

Abstracts of the IPOS 15th World Congress of Psycho-Oncology, 4-8 November 2013, Rotterdam, the Netherlands

Oral and Symposium Abstracts

Oral Abstracts

A-1

A Pilot Study of an Intervention for Couples to Facilitate Communication Where One Member of the Couple has Advanced Cancer

Elizabeth Lobb^{1,2}, Lis Lane³, Judith Lacey², Harvey Max Chochinov⁴, Brian Kelly⁵, Meera Agar⁶, Jane Mowl¹, Matthew Links^{7,8}, John Kearsley^{8,9}, Winston Liauw^{8,9}, Jodi Lynch^{8,9}, Christina Brock⁸
¹Calvary Health Care Sydney, Sydney, New South Wales, Australia, ²The Cunningham Centre for Palliative Care, Darlinghurst, New South Wales, Australia, ³Illawarra Cancer Centre, Wollongong, New South Wales, Australia, ⁴Cancer Care Manitoba, Manitoba Palliative Care Research Unit, Winnipeg, Manitoba, Canada, ⁵The School of Medicine and Public Health, University of Newcastle, Newcastle, New South Wales, Australia, ⁶Braeside Hospital, Wetherill Park, New South Wales, Australia, ⁷Cancer Care Centre, St. George Hospital, Kogarah, New South Wales, Australia, ⁸Faculty of Medicine, University of New South Wales, Kensington, New South Wales, Australia

BACKGROUND: The impact of advanced cancer on close relationships can contribute to suffering in the last months of life as the patient experiences increasing symptom burden and greater disability and the family unit faces mounting psychological, existential and social challenges. Psychosocial interventions directed to couples can reduce distress levels and provide an opportunity for relational growth. However, such interventions may not be desirable for this population, nor address the main concerns at this stage of care. **METHOD:** This study aimed to pilot an intervention to facilitate communication about living with advanced and incurable cancer for couples using the Patient Dignity Inventory (PDI) as the focus of a 1 hour clinical interview. Couples were recruited from oncology and palliative care at a Sydney hospital. The PDI protocol was delivered by clinical psychologists and comprised of the following; 1) The patient completed the Patient Dignity Inventory; 2) The patient's identified partner completed the PDI as they perceive the patient is feeling; and 3) The psychosocial clinician reviewed the results with the couple, summarising areas of concurrence and of discordance. **RESULTS:** 34 couples were referred; 12 consented and 9 completed the clinical interview.

The intervention was well-received by couples. Reported benefits included enabling couples to express their concerns together, identifying differences in understandings and giving 'permission to speak' with each other, particularly for men. Importantly it allowed the couple to be in control of the issues and be part of the resolution by enhancing mutual understanding of the challenges in managing advanced cancer in a supportive context. For the clinician the tool was helpful in facilitating these communications and provided a gateway for couples seeking further support. **CONCLUSIONS:** These preliminary findings suggest that a brief clinical interview has the potential to improve communication between couples. Key issues include the language used when introducing the interview to the couple, the timing - not too early and not too late in the disease trajectory and the skills of the psychologist delivering the intervention. The focus of the interview around the Patient Dignity Inventory (PDI) provided a structure which was particularly acceptable for men. For most couples the PDI confirmed that they were "on the same page" and where differences were identified it provided a forum for discussion and enhanced closeness. **RESEARCH IMPLICATIONS:** Interventions that can reduce psychosocial distress, and improve relationship satisfaction and functioning are needed for couples, without undue burden of time and effort. This pilot study has 1) evaluated the feasibility of using the Patient Dignity Inventory as the focus of a clinical interview to facilitate couple communication and 2) operationalized and established acceptability of the intervention and the suitability of a "communication specific" outcome measure to inform a future phase III trial. **CLINICAL IMPLICATIONS:** The nature and progression of cancer brings about difficult conversations between couples about plans for the future, changes in prior roles and responsibilities, and varying levels of adjustment as they respond to the increasing demands of the disease and ultimately to the death of one and the bereavement of the other. This intervention has the potential to improve couple communication and identify patient or partner distress thus allowing clinicians to address distress more directly. **ACKNOWLEDGEMENT OF FUNDING:** This study was funded by a peer reviewed grant from the Cancer

finishing. Data showed high mean scores of physical and psychological symptoms, quality of life and distress level. A high degree of acceptance (AAQ2 $M = 48.7$; $SD 14$), consistency with the values ($M = 5.5$; $SD 1.4$), psychological well being ($M = 72.7$; $SD 11.3$), while an improvement of 21 points ($SD = 17$) on the Body Image Acceptance (BIAAQ) was observed. The attendance rate was 89% and patients showed a weight loss of 6.5% at the eighth encounter ($M = 5.4$ Kg ($SD 3.5$ kg)), and a weight loss of 9.5% at the follow up (1 year). **CONCLUSIONS:** These data show that patients collaborated actively, despite high initial levels of psychological and physical distress, adhered to the encounters, completed the intervention tasks and achieved the weight loss expected of 5%. The ACT intervention thus seems feasible in the oncological context: the patients are able to manage their own thoughts in a less judgmental way, and showing a remarkable improvement in the acceptance of body image. **ACKNOWLEDGEMENT OF FUNDING:** None.

T-4

Power of the Past: A Randomized Controlled Trial to Assess Efficacy of Life Review Therapy in Palliative Cancer Patients

Gitta Kleijn¹, Irene Riepma¹, Annemarie Becker², Corien Eeltink², Anne Marie Bruynzeel², Vincent Willemsen³, Kitty Knipscheer³, René Leemans², Egbert Smit², Michiel van den Brekel⁴, Bas Steunenbergh⁵, Ernst Bohlmeijer⁶, Pim Cuijpers¹, Irma Verdonck-de Leeuw^{1,2}

¹VU University, Amsterdam, The Netherlands, ²VU University Medical Center, Amsterdam, The Netherlands, ³Ingeborg Douwes Center, Amsterdam, The Netherlands, ⁴The Netherlands Cancer Institute - Antoni van Leeuwenhoek Hospital, Amsterdam, The Netherlands, ⁵University Medical Center Utrecht, Utrecht, The Netherlands, ⁶University of Twente, Enschede, The Netherlands

BACKGROUND: In clinical practice there is an urgent need for evidence-based interventions targeting palliative cancer patients. The aim of this study is to assess the efficacy of the structured life review therapy (LRT). **METHOD:** LRT is a 4-session psychological intervention focusing on retrieving positive memories and generating a coherent and meaningful autobiography. This enables patients to re-evaluate life events and reconstruct the story of their lives, including the diagnosis of incurable cancer. We aim to include 122 palliative cancer patients in the current randomized controlled trial (RCT). Patients in the intervention group receive LRT (at their residence) and will be compared to a waiting list control group. Outcome measures include quality of life, specificity of autobiographical memory, and depressive symptoms. Additionally, qualitative interviews will be conducted to obtain insight into

how patients experience LRT. **RESULTS:** The pilot study revealed that palliative cancer patients are able to retrieve positive memories after LRT. Patients report that they appreciated the intervention and would recommend LRT to other patients. The RCT started in 2009 and will be completed by the end of 2013. Patients participating in the RCT report that they appreciate the home visits and the LRT. We encountered issues with patient recruitment during this study. Patients are often too sick or had already passed away before they were able to participate. Therefore, it is important to have intensive cooperation with health care professionals. **CONCLUSIONS:** In the pilot study, LRT is positively valued by patients and psychologists and may be an effective intervention to help palliative cancer patients improve their quality of life. **RESEARCH IMPLICATIONS:** A strategic plan was developed to improve conducting a RCT among palliative cancer patients that may be used in future studies. **CLINICAL IMPLICATIONS:** There is an urgent need for evidence based psychosocial interventions in clinical practice of palliative cancer care. If LRT proves to be effective, LRT can be implemented in clinical practice. **ACKNOWLEDGEMENT OF FUNDING:** This project is funded by The Netherlands Organisation for Health Research and Development (ZonMW).

T-5

Work it out for Carers: The Development of a Work-Focused Self-Management Tool for Informal Carers of People Affected by Cancer

Katryna Kalawsky¹, Fehmidah Munir¹, Deborah Wallis¹, Emma Donaldson-Feilder²

¹Loughborough University, Loughborough, Leicestershire, UK, ²Affinity Health at Work, Ltd, London, UK

BACKGROUND: A diagnosis of cancer and its treatment can affect the quality of life of family members and other close associates. In particular, it affects the working lives of those who take on the role of an informal caregiver since they regularly provide unpaid practical and emotional support throughout the trajectory of the illness. To help informal caregivers successfully balance their caring and work responsibilities we developed a work-related guidance tool (Work it Out for Carers). **METHOD:** The tool was developed following a systematic three-step process: 1) *Determining the content of the tool* by conducting interviews with experienced working carers ($n = 19$) and a review of existing lay literature, 2) *Tool design* by using the data gathered in step 1 together with a brainstorming exercise with the research team and 3) *Tool finalisation* by conducting an online evaluation with experienced working carers ($n = 13$) and employer representatives ($n = 17$). **RESULTS:** The outcome