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The prevalence of distress and associated factors in newly diagnosed breast cancer patients in Western Australia

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Disclosures

Conflicts of Interest

No conflicts of interest to declare.

Confidentiality Notice

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Presentation Overview

Today I will discuss:

1. Why this study was undertaken
2. How distress was measured
3. What we found
4. What it means for clinical practice

Research Question

What is the prevalence of psychological distress among newly diagnosed patients with breast cancer, and what factors and concerns are associated with distress at diagnosis?

Background

- Psychological distress is common following a breast cancer diagnosis
  - Distress may negatively affect treatment decision-making, engagement with care, and quality of life.
  - International guidelines recommend routine distress screening in oncology care.
  - Despite these recommendations, screening implementation remains inconsistent.
  - Limited Australian evidence exists regarding distress prevalence and patient concerns at diagnosis.

Why is this important?

Early identification of distress and its underlying causes may facilitate timely, nurse-led supportive care interventions and improve patient outcomes.

Study Aim

To determine:

- The prevalence of distress among patients newly diagnosed with breast cancer,
- Factors associated with distress,
- The concerns most commonly reported on the Distress Thermometer Problem List.

Methods

Design

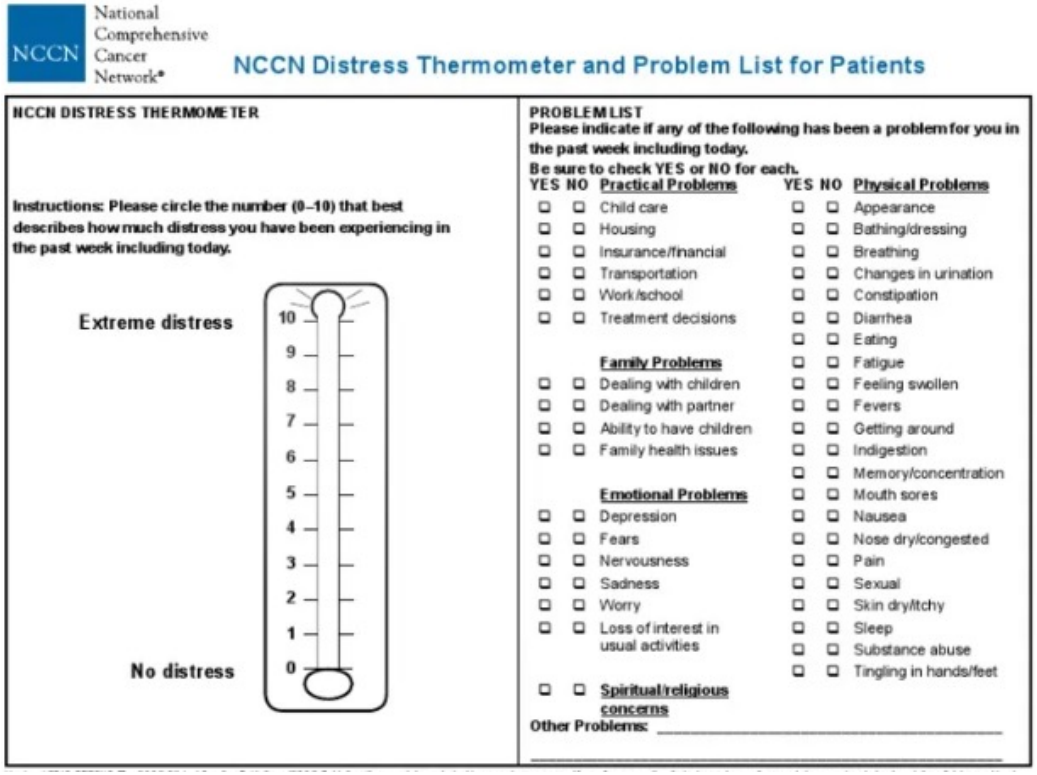
- Quantitative cross-sectional study,

Setting

- A public and private breast cancer clinic in Western Australia,

Measures

- NCCN recommended screening tool - Distress Thermometer (DT) and Problem List (PL),
- DT ≥4 = clinically significant distress.



National Comprehensive Cancer Network®

NCCN Distress Thermometer and Problem List for Patients

NCCN DISTRESS THERMOMETER

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress

10 9 8 7 6 5 4 3 2 1 0

No distress

PROBLEM LIST

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.

YES	NO	Practical Problems
☐	☐	Child care
☐	☐	Housing
☐	☐	Insurance/financial
☐	☐	Transportation
☐	☐	Work/school
☐	☐	Treatment decisions

YES	NO	Family Problems
☐	☐	Dealing with children
☐	☐	Dealing with partner
☐	☐	Ability to have children
☐	☐	Family health issues

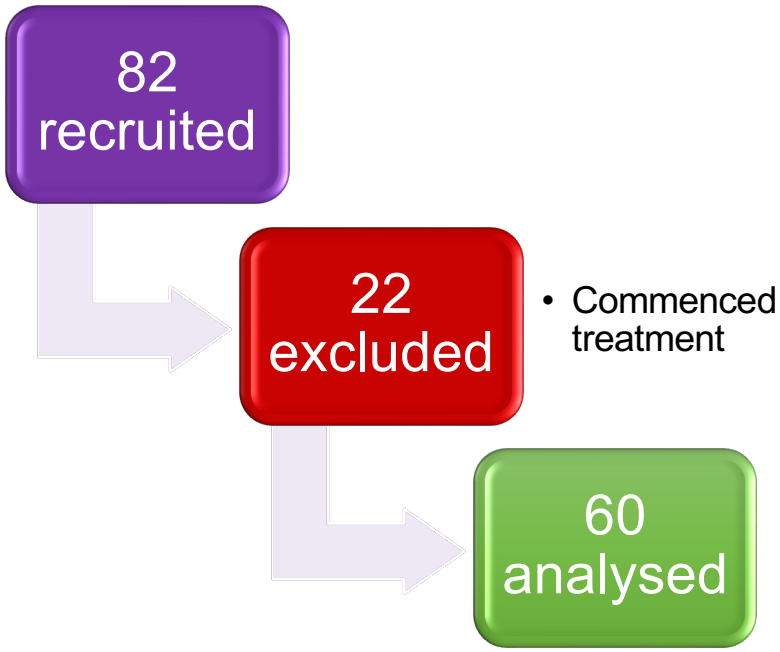
YES	NO	Emotional Problems
☐	☐	Depression
☐	☐	Fears
☐	☐	Nervousness
☐	☐	Sadness
☐	☐	Worry
☐	☐	Loss of interest in usual activities

YES	NO	Spiritual/religious concerns
☐	☐	

YES	NO	Physical Problems
☐	☐	Appearance
☐	☐	Bathing/dressing
☐	☐	Breathing
☐	☐	Changes in urination
☐	☐	Constipation
☐	☐	Diarrhea
☐	☐	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/feet

Other Problems: _____

Characteristics



60 Participants

Public: 38 (63.3%)

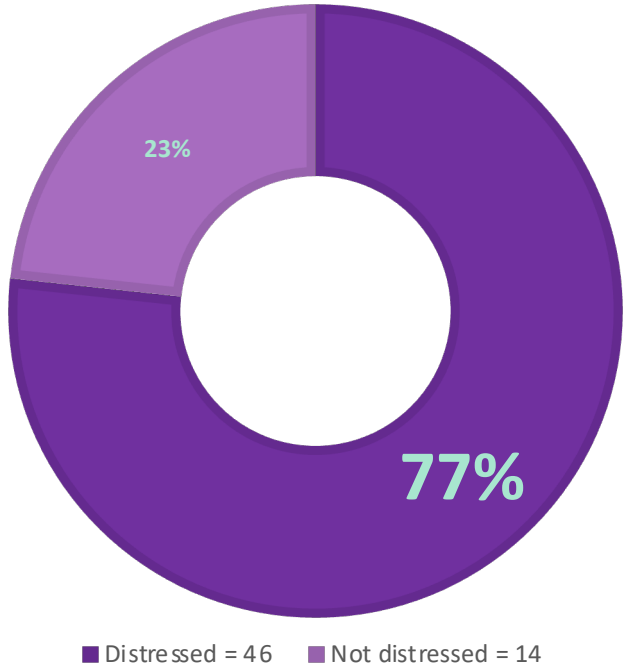
Private: 22 (36.7%)

30% aged 60-69 years

Partnered: 66.7%

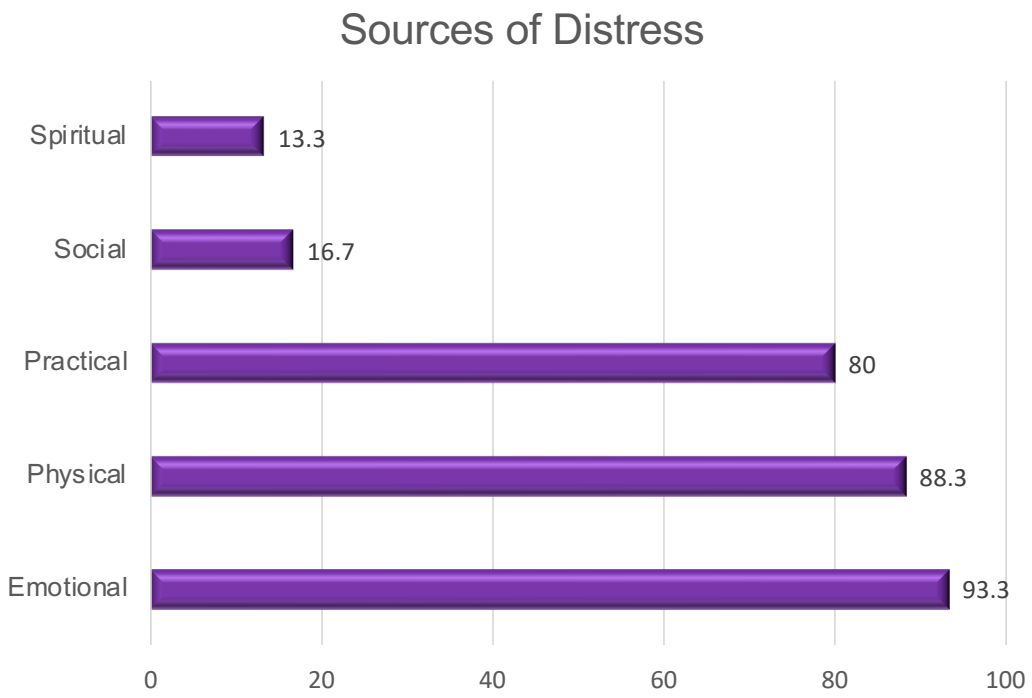
Previous mental health diagnosis: 15%

Prevalence of Distress



76.7%
Clinically Significant Distress Before Treatment Commencement

Problem Domains

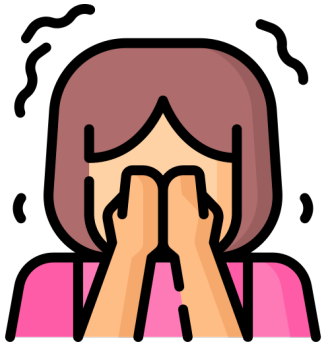


93.3% participants reported Emotional concerns

Most commonly reported Concerns

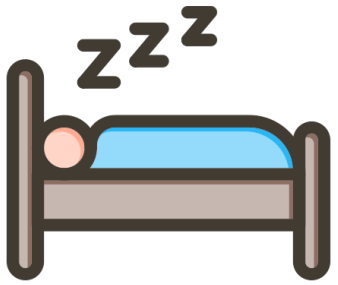
Worry 71.7%

Fear 58.3%

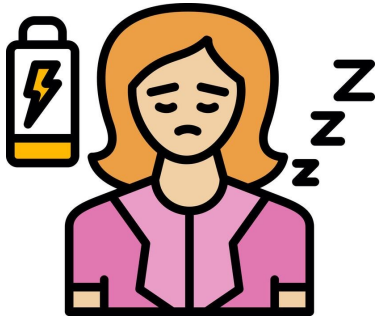


Waiting for results 58.3%

Sleep difficulties 55.0%



Fatigue 50.0%



Additional concerns included treatment decisions, finances, caregiving, self-care and work-related issues.

Factors associated with Distress

No statistically significant associations were identified with any of the following factors:

- ✗ Age
- ✗ Education
- ✗ Employment
- ✗ Marital status
- ✗ Dependents
- ✗ Previous mental health diagnosis
- ✗ Public vs private clinic

Key finding: Distress was consistently high across all patient groups, regardless of demographic or clinical characteristics.

So why does this matter…

76.7%

clinically significant distress

95%

Participants supported screening

Before treatment

distress identified before treatment

Multifaceted

distress spans emotional, physical and practical domains

Psychological distress is common, multifaceted, and present at diagnosis

Implications for practice

1

Screen Early

- Screen at diagnosis
- Identify distress before treatment commences
- Use validated tools (e.g. Distress Thermometer)

2

Support Holistic Care

- Address emotional, practical and physical concerns
- Facilitate timely supportive care referrals
- Nurse-led supportive care can improve patient outcomes

3

Embed into Practice

- Integrate screening into routine workflows
- Establish clear referral pathways
- Support nurses to lead screening and referral

Conclusion

76.7%

of patients experienced clinically significant distress before treatment commenced

!

Distress was **common, multifaceted, and present early** in the cancer journey.

✓

Routine distress screening should be a **core component of breast cancer care.**

Early identification enables timely, nurse-led supportive care — and better patient outcomes.

Thank you for listening.
Any Questions…

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