cause of distress for you in the past week, including today.

Practical Problems

Housing ☐

Insurance / finance ☐

Work / school ☐

Transport ☐

Child care ☐

Family Problems

Relationship with partner ☐

Relationship with children ☐

Coping with elderly relatives and/or dependants ☐

Emotional Problems

Worry ☐

Sadness ☐

Depression ☐

Nervousness / anxiety ☐

Anger ☐

Loss of enjoyment ☐

Concerns about the way I look ☐

Spiritual / Religious Concerns ☐

Physical Problems

Bathing / dressing ☐

Breathing ☐

Constipation ☐

Diarrhoea ☐

Eating ☐

Hair loss ☐

Indigestion ☐

Memory / concentration ☐

Mouth sores ☐

Nausea ☐

Pain / discomfort / soreness ☐

Sexual relations ☐

Skin itchy / dry ☐

Sleep ☐

Tingling in hands / feet ☐

Menopausal symptoms e.g. hot flushes ☐

Weight loss / gain ☐

Feedback

1) In general, how satisfied have you been with the care you have received from the psycho-oncology service? (Please circle one number)

0

1

2

3

4

5

6

7

8

9

10

Not at all satisfied

Extremely satisfied

2) What have you found most helpful?

3) What could be improved?

Most Helpful Aspect of Care	No. of Responses (n=57)	Examples (anonymised quotes)
Being able to talk openly	16	Feeling free to talk/ Being able to open up Discussing cancer and using the 'C' word Just talking – but in a controlled environment Discussing my problems in an objective way
Feeling supported/ listened to/ understood	14	Support with my illness Reassurance I won't be left alone Regular appointments with a sympathetic listener Being listened to without feeling judged
Advice on coping strategies	10	Clear ideas about how to improve my quality of life Practical/ CBT suggestions on coping Methods learned to deal with stress/ anxiety/ OCD Thinking differently about all aspects of my life
Professional is independent	8	Someone neutral to discuss my thoughts with Being able to talk about my fears with a person not involved in my physical care
Other	9	Talking to psychiatrist to review medication Getting test results Clarifying concerns about cancer treatment & surgery Helpfulness, kindness, approachability

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