Psychosocial Distress and Distress Screening in Multidisciplinary Head and Neck Cancer Treatment

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KEYWORDS

• Psychosocial distress screening • Depression • Anxiety • Head and neck cancer
• Multidisciplinary • Quality of life (QOL) • Cognitive behavioral therapy (CBT)
• Behavioral medicine • Patient-centered

KEY POINTS

- Psychosocial distress is an important indicator of suffering, and a risk factor for negative psychological, quality-of-life, and medical outcomes.
- Patients with head and neck cancer (HNC) evidence high rates of psychosocial distress, yet distress is often not recognized in oncology treatment settings.
- Although untreated distress is associated with negative psychological and medical outcomes, distress is highly responsive to treatment, with resultant improvements in psychosocial and medical outcomes.
- Screening and referral for psychosocial distress is rapidly becoming the standard of care, and is now required of cancer centers to retain accreditation with the American College of Surgeons. Distress screening guidelines are available to help HNC centers implement effective psychosocial distress screening programs.
- Multidisciplinary HNC treatment can provide a solid foundation from which to implement psychosocial distress screening clinical intervention and research. Integrative cognitive behavioral (CBT)-behavioral medicine intervention may be of particular benefit in this population.

INTRODUCTION

Multidisciplinary cancer care involves assessment, diagnosis, and treatment of the significant variables impacting patients' health and well-being. Traditionally, the field of medicine and head and neck cancer (HNC) treatment has focused on diagnosis and treatment of physical symptoms and disorders to the exclusion of psychological

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variables. This paradigm led to cancer treatment that may be described as reductionist (or mechanistic), treating patients as physical "cases," rather than whole persons who experience physical and psychological responses to cancer and cancer treatment.

As cancer and HNC treatment has evolved, the field has progressed toward what is referred to as "whole-patient" or "patient-centered" care. Fundamental to this shift is the increasing recognition of psychosocial factors and psychological well-being as inherently important aspects of patients' health, in addition to their impact on quality-of-life (QOL) and medical outcomes. Accordingly, HNC research has increasingly included a focus on QOL outcomes, concurrent with the development of surgical procedures designed to maximize organ and functional preservation and improve cosmesis, as well as de-intensification of radiation treatment protocols. However, routine inclusion of psychosocial assessment and intervention into HNC treatment has lagged behind, largely due to the mismatch between busy HNC settings and obstacles to implementation (perceived time burden, incomplete understanding of negative impacts of psychosocial variables, medical/HNC subculture norms).

Psychosocial distress screening (DS) originated as an effort to legitimize and facilitate the recognition, measurement, and treatment of psychosocial aspects of cancer care. This early work led to the creation of a concise DS instrument, the Distress Thermometer (DT), that could be rapidly administered, and would therefore be likely to be used in busy oncology settings.[1,2]

Patients with HNC experience significantly elevated rates of psychosocial distress, with 20% to 60% reporting distress at various points throughout the treatment trajectory.[3–5] Despite the high frequency of clinically significant distress in oncology patients, medical professionals frequently fail to recognize distress in their patients.[6] This is particularly concerning in that although distress is very responsive to treatment, untreated distress is associated with significantly worse psychosocial and medical outcomes.[3,7]

To address these concerns, routine DS and appropriate referral of all patients with cancer is now considered the standard of care by the American College of Surgeons (ACoS) Commission on Cancer,[8] the National Comprehensive Cancer Network[9] (NCCN), and the Institute of Medicine.[10] In accord with this position, DS and referral have been required of cancer centers since 2015 to maintain accreditation with the ACoS. To facilitate the adoption of DS programs, the ACoS, NCCN, American Psychosocial Oncology Society, and other major psycho-oncology professional associations have published standards and guidelines for implementation.[3,8,11–13]

In this article, the characteristics and impacts of psychosocial distress in patients with HNC are examined and guidelines for HNC DS programs are presented. Successful implementation requires understanding the essential components of DS, common challenges, and effective strategies needed to initiate and sustain DS programs. Multidisciplinary HNC treatment that includes a psychosocial component can provide an ideal foundation for the implementation of DS, and facilitate integrative HNC treatment and research that serves the whole patient.

PSYCHOSOCIAL DISTRESS

Psychosocial distress is defined by the NCCN as an "unpleasant emotional experience of a psychological (cognitive, behavioral, emotional), social, and/or spiritual nature that may interfere with the ability to cope with cancer, its physical symptoms and its treatment."[14(p6)] Although distress shares significant overlap with depression, anxiety, and other psychosocial symptomatology, the term was designed to be broadly