

Women With Breast Cancer: Self-Reported Distress in Early Survivorship

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Distress is the sixth vital sign in patients with cancer and designates patient-reported psychosocial or physical suffering (Holland et al., 2013). Distress is prevalent in women with breast cancer, with reports of multiple physical, psychological, and social needs and a trajectory of worry, stress, and loss (Head et al., 2012). Newly diagnosed patients with breast cancer (stages I–IV) reported a mean distress score of 4.87 (SD = 3.2) (Head et al., 2012); a score of 4 or more indicates moderate to severe distress (National Comprehensive Cancer Network [NCCN], 2014). Distress screening can be difficult to integrate into routine care (Holland, Kelly, & Weinberger, 2010). Oncologists have reported barriers to psychosocial communication with patients secondary to insufficient consultation time, lack of resources for identified problems, and lack of methods to evaluate psychosocial health (Fagerlind, Kettis, Glimelius, & Ring, 2013). The concordance of patient-reported and clinician ratings of cancer-related distress were reported as very low (kappa values of less than 0.1), signifying the importance of distress screening and professional education (Werner, Stenner, & Schüz, 2011).

Since the 1990s, the breast cancer population has been heavily studied compared to other cancer types (Moorey, 2013; Valdes-Stauber, Vietz, & Kilian, 2013). The relationship between the level and source of distress and time periods in the cancer survivorship trajectory has been understudied, particularly in controlled homogenous samples. Using reliable and valid instruments is important, and researchers should consider using instruments that will provide comparative data.

Background

To test for time points for supportive care interventions during early treatment and follow-up, the authors proposed to examine reports of distress in newly diagnosed (stages I, II, and III) breast cancer survivors representing

Purpose/Objectives: To identify and compare levels of distress and sources of problems among patients with breast cancer in early survivorship.

Design: Descriptive, cross-sectional.

Setting: A National Cancer Institute–designated comprehensive cancer center.

Sample: 100 breast cancer survivors were selected to represent four time points in the cancer trajectory.

Methods: Distress was self-reported using the Distress Thermometer and its 38-item problem list. Analysis of variance and chi-square analyses were performed as appropriate.

Main Research Variables: Distress scores, problem reports, and time groups.

Findings: Participants scored in range of the cutoff of more than 4 (range = 4.1–5.1) from treatment through three months post-treatment. At six months post-treatment, distress levels were significantly lower. Significant differences were found between groups on the total problem list score ($p = 0.007$) and emotional ($p = 0.01$) and physical subscale scores ($p = 0.003$).

Conclusions: Comparison of groups at different points in the cancer trajectory found similar elevated levels from diagnosis through three months. Distress remained elevated in early survivorship but significantly decreased at six months post-treatment.

Implications for Nursing: Interventions to reduce or prevent distress may improve outcomes in early survivorship.

Key Words: distress; breast cancer; survivorship; screening
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four time points in early survivorship, starting at active treatment to six months post-treatment. Distress screenings can be quickly and inexpensively performed using the validated Distress Thermometer (Hollingworth et al., 2013; NCCN, 2014).

The diagnostic, treatment, and early follow-up periods in the cancer trajectory are times of increased distress (Agarwal et al., 2013; Head et al., 2012; Knobf,