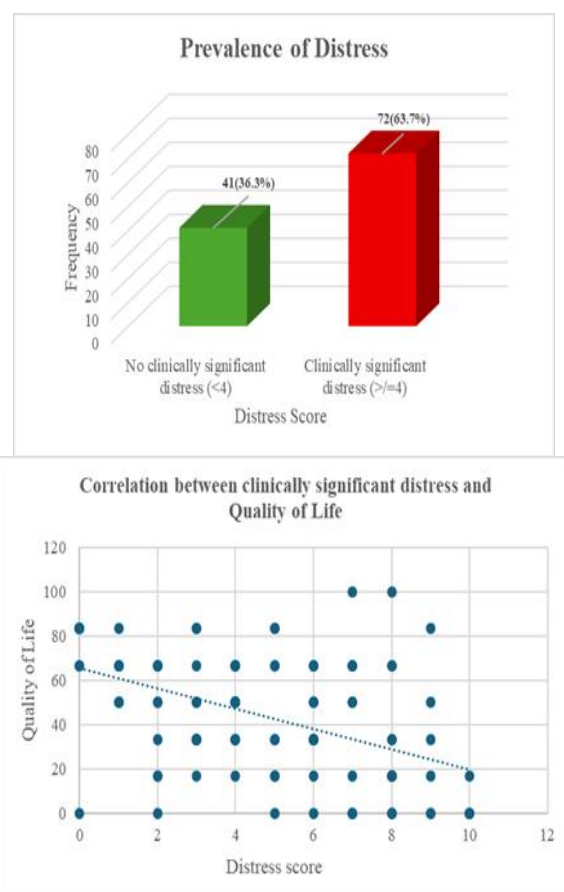


01. Assessment of Psychosocial Distress in Cancer Patients and its Association with Quality of Life -A Cross-Sectional StudyPARVATHI SUDHA HARI¹, Ciniraj Raveendran¹, Sudha Padmam², Libu G K³¹Government Medical College Thiruvananthapuram, Kerala, India²Regional Cancer Center, Thiruvananthapuram, Kerala, India³Government Medical College, Kollam, Kerala, India

Background: The psychosocial impact of cancer remains unexplored despite its profound influence on patient outcomes. Advances in early detection and treatment have transformed cancer into a chronic, life-threatening condition, increasing the psychosocial burden on patients. Prolonged survival is often accompanied by uncertainty, treatment-related side effects, financial strain, and disruption of social and family roles. Psychosocial distress can impair quality of life (QoL), lower symptom tolerance, reduce treatment adherence and increase health care utilisation. It may adversely affect clinical outcomes, including disease progression and survival through mechanisms such as immune dysregulation. Despite its importance, distress remains under recognised due to stigma and limited access to supportive care, particularly in resource limited settings. The National Comprehensive Cancer Network (NCCN) recognises distress as the “sixth vital sign” and recommends its routine assessment across the cancer trajectory. Understanding psychosocial distress and its impact on QoL is essential for holistic patient centered care. QoL in cancer patients, is a multidimensional concept encompassing global health, functional status and symptom burden. **Objectives:** To determine the prevalence of psychosocial distress among cancer patients, assess its association with QoL, and identify sociodemographic and disease related factors associated with distress. **Methods:** A cross-sectional study was conducted among 113 adult cancer patients at a tertiary care center. Data were collected using a pretested, interviewer administered questionnaire capturing sociodemographic and disease related factors. Psychosocial distress was assessed using NCCN Distress Thermometer and QoL using the EORTC QLQ-C30 questionnaire. Statistical analysis included chi-square tests, logistic regression, and Pearson correlation, with $p < 0.05$ considered significant. **Results:** Clinically significant distress (score ≥ 4) was observed in 63.7% of patients (mean score 4.74 ± 2.91). Pain and impaired physical functioning were the strongest physical correlates. Emotional factors, particularly fear, showed the strongest association, along with sadness, anger and feelings of worthlessness. Social, practical and spiritual concerns were also significant. Advanced cancer stage ($p < 0.001$) and treatment modality ($p = 0.011$) were strongly associated with distress with higher prevalence among patients receiving chemotherapy and surgery. Symptom severity showed strong association; all patients with moderate to severe symptoms reported clinically significant distress ($p = 0.003$). Although higher distress was observed among females, younger patients, unemployed individuals, those separated or widowed, sole bread winners, rural residents, those with longer disease duration, those receiving active or palliative treatment and certain cancer types, these associations were not statistically significant. QoL was significantly lower among distressed patients ($p < 0.001$) and showed a moderate negative correlation with distress ($r = -0.481$). Nearly half (46.9%) had severe QoL impairment. Functional domains were significantly associated with distress ($p < 0.01$) and global health status strongly correlated

with QoL ($r = 0.881$). **Conclusion:** Psychosocial distress is highly prevalent and significantly affects QoL in cancer patients. It is closely associated with symptom burden, especially pain and functional impairment, as well as emotional, social, and practical challenges. Distress is inversely related to QoL and is higher in advanced disease and certain treatments. Integrating psychosocial care into oncology practice and addressing stigma, limited awareness and inadequate resources through scalable, cost-effective models is essential for equitable, culturally sensitive care and improved outcomes.

Prevalence of distress and its correlation with Quality of life in cancer patients

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