Interventions:

What material / methods are available

Gerry Humphris
Outline

• Questions to ask the team

• Examples
  – Simple intervention
  – Complex intervention

• Research and Development
Questions to ask the team about introducing a psychological intervention

• Assessment of Need?
• Targeting?
• Format?
• Methods?
• Resources?
Assessment of Need?

- User specified (individuals)
- User group defined
- Professional group decision
- Satisfies a new service agreement
Targeting?

- In-pt vs Out-pt
- Selected on a key factor: cut-off point
  - HADS
  - HRQoL
  - Personal QoL
- Carers
- Mixed
Format?

- Simple
  - Single focus
    - Communication
    - Information
    - Smoking cessation

- Informal
  - Support

- Complex
  - Multiple criteria for inclusion
  - More than a single mode of operation
  - Multiple outcomes
Methods?

• Face-2-face
  – Unit based
  – Home visits
• Written
  – Leaflet
  – Manual
  – Tailored
• Computer assisted
  – Web-based
  – CD/DVD package
  – Skype
• Telephone
  – Counselling
  – Voice mail
  – Text
Resources?

• Staffing
  – Dedicated
  – Adjunct role
  – Team approach
Simple Intervention

• Two words!

• 5 minute training video
Recent study

SESSION 9: PARALLEL SESSIONS

Session 9A - Patients' Cues and Concerns

Chair: L del Piccolo, University of Verona, Italy

11:3

O9A.1 Reducing patients' unmet concerns in primary care
J Heritage*1, J Robinson2, M Elliott3, M Beckett3, M Wilkes4: 1UCLA, USA; 2Rutgers University, USA; 3RAND Corporation, USA; 4UC Davis, USA
How to reduce patients’ unmet concerns

• A randomised clinical trial of two interventions, with videotaping of doctors’ visits
Intervention

• Randomly assigned to solicit additional concerns by asking one of the following questions:
• “Is there ANYthing else you want to address in the visit today”
Intervention

• Randomly assigned to solicit additional concerns by asking one of the following questions:
  • “Is there ANYthing else you want to address in the visit today”
  • “Is there SOMEthing else you want to address in the visit today”
Outcome measures

• Concerns listed in pre-visit questionnaire that were not raised by patient and/or addressed by GP
• Visit time
• Unanticipated concerns
Results

• 49% sample listed more than one pre-visit concern

• Patients with more than one pre-visit concern gave more affirmative responses to the SOME (90%) than the ANY (53%) form of the intervention (p=.003)
Interpretation

- The negative polarity of the single word ‘any’ vitiates the opportunity provided by the question to raise unmet concerns.

- Same result may occur with the ubiquitous “Do you have ANY questions”
Simple ‘interventions’

• Using QoL assessment in Out-Pt clinic

• Offering flexible support service

• Designing input to patient dependent on QoL assessment
Research and Development
Disclosing and responding to cancer “fears” during oncology interviews

Beach et al. (2005) Soc Sci & Med
Case

- Headteacher at high school
- Diagnosed with chronic lymphocytic leukemia (CLL)
- Attends out-patient clinic with spouse
Patient

“Well, for the first winter in a long – I used to get one cold a winter. This winter I had four.”

“And (1.9) psychologically I might be adding to all this because once I heard CLL, and I knew what my brother went through

“I don’t know what the mind is doing [right now]

Oncologist

“No chills or any ah signs of an infection anywhere?”

“Mm, hm”

“Mm, hm”

“Mm, hm”

 “[Mm, hm] Mm, hm”

 “[Mm]”

Spouse

“Well in addition [um]..”

“..our son had-had 4 or 5 colds and he seldom gets one either.”
Disclosing and responding to cancer “fears” during oncology interviews

Patient concerns are exhibited “in the midst of volunteering narrative information about their medical history and experiences with symptoms”

Beach et al. (2005) Soc Sci & Med
Disclosing and responding to cancer “fears” during oncology interviews

Patient concerns are exhibited “in the midst of volunteering narrative information about their medical history and experiences with symptoms”

• Reports about family members of friends
• Indirect references to cancer and symptoms
• Dysfluencies
• Temporal benchmarks and quandaries
• Embodied contradictions (smiles and grimaces)
• Ambiguities (“tingling” within a numb region)

Beach et al. (2005) Soc Sci & Med
MRC Framework for the evaluation of complex interventions

- **Theory**
  - Explore relevant theory and evidence to ensure best choice of intervention and predict confounders
  - Pre-clinical – Phase 0

- **Modelling**
  - Identify components of required intervention and the underlying mechanisms, explore how intervention might work in practice
  - Phase I

- **Exploratory Trial**
  - Describe the components of the intervention, test its likely effects and protocol for comparative study, continue to revise intervention
  - Phase II

- **Definitive RCT**
  - Test fully developed intervention compared to alternative/control in appropriate comparative protocol in study with appropriate statistical power
  - Phase III

- **Long-term implementation**
  - Determine whether others can replicate the results by testing in multi-centre studies
  - Phase IV

*Continuum of increasing evidence*
Recurrence fears influence distress in head and neck cancer patients

Gerry Humphris
Laura Hodges
Ray Lowry
Gary Macfarlane
Tatiana Macfarlane
Tricia McKinney

Quality of Life in Head & Neck Cancer 5th International Workshop
The **AFTER** intervention for fears of recurrence of cancer

- **A** djustment, *to the*
- **F** ear,
- **T** hreat,
- **E** xpectation *of*
- **R** ecurrence
Results of AFTER intervention

- Reduction in Recurrence fears
- Increase in Global QoL
- High acceptability

- No long term effects
- Evidence for mismatch of timing of intervention
Aims

- To examine the relationship of FoR and psychological distress over two key stages of the treatment and immediate recovery phases of head and neck cancer patients.
Two alternative hypotheses

1. Specific illness fears effect general distress
Two alternative hypotheses

1. Specific illness fears effect general distress
2. General distress effects illness fears and other beliefs
New Study

• The FORPSYCH Project (Fears of Recurrence and Psychological Distress) is a prospective investigation attached to the UK arm of the European ARCAGE study.
Methods

• Patients were recruited from 3 UK centres - Manchester, Edinburgh/Glasgow and Newcastle.

• Interviews were conducted with recently diagnosed patients with head and neck cancer on 3 occasions
  – Rx phase
  – Immediate post Rx
  – Medium term post Rx (3 months later)
Methods: Time line

A

Diagnosis → Rx Phase → Immediate Post Rx → Immediate Post Rx → 3 months Post Rx

B
Methods 1

• **Inclusion criteria**
  – being aged between 18 and 80 years,
  – living within one of the study areas,
  – self-defined ethnicity as white British/White other (using UK census classification), and
  – diagnosis of a histologically confirmed primary tumour for the following International Classification of Diseases version 10 (ICD-10) codes: C0-C10, C12-13, and C32.

• **Exclusion criteria**
  – all secondary tumours,
  – subjects who did not have English as a first language, and
  – consultants considered the patient inappropriate
Methods 2

• Measures in all interviews included:
  – Hospital Anxiety and Depression Scale,
  – Worry of Cancer Scale,
  – Concerns Check List, and the
  – University of Washington QoL Scale.
Methods 3

• Statistical analyses
  – Employed Structural Equation Modelling approach using AMOS 6.0
Proposed: 2 Wave prospective Model
Proposed: 2 Wave prospective Model
Proposed: 2 Wave prospective Model
Structural Equation Modelling
Results
Transition:

Treatment phase

FoR\(^1\) \rightarrow Distress\(^1\) \rightarrow Distress\(^2\) \rightarrow FoR\(^2\)

Recovery phase

FoR\(^2\) \rightarrow Distress\(^2\) \rightarrow Distress\(^3\) \rightarrow FoR\(^3\)
Results Summary

• Following the treatment phase FoR influence psychological distress (controlling for the reciprocal effect).

• During the recovery phase the emotional response to treatment tends to stabilise with evidence for distress governing FoR.
Finding

• Research points to the design of interventions to:
  – moderate patient beliefs about recurrence, and
  – reduce FoR should be considered during the *immediate* post-Rx phase and before medium term recovery period
Conclusions

• Interventions require commitment and long term support from Units.
• Creative design
• Exciting time
• Entering a new era!
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Thank you!

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