

P130 - Distribution and Severity Thresholds of Domains in Emotion Thermometers Screening Tool: Analysis of first 700 Cases

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OBJECTIVES The innovative 1998 Distress Thermometer helped confirm the value of simple screening tools in clinical practice. The Emotions Thermometer screening tool (Psycho-oncology 2009), a simple five domain patient-rated visual-analogue scale attempts to improve on the DT by incorporating additional domains of anxiety, depression and anger. Its completion time is less than 2mins. Although we previously reported validity data we hereby report frequency distribution from the first 716 screened cases..

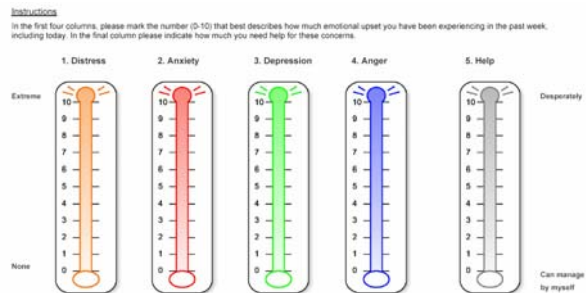
METHODS We analyzed data collected from Leicester Cancer Centre from 2008-2009 involving approximately 1000 people approached by clinical nurses specialists for permission to apply screening. Screening was part of a self-report screening programme. 715 consented to complete the scale and gave full data.

RESULTS Insignificant levels of emotional difficulty are seen in the following proportions: distress 39%, anxiety 25.6%, depression 50%, anger 55.7%.

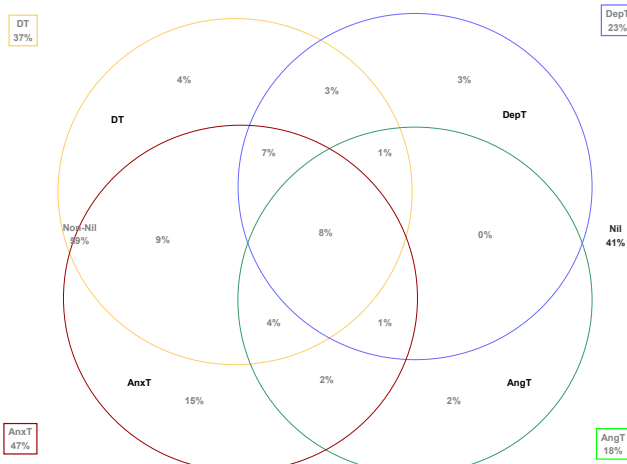
Mild, moderate or severe levels are seen in 40.8% (distress); 51.9% (anxiety) ; 31.5% (depression) and 30.6% anger.

Regarding need for professional help 30% want help, 12% slightly, 7% moderately and 11% severely. Combining all four emotional domains 59.4% had some significant emotional difficulty compared with 40.8% for distress alone.

CONCLUSIONS The Emotion thermometers scale offers valuable information beyond distress that includes anxiety, depression and anger. Approximately 60% of cancer patients have a significant emotional problem based on self-report although in this analysis only 201 of 425 such individuals wanted professional help for this problem.



	Distress Thermometer	Anxiety thermometer	Depression Thermometer	Anger Thermometer	Help Thermometer
Insignificant	39.0	25.6	50.1	55.7	54.3
Minimal	20.1	22.5	18.3	13.6	15.4
Mid	16.9	16.5	12.2	10.5	12.2
Moderate	12.0	14.5	9.8	6.6	6.6
Severe	11.9	20.8	9.5	13.6	11.2



CLINICAL IMPLICATIONS We recommend clinicians use the listed cut-offs on the ET as a working threshold until further validity studies can be conducted.

