THE ASSESSMENT OF THE PERCEIVED EMOTIONAL DISTRESS: THE NEGLECTED SIDE OF CANCER CARE

Manolete S. Moscoso, Cecile A. Lengacher and Eric C. Reheiser
University of South Florida, Tampa, Florida, USA

Abstract

The purpose of this research was to present the latest development of the The Perceived Emotional Distress Inventory (PEDI) as a brief 15-item self-report measure intended to be used for the assessment of psychological distress in cancer patients. Factor Analyses of Principal Components with promax rotations were performed with a combined male and female sample of 481 cancer patients at St. Joseph’s hospital Cancer Institute in Tampa, Florida, to provide further evidence of construct validity. The factor structure, internal consistency, and Pearson correlation coefficients of the PEDI are presented in this report. The factor analysis identified three factors comparable to those found in previous samples in USA: The first factor, anxiety/depression; second factor, hopelessness; and third factor, anger expression. Global alpha coefficient of 0.92 for the inventory indicates strong internal consistency. Pearson correlations between the subscales of the instrument is impressive for such a brief measure. This study emphasizes the need for a brief, self-report instrument to assess anger expression, anxiety, depression and hopelessness as components of perceived emotional distress in cancer patients, while explicitly excluding the potentially confounding effects of somatic symptoms commonly associated with cancer treatments. Further research will be needed to provide information

Correspondence:
Manolete S. Moscoso, Ph. D.
University of South Florida
1978 Roseate Lane
Sanibel, Florida 33957
E-mail: mmoscoso@health.usf.edu
about the PEDI's use in populations other than cancer patients including attempts to replicate these findings in more heterogeneous populations.

**Keywords**: Cancer, emotional distress, anxiety, anger, hopelessness, depression.

**INTRODUCTION**

The diagnosis of cancer and the aggressive treatments currently available to cure the disease are traumatic events that have a major impact upon patients and their family members. The occurrence of significantly elevated levels of anxiety as compared to a normal population has been reported to be as high as 85% for newly diagnosed cancer patients. In addition, the incidence of depression in cancer patients varies from 20% to 25% in United States\(^1\), and 72% to 89% in Sweden\(^2\), with the prevalence increasing to 77% for those with advanced illness\(^3\). Despite this increased attention to control these troublesome symptoms in patients with cancer, there have been no concerted efforts to address the assessment of emotional distress based on psychometric measures particularly developed for cancer patients.

High emotional distress cancer patients experience coping difficulties evidenced by a negative and pessimistic attitude toward the treatments, and a dismal view regarding recovery. More information needs to be given to the primary oncologist and his/her staff about the recognition of significantly high levels of emotional distress; how to query the patient to elicit adequate information about their feelings, and how to identify appropriate resources to which the oncological patients could be referred for psychological counseling and support. In this sense, the recognition of perceived emotional distress in cancer patients needs to be a top priority within psychosocial oncology programs across the world\(^4\-7\).

Approximately 50% of all the individuals diagnosed with cancer in the United States experience significant levels of emotional distress, and many of these symptoms are unrecognized and untreated\(^8\). The diagnosis of cancer and the strain caused by the overwhelming side effects of its treatments are a perfect example of a potential stressors events capable of evoking emotional distress\(^9\). There is accumulating evidence in the literature indicating that cancer patients experience significant levels of emotional distress at initial diagnosis, at recurrence or progression of the disease, and at terminal stage\(^1^,\^10\).

**CLINICAL SCREENING OF PERCEIVED EMOTIONAL DISTRESS**

The standardized assessment of perceived emotional distress is at least as problematic as its own definition. A survey of cancer centers in United States reports relying only on interviews for the assessments of emotional distress for cancer patients, as opposed to the utilization of screening instruments\(^8\). Unfortunately, there has been relatively little systematic and methodological effort to evaluate or improve existing measures. Cancer programs could clearly benefit from a brief, easy to administer, yet comprehensive form of evaluation that identifies emotionally distressed cancer patients, who are experiencing not only anxiety and depression, but also anger and