

Screening and Assessment – Anxiety in Adults with Cancer

Screen for distress¹ at entry to system, critical times, periodically during patient care, or other stressful times²

Assessment of risk of harm to self and/or to others (all patients)

- **If YES** > URGENT referral to appropriate services for emergency evaluation; Facilitate safe environment; One-to-one observation; Initiate appropriate harm reduction interventions to reduce risk of harm to self and/or others. (*The presence of other symptoms such as psychosis, severe agitation and confusion (delirium) may also warrant referral to appropriate services for emergency evaluation*).
- **If NO** > continue with algorithm

Anxiety identified on ESAS screening (Anxiety item)

ESAS score 1-3

ESAS score 4-6

ESAS score 7-10

Assessment to clarify nature and extent of anxiety symptoms

- Review problem checklist and all ESAS scores in conversation³ with patient/family and discuss expectations and beliefs about support needs (e.g., Canadian Problem Checklist)
- Identify most distressing ESAS problem or symptom and assess extent of daily life interference
- Review ESAS scores for other contributing symptoms (e.g., dyspnea or other medical/ medication issue).
- Identify other concerns contributing to distress (e.g., life events, sleep deprivation)
- Identify other symptoms and current management of relevant symptoms (e.g., pain, fatigue, and/or sleep interference/chronic insomnia)

Identify pertinent history: Specific risk factors for anxiety

- History of anxiety problems (e.g., panic attacks, Generalized Anxiety Disorder (GAD)), depression, other mental health problems
- Current medication associated with anxiety or depression or seeing a specialist.
- Disease recurrence, advanced or progressive disease (i.e., vulnerable points)
- Withdrawal state (e.g., alcohol, substance use)
- Other factors (e.g., younger age, female, live alone, dependents, financial problems)

Focused assessment: Specific to problem of anxiety

- HCP with appropriate training and skills to complete an anxiety symptom checklist using a validated tool (e.g., BAI; STAI; GAD-7) or assess for presence of: tension, uncontrollable or excessive worry, agitation, restlessness, panic attacks, poor concentration, nausea/vomiting, reassurance seeking, significant change in sleep patterns, impaired functioning in daily living (e.g., hypervigilance, scanning, irritability, unable to relax, ruminations)
- In what ways do anxiety symptoms affect daily functioning (e.g., sleep, appetite)

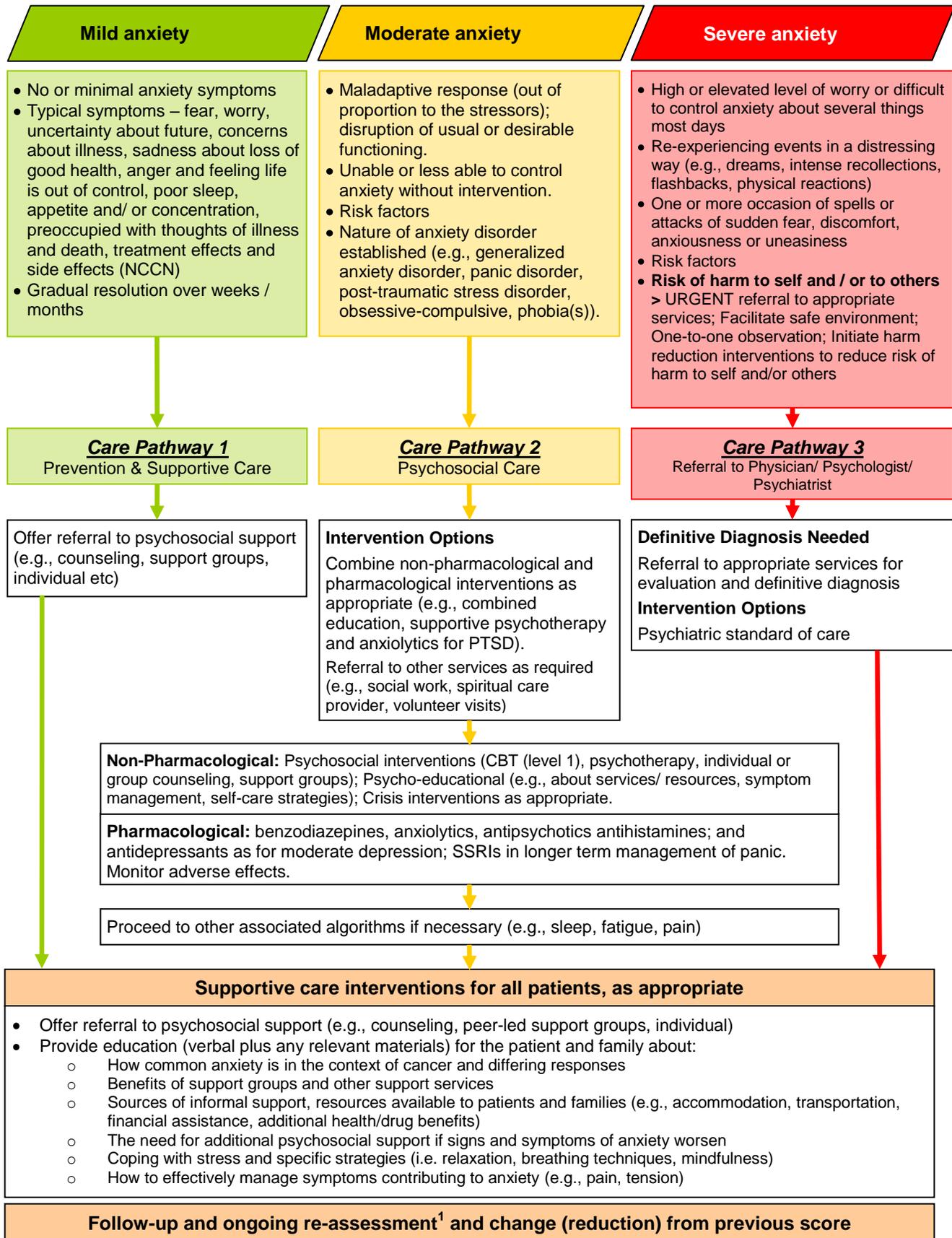
Mild anxiety

Moderate anxiety

Severe anxiety

1. Use Screening for Distress Tool (SDT), which includes Edmonton Symptom Assessment System (ESAS) and Canadian Problem Checklist (CPC).
2. At initial diagnosis, start of treatment, regular intervals during treatment, end of treatment, post-treatment or at transition to survivorship, at recurrence or progression, advanced disease, when dying, and during times of personal transition or re-appraisal such as family crisis, during survivorship, when approaching death (CAPO/CPAC guideline: "Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient" by Howell et al., 2009; Cancer Care Nova Scotia Distress Management Pathways, draft 2010).
3. The health care team for cancer patients may include surgeons, oncologists, family physicians, nurses, advanced practice nurses, social workers, psychologists, patient navigators and other health care professionals (HCPs)

Care Map – Anxiety in Adults with Cancer*



*Refer to the full technical guideline document for the evidentiary support for this algorithm on the Canadian Association of Psychosocial Oncology website (www.capo.ca)

Disclaimer

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