

Ellena Smith (Medical Student, University of Cambridge), Dr Sally Carding (Consultant in Palliative Medicine, Hinchingsbrooke Hospital)

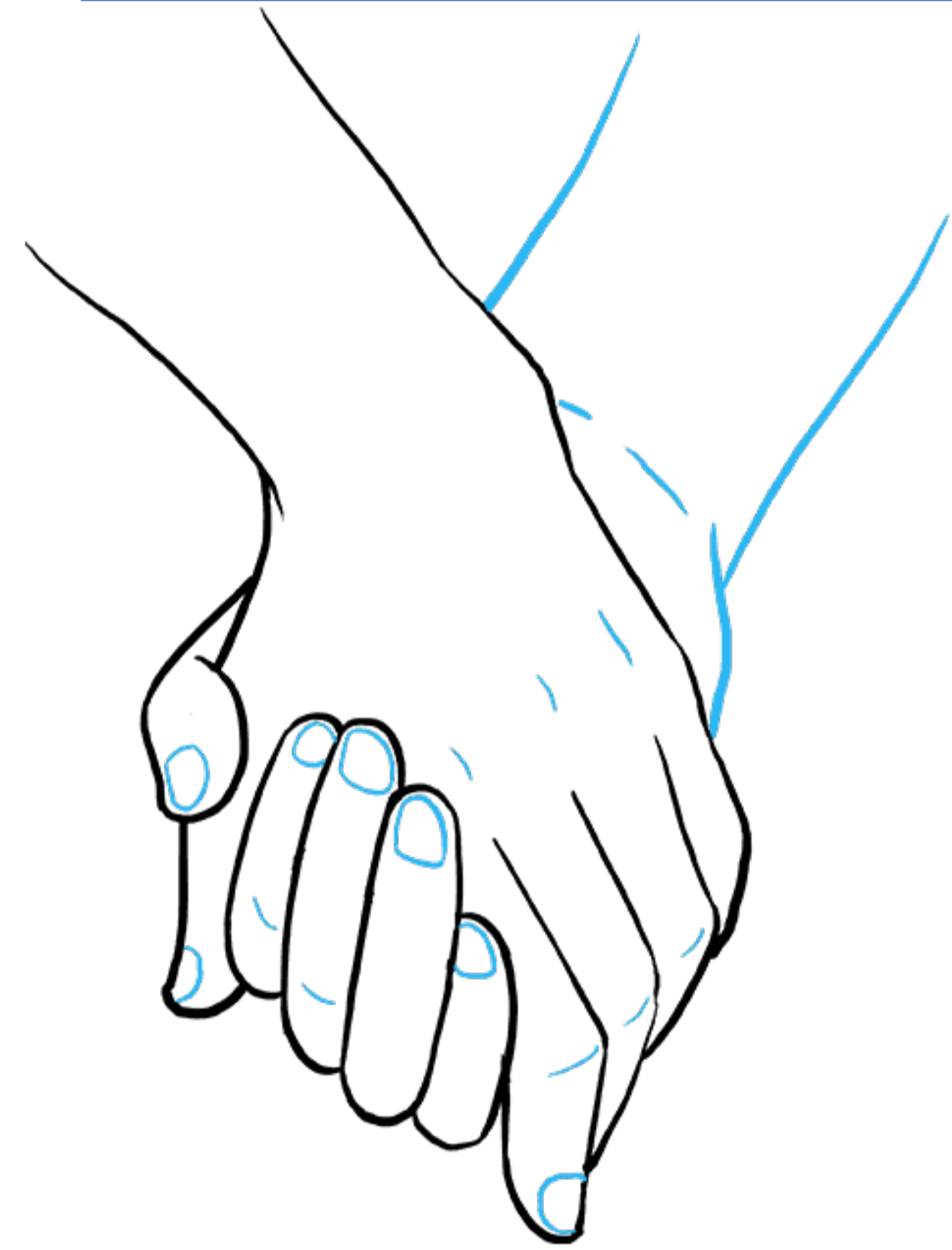
Spring 2021

Contacts: [ers59@cam.ac.uk](mailto:ers59@cam.ac.uk) / [sally.carding@nhs.net](mailto:sally.carding@nhs.net)

## BACKGROUND:

❑ **Psychological Distress in Palliative Care:** There is a high prevalence of psychological distress in cancer and palliative care populations<sup>1,2</sup>. National guidelines suggest this must be screened for and managed appropriately<sup>3</sup>. However, there is evidence that distress is underreported and inadequately addressed with wide variability and redundancy in management of psychological issues at the end of life<sup>4</sup>.

❑ **Levels of Psychological Support:** NICE 4-TIER MODEL<sup>3</sup>



## OUR PROJECT:

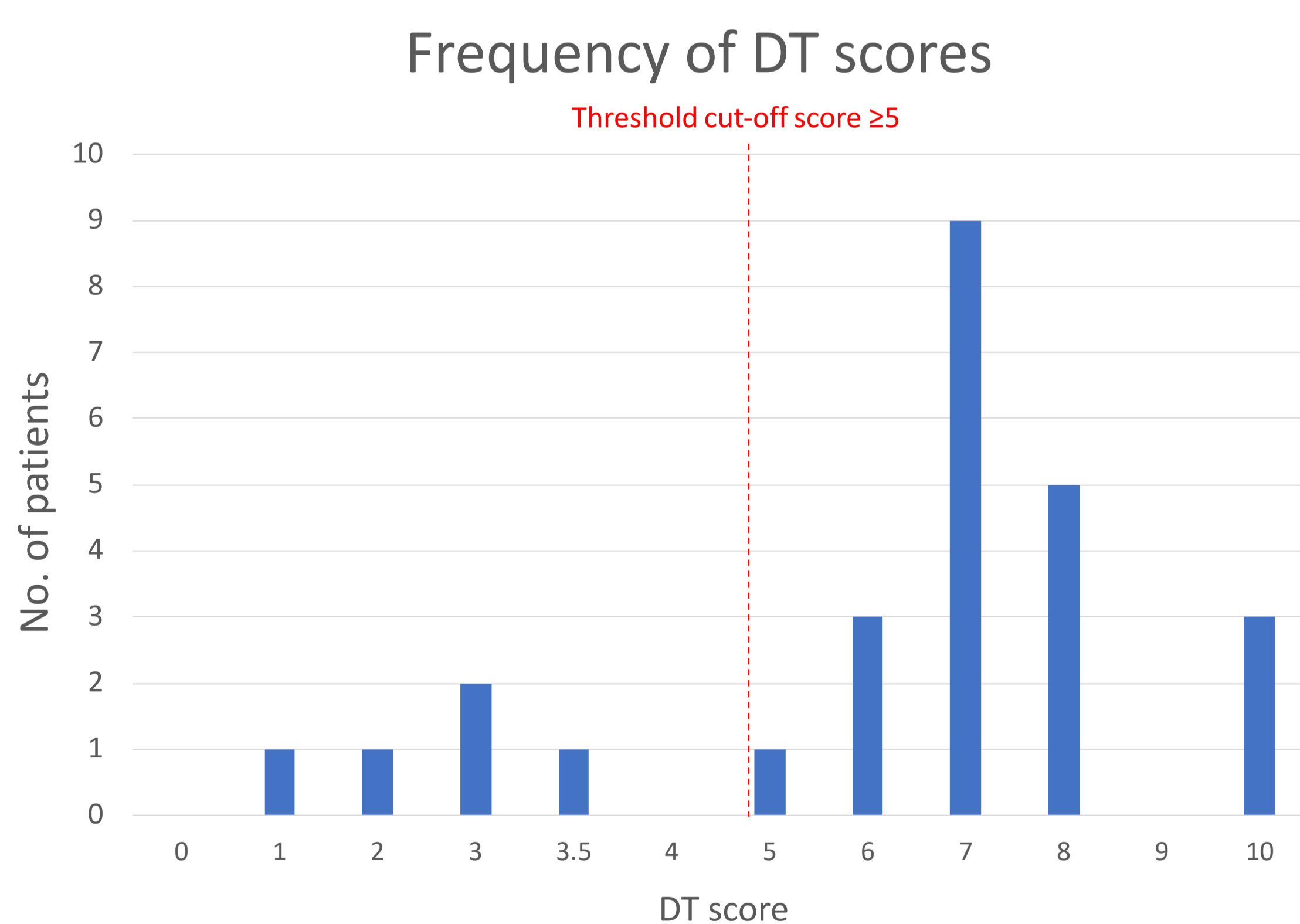
**Aim:** We set out to measure whether there was an unmet psychological need within patients (diagnosed with malignant and non-malignant disease) who were being supported by the Palliative Care Team based at Hinchingsbrooke Hospital, Huntingdon. This was to act as the initial stage in making a case for additional psychological support for the patients here. Currently, Specialist Nurses provide Level 2 support but higher level care is not readily accessible.

## Methods:

We used the validated **NCCN Distress Thermometer (DT)** and problem list to screen for psychological distress in selected patients cared for in the community, hospital and hospice. We used a DT threshold score of  $\geq 5$  to signify distress that required additional support as well as further categorisation by a traffic light system to determine level of assessment required.

## Results:

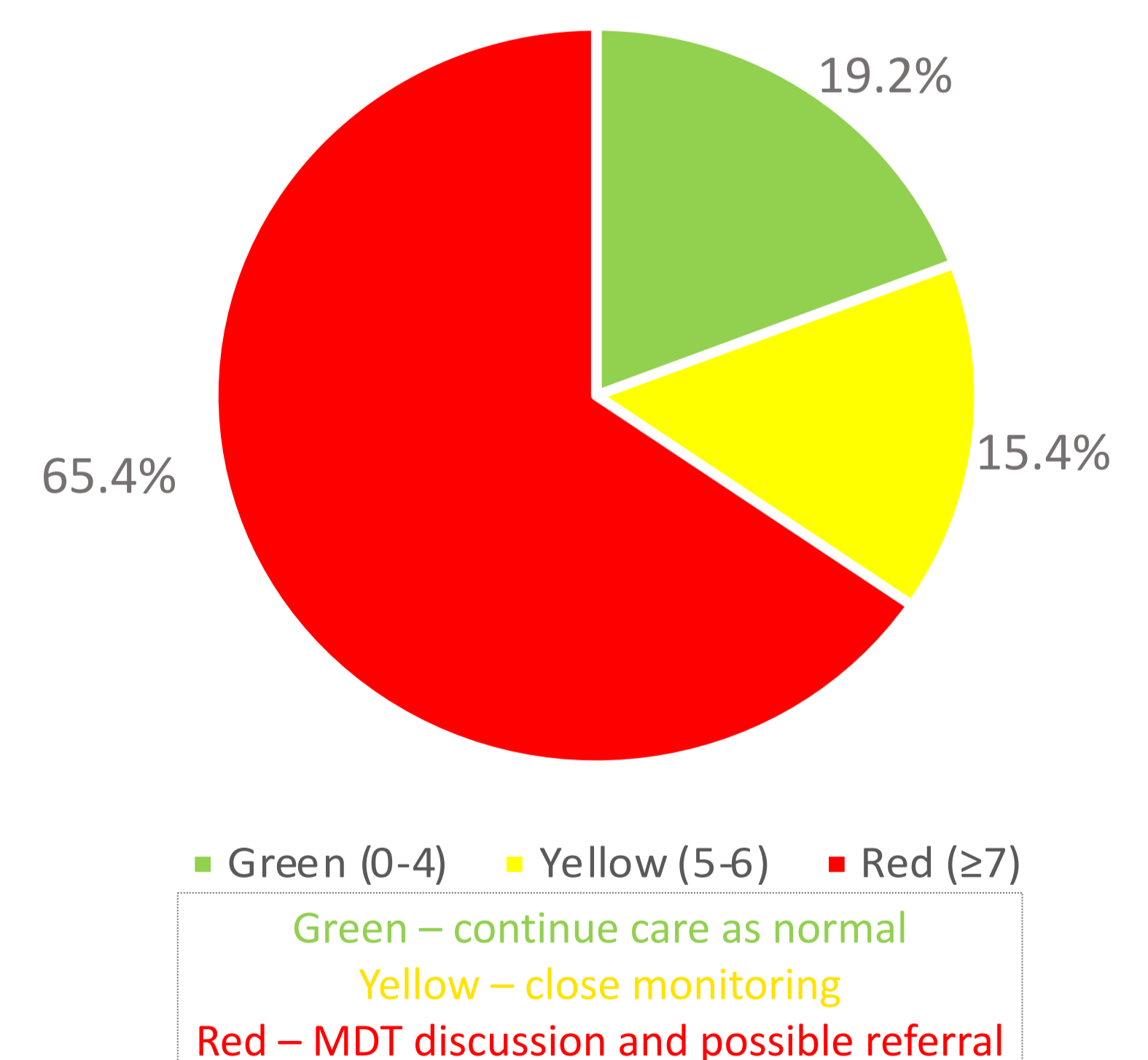
1. The DT scores ranged from 1 to 10 with a mean score of 6.48. 80.8% of patients scored above the predetermined threshold score of  $\geq 5$ .



2.

65.4% scored in red category of the Gessler et al 2008<sup>5</sup> traffic light coding system which would indicate MDT discussions and possible specialist referral would be indicated.

% of patients in each traffic light category



3.

The problem list highlighted a wide range of issues causing distress but there was a weak correlation between number of emotional problems and DT score so this could not be used as a proxy for distress.

## Conclusions and Future Directions:

We have identified a high level of psychological distress in this cohort of patients that, following national guidelines, should be addressed. Further work needs to be carried out to determine the support patients are currently receiving and there should be longer term measurement of DT scores over time. Due to the success of using the DT screening tool in this project, it would be recommended that it becomes of more routine use by the team throughout patients' care pathways.

**Acknowledgements and References:** Thanks should be extended to the Palliative Care Team at Hinchingsbrooke Hospital for their support with carrying out this project.

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