

## Abstract Form

<b>Abstract author/s</b>	<b><i>Jo Taylor</i></b>
<b>Presenting author</b>	<b><i>Jo Taylor</i></b>
<b>Organisation</b>	<b><i>University of Newcastle, School of Medicine and Public Health</i></b>

**Title of abstract:** Distress screening and supportive care referrals used by telephone-based health services: A systematic review

**Authors:** Jo Taylor

**Background:** People affected by cancer and other chronic disease report high levels of distress and a need for psychosocial support. Screening for distress is an important first step to improving access to psychosocial support. The use of telephone-based services may increase opportunities for screening and improve access to support for people living in rural and remote areas. However, it is unclear whether telephone-based services are following distress screening guidelines. This systematic review aimed to describe the distress screening and management practices, such as screening tools and rescreening procedures, used by telephone-based services for cancer and other chronic disease.

**Aims & Method:** A systematic literature search of MEDLINE, Embase, PsycInfo, CINAHL, Cochrane and Scopus was conducted in February 2018. To be included, quantitative studies involved patients or caregivers affected by 11 chronic diseases including cancer and a health service assessing psychosocial needs or distress via telephone. Extracted data included type of chronic disease studied; sample size; screening tools used; referral or rescreening protocols; and type of health service.

**Results:** The search identified 4019 citations; of which 324 articles were identified as potentially relevant and fourteen studies were included for review. Thirteen of the fourteen studies were in cancer populations. All studies focused on telephone-delivered care with six studies focused on hospital-based services and eight on community-based services. Two studies included rural participants and half of the studies included caregivers. Nine distress screening tools were identified, of which eight were validated tools with the Distress Thermometer being used most often. Seven studies reported having referral protocols and two studies reported screening for distress on more than one occasion.

**Implications that impact on your project:** The limited published research regarding the use of validated screening tools to accurately detect distress via telephone has occurred primarily in cancer. The reviewed studies indicated that



screening-driven supportive care referrals are taking place in telephone-based services, however many services do not use an established referral protocol. The lack of rescreening is not in alignment with evidence-based guidelines. Telephone delivered screening for distress offers an equitable opportunity to identify distress and provide psychosocial support based on need.