Use of Distress Thermometers in settings outside of oncology

**Citation**

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**Background**
Monash Health Deteriorating Patient Committee are working to achieve the requirements for Actions 8.5, 8.6 b, c, d and e and 8.12 that health service organisations must undertake to demonstrate work towards establishing effective processes for recognising and responding to deterioration in a person's mental state. See details [Recognising and Responding to Acute Deterioration Standard](#).

CCE undertook a review to identify validated instruments for recognising deterioration in mental state however as per an earlier review of the literature undertaken for the commission were not able to identify any tools specifically for this use.

As a consequence of this the Deteriorating patient committee would like to trial the Distress Thermometer as a way of capturing deterioration in mental state. They are interested to know whether this tool has been used in settings outside of oncology.

**Question**
Has the NCCN Distress Thermometer been used in settings other than oncology with success?

**Summary of findings**
A search of Medline, Psych Info and Google was undertaken looking for studies that described the use of the Distress Thermometer in the hospital setting (excluding Oncology) from 2015 to present. Excluded were studies that looked at the use of the tool for carers or family members and for patients who were being treated in outpatient settings, community or at home.

Eleven examples were identified where the Distress Thermometer and checklist have been used successfully in settings other than oncology. Table 1 outlines the settings and corresponding papers.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine Population</td>
<td>1</td>
</tr>
<tr>
<td>Paediatric population living with Neurofibromatosis type 1</td>
<td>2</td>
</tr>
<tr>
<td>Surgical patients (with delirium)</td>
<td>3,4</td>
</tr>
<tr>
<td>Respiratory Patients (Recurrent Respiratory Papillomatosis)</td>
<td>5,6</td>
</tr>
<tr>
<td>Patients with Fibromyalgia</td>
<td>7</td>
</tr>
<tr>
<td>Renal/Haemodialysis patients</td>
<td>8-10</td>
</tr>
<tr>
<td>Palliative Care patients</td>
<td>11</td>
</tr>
</tbody>
</table>

**Table 1. Examples identified in settings other than oncology**
Cut off points and clinical utility

Conducted in the setting of cancer patients, Cutillo et al (2017) studied the cut off points and clinical utility of the Distress Thermometer. This has been included to provide Monash Health with guidance for implementation. In research involving mixed samples, cut-off scores indicating distress vary by culture, language, setting, and demographics, but most studies support a cut-off score of 4 or 5 to indicate mild to moderate distress\(^2\). This study highlighted that providers may wish to utilise a cut-off point of 3 to most efficiently identify distress in a large, diverse population of cancer patients.

Conclusion

Craze et al (2014) report that the Distress Thermometer has been used in many oncology, maternity and rehabilitation wards both internationally and nationally and is a reliable self-report tool for identifying psychological distress along a 10-point scale. Although it has not been validated in all of the additional patient settings listed above, these do show that it is reasonable to hypothesize application to other patient populations\(^3\).

In high-volume settings with limited resources, there is a need to effectively identify and support patients with unmet psychosocial needs and enhance the integration of psychosocial care in patient care, and the Distress Thermometer is a useful tool to achieve this in a timely manner\(^1\). It is hoped that it is made as common as asking for pain scores and seen as a sixth vital sign to monitor\(^2\).

References

Distress Thermometer and Checklist

Distress is often unpleasant feelings or emotions that can impact on the way you think, feel and act. It can include feelings like sadness, worry, anger, helplessness and guilt. It’s common for someone who has been diagnosed with cancer to experience some level of distress at some point in time (anywhere from diagnosis and beyond). Your level of distress may only be minor or could be more serious where you find that you’re not able to do the things you used to do. It’s important for your Treatment/Medical Team to know how you’re feeling. By completing the following tool your team will work with you and help link you with other supportive services (for example counsellors, social workers, dietitians) when you need or want to.

Instructions:

1) please circle the number 0 – 10 that best describes how much distress you have been experiencing in the past week including today

2) please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each

- Practical Problems
  - Child care
  - Insurance / financial
  - Transportation
  - Work / school
  - Treatment decisions

- Family Problems
  - Dealing with children
  - Dealing with partner
  - Ability to have children
  - Family health issues

- Emotional Problems
  - Depression
  - Fears
  - Nervousness
  - Sadness
  - Worry
  - Loss of interest in usual activities

- Spiritual / religious / cultural concerns

Other Problems: ____________________________________________
________________________________________________________________________

YES NO

Physical Problems

- Appearance
- Bathing / dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhoea
- Eating
- Fatigue
- Feeling swollen
- Fevers
- Getting around
- Indigestion
- Memory / concentration
- Mouth sores
- Nausea
- Nose dry / congested
- Pain
- Sexual
- Skin dry / itchy
- Sleep
- Substance abuse
- Tingling in hands and feet