

Correspondence between subjective distress and clinician rating in prostate and head-and-neck-cancer patients

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Background

The degree of distress may differ depending on the perspective of the evaluator (e.g. Bonacchi et al, 2010 and Ehlers et al., 2019).

We investigated, whether patient and clinician distress ratings correlate in 3 tumorentities, which differ according to the frequency of premorbid psychopathological condition.

Premorbid psychopathological condition may be a relevant factor influencing the detection of psychosocial distress.

Methods

We included data from prostate- (PC), head-and-neck - (HN) and colorectal (CRC) cancer patients, who were treated in our hospital during 2014 – 2020.

They were examined psychooncologically (PO-BADO) due to reaching the cut-off score of the distress screening (≥ 4 , Hornheider Screening Inventory (HSI), Strittmatter et al, 2002) and/or expressed the wish for psychooncological counselling (N=329, 192 PC, 53 HNC and 84 CRC, Age: mean=64, range: 25-86).

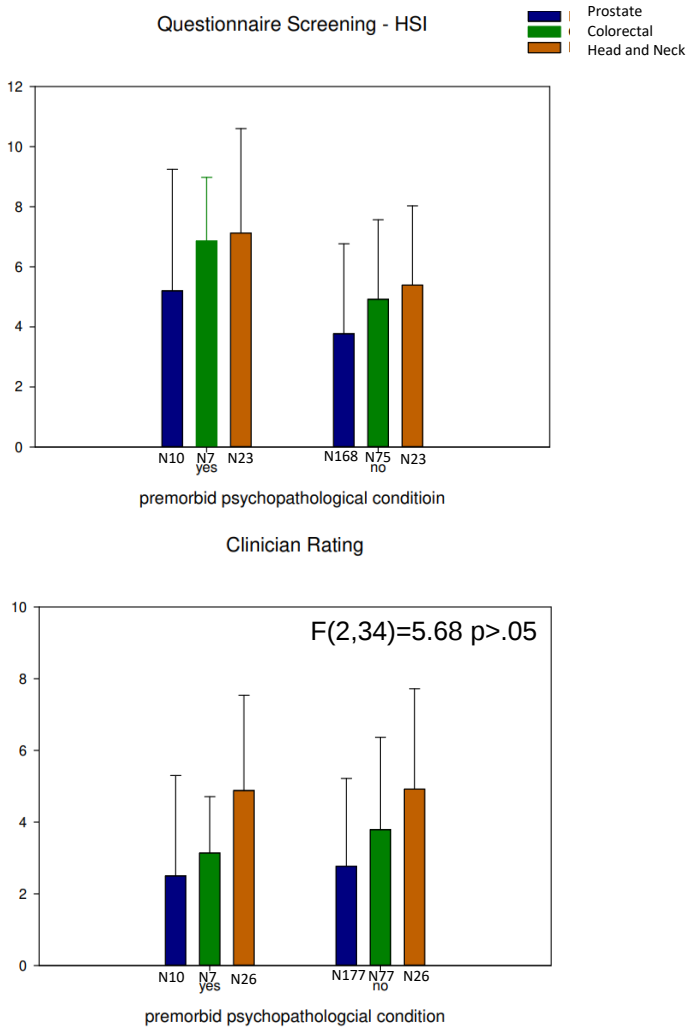
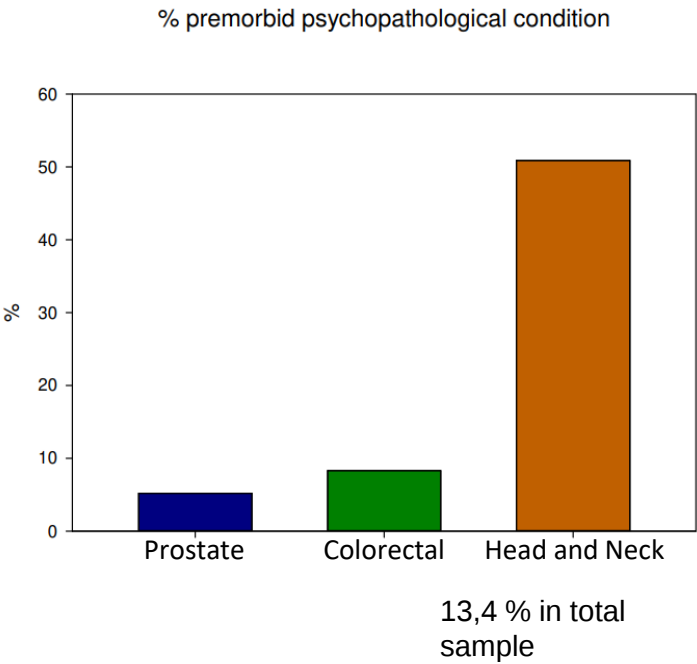
We focused on these tumor entities, because PC is the most common cancer in men, HNC is often associated with a prior history of mental disease (specifically substance abuse according to physician letter) and CRC is a common cancer in both gender.

Results

Overall, HSI and PO-Bado correlated significantly ($r = .44$, $p < .05$), however, this was only true for PCs ($r = .50$, $p < .05$) and CRC ($r = .29$, $p < .05$) but not for HNC ($r = .21$, $p > .15$).

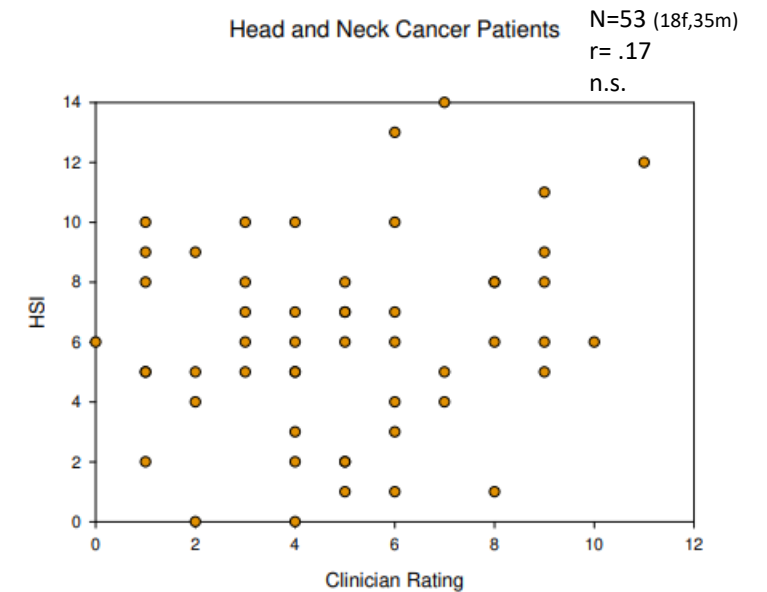
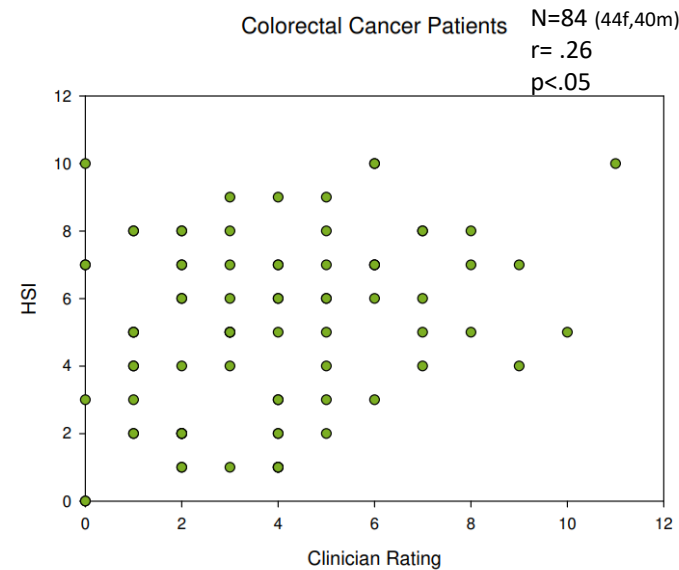
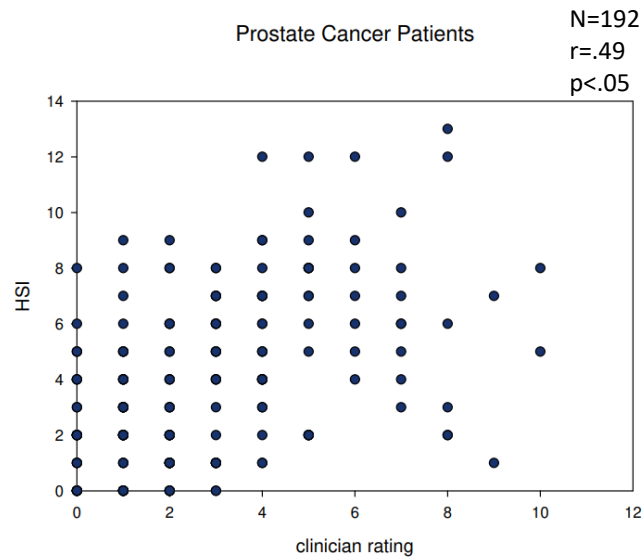
HNC-patients more frequently had a premorbid psychopathological condition compared to the other entities (50.9% vs. 5.2% and 8.3%) and were more distressed (clinician rating), than the other two subgroups ($F(2,34) = 5.68$, $p < .05$).

Results



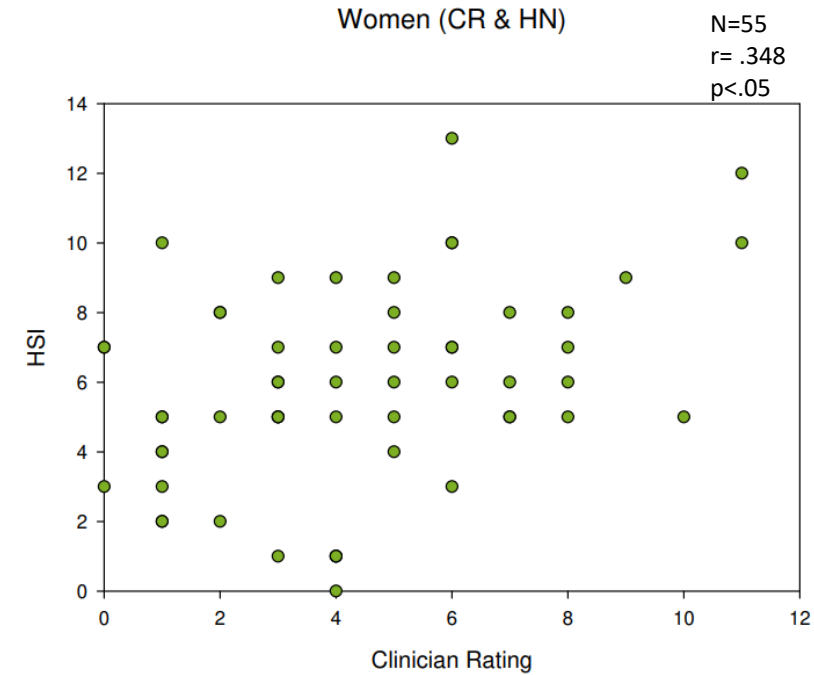
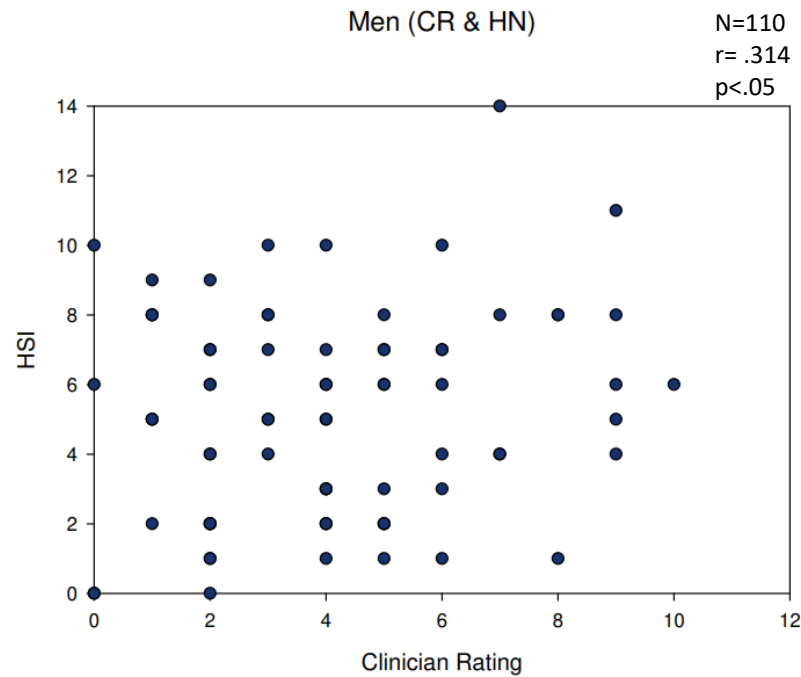
Subjective distress and clinician rating

Tumor Entity



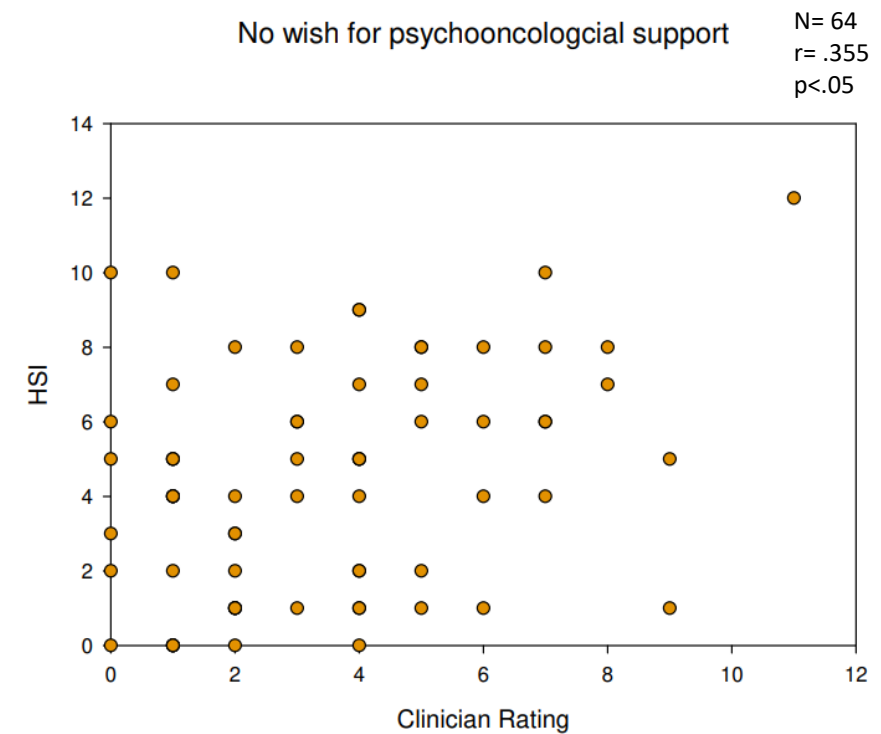
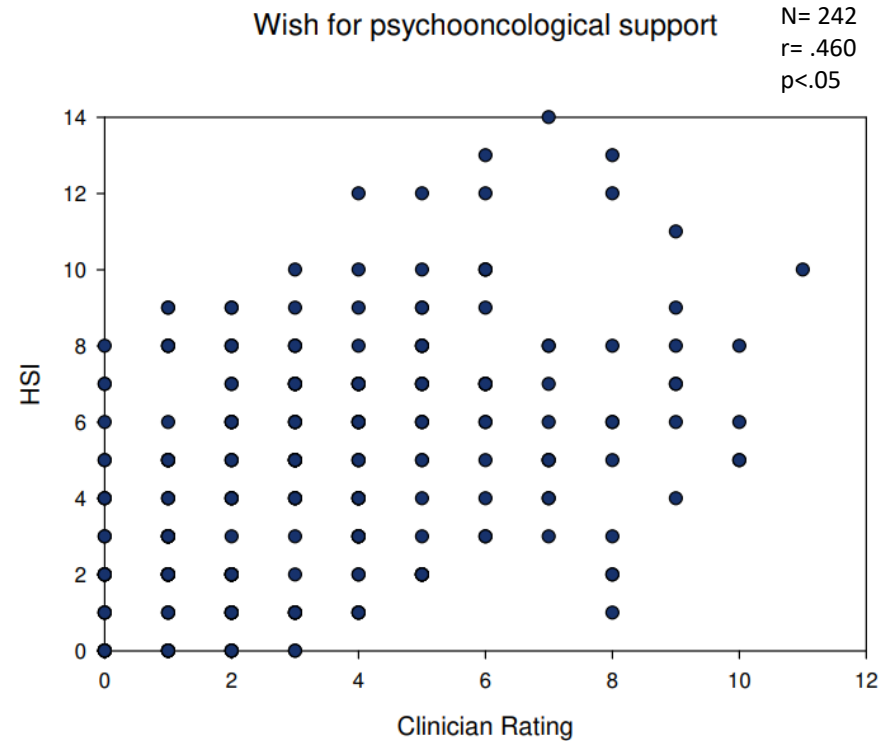
Subjective distress and clinician rating

Gender



Subjective distress and clinician rating

Wish for psychooncological support



Conclusions and clinical implications

- Patient and clinician distress ratings only show a significant correlation in PC and CRC, but not in HNC.
- The reason for this may be the higher frequency of premorbid psychopathological condition (e.g. depression and substance abuse).
- Therefore, for those patients, a combined strategy of questionnaire screening and clinician referral to psychooncological services is recommended (e.g. as implemented by Waltho et al., 2021).
- Gender and wish for psychooncological support do not influence the correlation between patient and clinician distress rating.

Literature

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