

MULTIDISCIPLINARY APPROACH TO CANCER PATIENTS IN PULA GENERAL HOSPITAL

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1. INTRODUCTION

Psycho oncology is a discipline dealing with psychological reactions at the emergence of an oncology disease thus connecting psychiatry and oncology. Its main fields of interest are emotional reactions, dysfunctions in the thoughts and behaviour of the patient, of the medical team and the patient's family. It is indeed the oncology patient who shows the closest connection of the psychological and physical dimension in clinical practice. Psycho oncology offers the possibility of connecting these complementary levels. Its approach is multidisciplinary, including different aspects of the malignant disease, connecting also other medical specialties and other professions.

The health related quality of life (HRQOL) is of utmost importance in our efforts to improve clinical outcomes of oncology patients (1, 2).

Oncology patients show a high degree of psychological disorders (intimidation, anxiety, depression, panic disorders, and phobia) at the moment of diagnosis as well in the course of the treatment (3, 4) so that a relatively high incidence of psychological disorders was observed in these patients (5).

This is the reason why numerous studies on psychosocial interventions on psychological distress and HRQOL exist (6-9).

2. GOALS

It was our goal, to provide additional psychooncological support to patients in order to improve their quality of life and have a positive impact on some of the most common psychosocial problems during medical treatment. The primary goals of the study were decreasing anxiety, depression problems and insomnia, and increasing functionality in the fields of mental, emotional and behavioural activities. The secondary goals were the decrease of somatic problems and side effects of treatment (pain, nausea, vomiting and diarrhoea).

3. SUBJECTS AND METHODS

3.1. Subjects

A total of 58 subjects were included in the research, 47 female and 11 male. The age ranged from 31 to 88 years of age.

The patients had to meet the following criteria for the inclusion in the research: newly diagnosed oncology patients in the Pula General Hospital with cytological or pathohistological proof of the disease, disease stadium II-IV, ECOG performance status (Eastern Cooperative Oncology Group) 0-3, absence of a more serious psychiatric disorder prior to the oncology illness. The intervention study included patients by which psychooncological help was particularly indicated as well as those who voluntarily accepted such a treatment. The control group included patients who received no psychooncological treatment.

3.2. Methods

The Beck Depression Inventory (BDI) as the indicator of depression symptoms and the Beck Anxiety Inventory (BAI) as the indicator of anxiety symptoms were used in the research.

The research was performed individually, each subject has separately filled in both questionnaires. The same procedure was repeated after a period of six months. Although the subjects were indicationally treated with pharmacotherapy (anxiolytics, antidepressives) and underwent psychotherapy (short dynamic psychotherapy, KBT and support therapy), no analysis was performed within the research according to subgroups due to the small number of patients that would have been analysed in each subgroup. The research was performed in the Psychooncological Counselling Centre of the Pula General Hospital in the period between January 2007 and February 2009. The oncologist led independently records of the somatic status and the treatment's side effects by the NCI CTCAE v.3.0. criteria (National Cancer Institute, Common Toxicology Criteria of adverse Events). All patients were treated according to the oncology guidelines.

3.3. Statistics

The comparison between the experimental and the control group, as well as the analysis within the experimental group were performed by standard statistic methods.

4. RESULTS

All patients received support therapy (figure 1). The most frequent psychological disorders were anxiety disorders and reactive states (adjustment disorder) (figure 2). The mostly represented oncology illness was breast cancer (figure 3).

Figure 1 Psychooncological treatment of patients

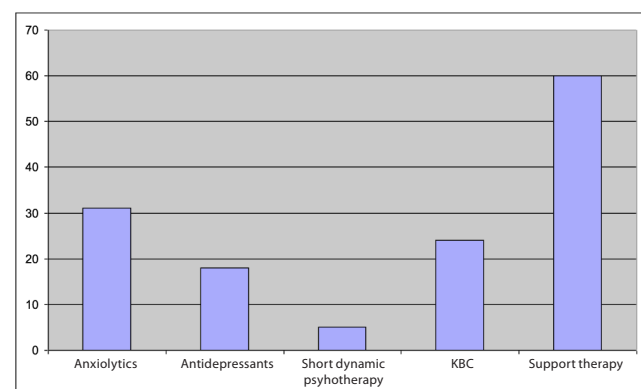


Figure 2 Distribution of psychological disorders

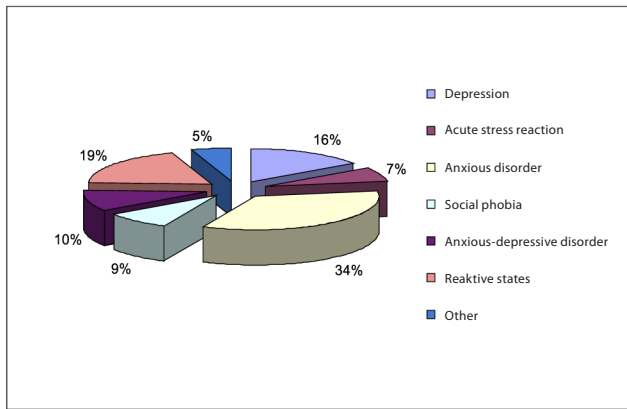


Figure 3 Distribution of patients under psychooncological treatment according to their oncology diagnosis

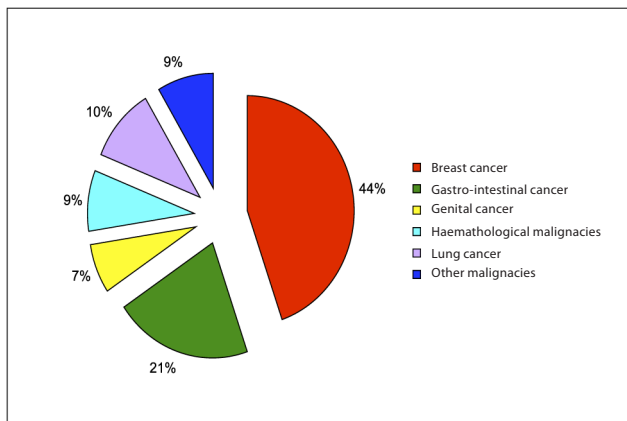


Figure 4 Ratio (%) of new patients and the patients treated in the psychooncological centre

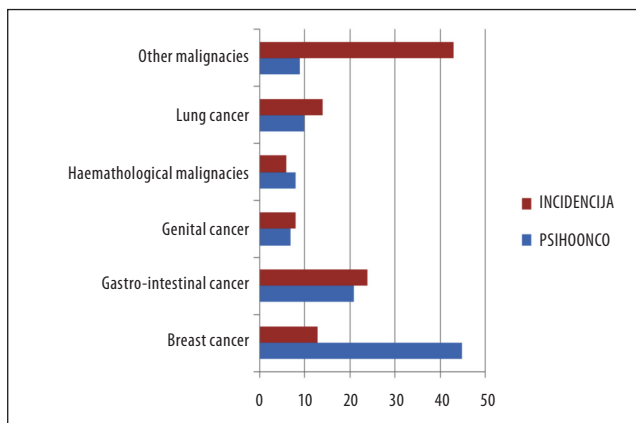


Table 1 Comparison of neutropoenia incidence in chemotherapy treatments in patients treated psychooncologically (58 patients) and the control group (60 patients)

Unwanted event	Psychoonco group n (%)	Control group n (%)	P
Neutropoenia gr.3-4 ¹	4 (7)	4 (7)	0,96

P – according to the Pearson Chi-square test

¹ NCI-CTCAE v.3.0 measurement of harmful events)

Table 2 Comparison of nausea and vomiting incidence in chemotherapy treatments in patients treated psychooncologically (58 patients) and the control group (60 patients)

Unwanted event	Psychoonco group n (%)	Control group n (%)	P
Nausea and vomiting gr.3-4 ¹	10 (7)	22 (7)	0,04

P – according to the Pearson Chi-square test

¹ NCI-CTCAE v.3.0 measurement of harmful events

Table 3 Comparison of pain intensity in chemotherapy treatments in patients treated psychooncologically (58 patients) and the control group (60 patients)

Unwanted event	Psychoonco group n (%)	Control group n (%)	P
Pain ²	5 (7)	23 (7)	0,003

P – according to the Pearson Chi-square test

² –Pain was measured according to VAS and refers to scale values 6-10

Table 4 Anxiety and depression study

	MEAN VALUE	
	BEFORE	AFTER
BAI (anxiety)	52,36	37,80
BDI (depression)	48,12	30,42

BAI *min/max* 15- 68

BDI *min/max* 21- 83

The T-test for large dependent samples showed a statistically significant difference in anxiety and depression of subjects before and after the therapy ($t = 3.88$, $SS = 57$, $p < 0.01$). The subjects had a significantly lower anxiety level and a significantly lower depression level after 6 months of therapy.

5. DISCUSSION AND CONCLUSION

The malignant disease affects the physical and the psychological component of the patient. These two components should be functionally connected by cooperation between an oncologist and a psychiatrist. Such a paradigm signalizes the necessity for a multidisciplinary approach to oncology patients.

Although the obtained results are preliminary, they clearly show a relatively high representation of patients with breast cancer. We have to point out here that this was not a real prevalence of this disease, but the fact that the breast cancer patients are relatively younger patients, well informed and show an overall awareness of their disease. On the other hand, the relatively small number of patients with prostate and lung cancer (the most common malignant neoplasm) in men in the study is interesting. Since we are dealing here mostly with male population of advanced age, especially with prostate carcinoma, with a quiet clinical picture with good prognosis, they showed little interest for psychooncological treatments.

Furthermore, in other patients a significant decrease of nausea and vomiting incidence has been achieved, as well as a decrease in pain intensity. This can be explained by a more direct connection and interaction of psychological content and the somatic part, whereas there is no change in neutropenia since the connection

is insignificant here and the processes more independent from one another.

Anxiety and somewhat less depression are present with different intensities in all patients, signalizing the need of every patient for a support therapy. Work on the decrease of these problems affects the improvement of the oncology patient's state, and thus the overall quality of life.

The results finally show that a combined approach of psychologists and oncologists brings significant results both on the physical and the psychological level of patients. That is why the present guidelines of the psychooncological counselling office of the Pula General Hospital for further activities go in two directions:

- a) training of the oncology team so that they could be able to recognize the role of the psychological content and mental mechanisms
- b) raising the awareness in patients on the effect of inadequate thoughts and negative emotions on the outcome of the treatment

Aspiring to a completeness in the treatment approach, the psychooncological counselling centre in the Pula General Hospital offers, in a concrete way, the connection of the dichotomy of the Descartes' dualism of the human being, the somatic affection and the psychological content.

LITERATURE

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