# The Impact of Age on Cancer Survivors' Psycho-social Distress: Results from A 25-item Distress Screening Tool in a Community Sample of Cancer Survivors

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## Introduction

- The Institute of Medicine (IOM), the National Comprehensive Cancer Network, and the American College of Surgeons have recognized that screening, referral, and follow-up for emotional, physical, and social concerns is critical to ensuring quality cancer care

- Failure to adequately screen for and treat depression and distress is associated with significantly increased costs and poorer health consequences (Jeffrey, 2011)

- While over 40% of cancer patients report significant levels of distress, little is known about how age impacts distress and associated desire for support

- Cancer incidence dramatically increases with age, with 61% of diagnoses in individuals over 65 (SEER, 2006)

- Psychosocial problems created or exacerbated by cancer can decrease quality of life, weaken adherence to treatment regimens, and threaten older patients' ability to maximize recovery (IOM, 2008)

- Many older adults have complex comorbidities, impacting quality of life and health outcomes (Hewitt et al., 2003)

- Cancer Support Community (CSC) represents a network of non-profit, community-based organizations that provide professionally led support and education to cancer patients and their families

### Key Features of Cancer Support Source™ (CSS):

- CSS is a web-based, HIPAA Compliant, EMR compatible via HL 7 interface, validated, psychosocial distress screening, referral, and follow-up program designed for community practice settings, where nearly 85% of cancer patients are treated
- CSS asks survivors to rate their concerns today **and** to identify the type of support: (talk with a staff person, online resources, written information) they want to receive for addressing their concerns
- CSS has been validated against gold standard distress measures (e.g., Distress Thermometer; CES-D)
- Contains 4-item depression subscale which identifies those at risk for depression with 92% sensitivity
- CSC developed CSS in order to screen for psychosocial distress and link patients to resources available in the community

## Study Objective

- To characterize the impact of age on cancer patients' self-reported distress and requests for assistance in treating their distress using CancerSupportSource™

## Sample Characteristics *(N=262)*

Convenience sample of 262 members from 10 CSC affiliate sites nationwide:

Phoenix
Central New Jersey
East Tennessee
Pasadena
Greater Lehigh Valley
Miami
Philadelphia
Quad Cities (IA)
San Francisco Bay area
Cincinnati/ N. Kentucky

| Characteristic | Proportion |
|---|---|
| Race | |
| Caucasian | 87% |
| African-American | 3% |
| Sex | |
| Female | 90% |
| Education | |
| Bachelors and above | 76% |
| Time since diagnosis | |
| ≥ 2 years | 68% |
| Total annual income | |
| Less than 40k | 15% |
| | Average |
| Age (30–83 years) | 56 |
| Time since diagnosis | 3.5 years |

## Results

### Figure 1- Areas of Reported Distress by Age Group
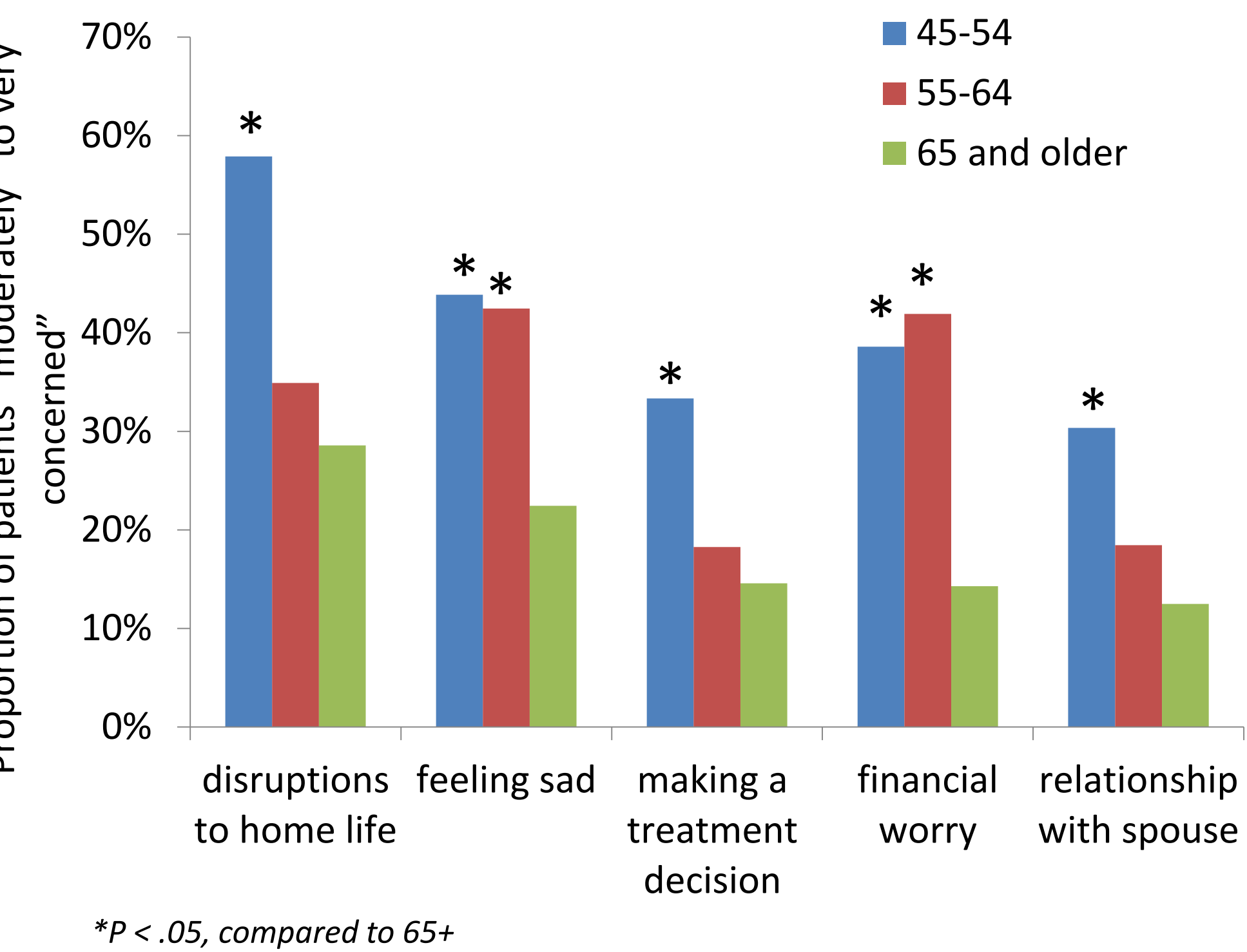


*P < .05, compared to 65+

### Figure 2- Areas of Requested Assistance by Age Group
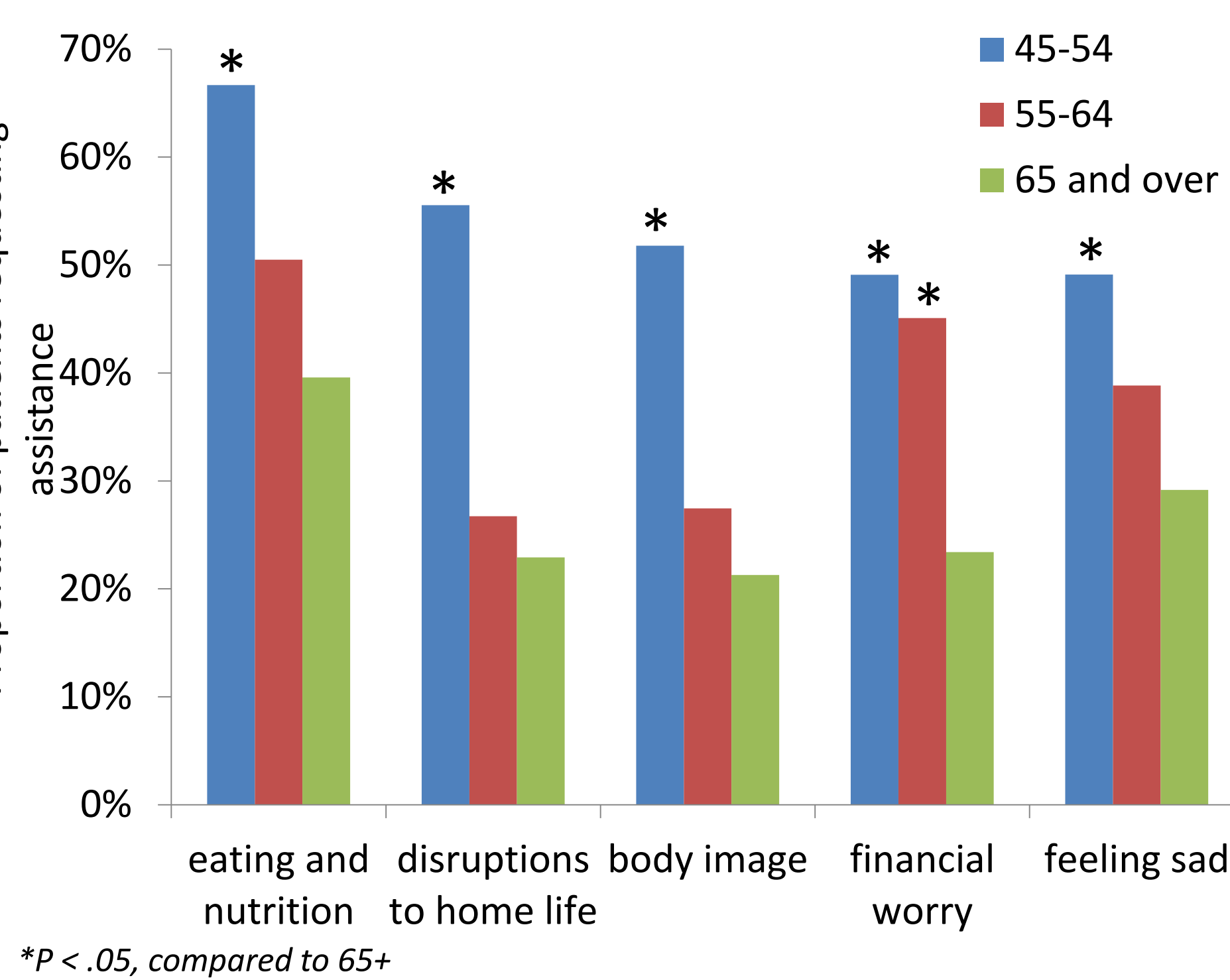


*P < .05, compared to 65+

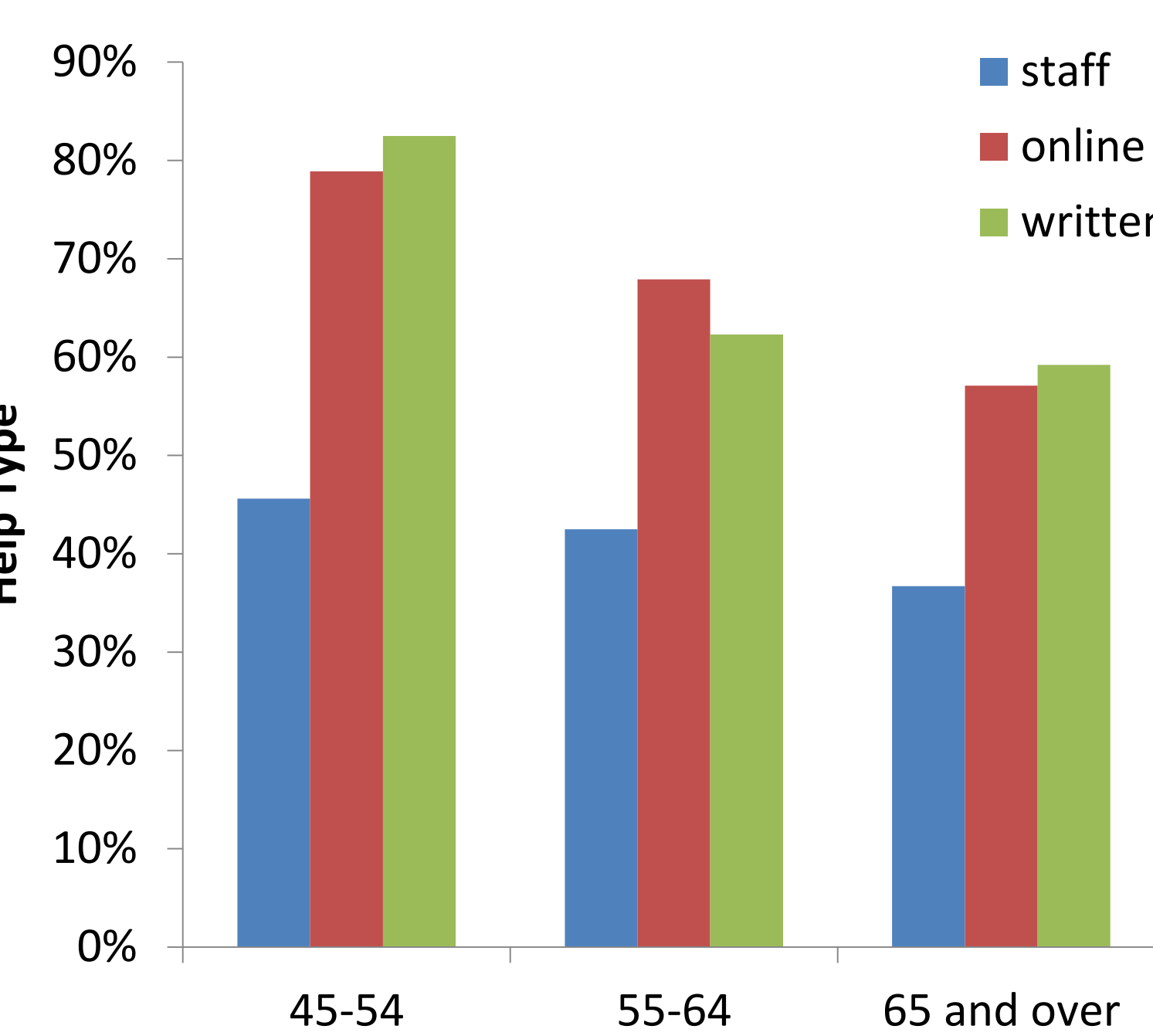### Figure 3- Type of Help Requested by Age Group



### Table 1- Top 5 Items Identified as a Problem by Age Group

| 45-54 | | 55-64 | | 65+ | |
|---|---|---|---|---|---|
| Eating and nutrition | (93%) | Eating and nutrition | (92%) | Eating and nutrition | (92%) |
| Feeling irritable | (73%) | Feeling irritable | (66%) | Feeling irritable | (63%) |
| Worrying about the future | (63%) | Worrying about the future | (58%) | Worrying about the future | (58%) |
| Disruptions to home life | (58%) | Sleep Problems | (48%) | Body image | (39%) |
| Feeling too tired | (54%) | Feeling sad or depressed | (42%) | Communicating with your doctor | (39%) |

## Summary of Results

- These findings show that the younger age groups (45-54; 55-64) were 2-4 times more likely to report distress and request assistance in the areas listed above

- Those between the age of 45-54 were 2.9 times (p=0.01) more likely than those 65+ to be at risk for depression

- The youngest age group (45-54) was 2-4 times more likely to request any assistance

- The middle age group was more likely to ask for online assistance than written or staff

- The youngest and oldest groups were more likely to ask for written information

## Methods

- Participants rated 25 psychosocial concerns using a 5-point scale and indicated if they wanted to talk with a team member, receive print information or information online

- Participants were grouped by age into 4 groups (< 45, 45-54, 55-64, 65+)

- Youngest age group (< 45) was excluded from analyses

- All data analysis was performed using IBM SPSS Statistics 20

- Binary logistic regression was performed to determine significant differences between age groups and to obtain odds ratios

- Cross tabs were used to determine the items most commonly identified as a problem

## Conclusion and Implications

Significant age differences were observed:

- Adults aged 45-54 were significantly more distressed, more likely to request help, and more likely to identify items consistent with clinical depression

- Targeted efforts need to address problems faced by adults aged 45-54 in the following priority areas: eating and nutrition; disruptions to home life; body image; financial worry; and feeling sad

- Old-older adults may have the benefit of previous experience at coping with illness

- Adults aged 45-54 are at higher risk for depression which is associated with higher cost and poorer health outcomes

## Future Directions

- Evaluate the implementation of CSS in community-based organizations and clinical oncology settings

- Develop technological capacity to tailor informational needs to specific age-groups

- Develop and evaluate age-sensitive materials and programming

- Focus on identifying those at greater risk for depression and addressing their needs