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Original Article

Psychological distress in elderly cancer patients

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ABSTRACT

Objective: To investigate the prevalence and specific manifestations of psychological distress in elderly cancer patients.**Methods:** In this cross-sectional study, 153 elderly patients with cancer admitted to two tertiary hospitals were investigated using the convenience sampling method. Distress thermometer and the problem list, recommended by the National Comprehensive Cancer Network, were used to assess the psychological distress and its specific manifestations. A self-designed questionnaire was used to collect demographic data.**Results:** A total of 67 participants (43.8%) exhibited psychological distress to some degree. The analysis of the sub-categories in the problem list showed significant differences ($p < 0.001$). The highest scoring category was the emotional problems, followed by practical problems, physiological problems, and family problems. Among 34 items included in the statistical analysis, the top five were worry (73.9%), depression (55.6%), pain (54.2%), economic problems (52.3%), and fear (49.7%). Married participants, those with higher education and higher monthly income had significantly lower psychological distress score compared with single patients, those with lower education, and lower monthly income ($p < 0.05$).**Conclusions:** Psychological distress is prevalent among elderly patients with cancer and, therefore, should be considered by the health professionals treating these patients.Copyright © 2015, Chinese Nursing Association. Production and hosting by Elsevier (Singapore) Pte Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Cancer is a major public health problem worldwide, and the burden caused by cancer continues to increase [1]. Each year the projected number of new cancer cases in China is expected

to be around 3 million. The current projection for cancer deaths in China is 2,700,000 [2]. Age is one of the cancer risk factors [3] with >50% of the cancer patients over 65 years of age [4]. In the United States, the highest cancer mortality rates were in the age group 40–79 years, with the age group 60–79 years accounting for 73.1% of all cancer deaths [5]. Cancer acts a

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negative stressor threatening lives, exerting serious impact on the patients' physical and mental health. Research has shown that upon diagnosis cancer patients suffer from serious mental health problems such as anxiety and depression [6].

According to the definition given by the American National Comprehensive Cancer Network (NCCN), psychological distress is a multifactorial, unpleasant emotional experience of a psychological (cognitive, behavioural, emotional), social, and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms and its treatment. These experiences reduce the quality of life for cancer patients, increasing the mortality rate [7]. In order to draw clinical attention, the International Psychological Association of Oncology considers psychological distress as the sixth vital sign in addition to body temperature, pulse, respiratory rate, blood pressure and pain, and makes the assessment of psychological distress routine in clinical nursing care [8]. However, there is a lack of research regarding the psychological distress in the elderly population, which has substantially higher occurrence and mortality rates of cancer than the rest of the population. The aim of the study was to ascertain the prevalence of psychological distress and its specific manifestations in the elderly cancer population while taking into account different demographic characteristics. The results would provide guidelines for the future efforts to improve the psychological health of elderly cancer patients.

2. Subjects and methods

2.1. Subjects

The elderly cancer patients in this study refer to primary cancer patients who were age ≥ 60 years and had a confirmed cancer diagnosis by the histopathology. The psychological distress was defined as an unpleasant emotional experience and was assessed by the Distress Management tool recommended by the American Comprehensive Cancer Network.

The convenience sampling method was used to select participants from the Department of General Surgery and the Department of Oncology in two tertiary hospitals affiliated with the University. The patient inclusion criteria were as follows: (1) histopathologically diagnosed with a primary cancer; (2) no issues with verbal communication; (3) patient could tell their diagnosis and was willing to cooperate with the study; and (4) age of ≥ 60 years. The sample size was calculated by a cross-sectional, descriptive study sample formula, with 35.1% as the prevalence of psychological distress among patients with heterogeneous cancer types according to the reference [9], 8.0% as the allowable error, and the minimum sample size of 137 patients. Considering the possibility of invalid answers, another 15% of required cases was added to the sample size to ensure an adequate sample size. A total of 158 elderly cancer patients were investigated in this study. Only five questionnaires were excluded due to incompleteness, totalling 153 valid questionnaires. There were 93 males and 60 females, age 60–87 years old, with the average age of 67.2 ± 6.01 years. The number of married patients was 151, accounting for 98.7% of the sample size. Most of the patients were with the education background lower than junior high

school (69.9%). The proportion of patients with family monthly income per capita between 1000 yuan to 3000 yuan was 58.8%. A 66.0% of patients had cancer of the digestive system. The most common cancer treatments were radiotherapy and chemotherapy (56.9%).

2.2. Methods

2.2.1. Procedure and ethical considerations

With the approval from the university ethics committee, trained nursing graduates used one-on-one questionnaire survey to collect the data. The purpose and the significance of the research were explained to the potential participants followed by the request for participation in the study. Once the informed consent was obtained, the graduates filled in the questionnaires for the patients using unified language. The questionnaires were collected immediately after completion.

2.2.2. Instruments

Psychological distress management tool is recommended by the NCCN to screen the psychological distress among cancer patients and identify the clinically significant cases that need further treatment. The tool consists of a distress thermometer (DT) and a problem list (PL). The psychological distress was rated using DT, an 11-point visual analogue scale with scores ranging from 0 (no distress) to 10 (extreme distress). According to the NCCN, distress with score of ≥ 4 or more is clinically significant. Our previous studies suggested that the cut-off of 4 on the DT was also applicable in Chinese cancer patients [10]. PL was used to explore the psychological distress experienced by cancer patients in the week prior to the study. The PL included additional 36 questions. The first 35 questions were divided into five categories, namely: the physiological problems (21), emotional problems (6), family problems (2), practical problems (5) and religious/spiritual concerns (1). The last question was open-ended allowing patients to include distress factors not included in the questionnaire. The answer to each question was “yes” or “no”, indicating “the presence of a specific problem” or “absences of a specific problem.” The results were recorded as “1” or “0.” The average score for each category was the result of the division of its total score and the number of questions (range 0 – 1). The higher the score, the more problems the patients had in the particular category. In this study, the PL's Cronbach's α coefficient was 0.75.

The general information questionnaire included questions regarding age, gender, educational background, monthly family income, cancer site, and treatment. The medical records were used to determine the location of the cancer and the treatment for each participant. The rest of the questions were filled by the trained graduates after interviewing.

2.2.3. Statistical analysis

SPSS for Windows software (version 13.0; SPSS, Chicago, IL, USA) was used to analyse the data. The statistical description included the mean of descriptive data, standard deviation, and the constituent ratio. The total score, median and inter-quartile range were used to describe the distribution of DT and PL scores of each category after the testing of normality. All PL questions were displayed by number of cases and

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