Distress Among Cancer In-patients at Institute of Oncology- Ain Shams University Hospitals

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Abstract:

Background Based on evidence that psychological distress often goes unrecognized although it is common among cancer patients, clinical practice guidelines recommend routine screening for distress. The epidemiological pilot study. ***aims*** at exploring and examining the quality and quantity of distress associated with cancer inpatients in Institute of oncology – Ain Shams University Hospitals. ***Method*** We used a modified version of the Distress Thermometer (DT) developed by the National Comprehensive Cancer Network to examine the nature of distress in 100 inpatients. ***Results*** Showed that as much as 80 % of our patients are suffering significant distresses more than five on the thermometer, major components are anxiety, fear, pain, depression, sadness and fatigue. ***Conclusion*** Our results suggest that DT be considered such a useful and applicable tool for measuring psychological distress in cancer patients and to detect psychiatric disorders through a screening procedure.

Introduction:

Distress is defined as "an unpleasant experience of an emotional, psychological, social, or spiritual nature that interferes with the ability to cope with cancer treatment. It extends along a continuum, from common normal feelings of vulnerability, sadness, and fears, to problems that are disabling, such as true depression, anxiety, panic, and feeling isolated or in a spiritual crisis ***(Hoffman et al., 2004).***"Research has repeatedly revealed a high prevalence of psychosocial distress in a variety of populations of cancer patients, and has been reviewed in several publications. In one of the earliest and most widely-cited studies by Derogatis and colleagues, the point prevalence of DSM-III diagnoses were assessed: over one-third of a randomly selected sample of cancer patients from 3 cancer programs met diagnostic criteria for Adjustment Disorder with Depressed or Anxious Mood. An additional 7% were diagnosed with a current Major Depressive Disorder. Overall, 47% of these patients were diagnosed with a DSM-III Axis I disorder ***(Fallow Field et al., 2003).*** Reported rates of depression in patients with cancer ranged widely from 1—53%, depending on the population of patients and the diagnostic criteria used. The most commonly reported point-prevalence rates of major depression are in the 20—25% range, increasing with higher levels of physical disability, advanced illness and pain. Adjustment disorder is also very common, averaging point prevalence across studies of about 25-30 % ***(Hoffman et al., 2004).*** "Psychological or psychiatric conditions, usually anxiety and depression, are common in patients with cancer. At least 25% of hospitalized cancer patients are likely to meet criteria for depression or adjustment disorder. One multi-center prevalence study showed that 51% of patients had symptoms consistent with a psychiatric diagnosis. Patients at highest risk of depression are those with a history of affective disorder, with advanced cancer, poorly controlled pain and treatment with medication or concurrent illnesses that can produce depressive symptoms. Psychological disturbance frequently occurs following a diagnosis of breast cancer. Research shows that 24 - 38% of patients with breast cancer suffer from clinical levels of anxiety and/or depression. A similar proportion experiences a decline in quality of life due to psychosocial effects, such as role changes, loss of functional ability and problems with social relationships ***(Fallow Field et al., 2003).*** The Distress Thermometer (DT), a self-administered assessment, is adapted from that developed by the National Comprehensive Cancer Network. This tool has two sections. The first asks patients to indicate the highest global level of distress experienced in the prior week on a 10-integer scale in the shape of a thermometer, marked in + point intervals. The second section asks