

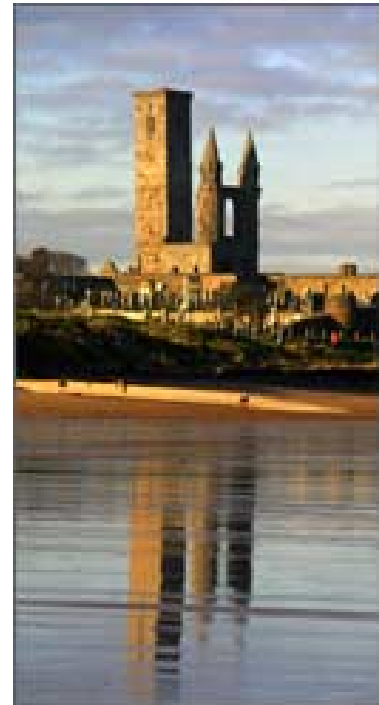
# Interventions:

## What material / methods are available

### Gerry Humphris



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# 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

EACH 2006 Conference

INTERNATIONAL CONFERENCE ON COMMUNICATION IN HEALTHCARE 2006

5-8 September 2006 – Basle, Switzerland



## SESSION 9: PARALLEL SESSIONS

Session 9A - Patients' Cues and Concerns

**Chair:** L del Piccolo, *University of Verona, Italy*

**11:3**

**5**

### **O9A.1 Reducing patients' unmet concerns in primary care**

J Heritage\*<sup>1</sup>, J Robinson<sup>2</sup>, M Elliott<sup>3</sup>, M Beckett<sup>3</sup>, M Wilkes<sup>4</sup>: <sup>1</sup>*UCLA, USA*; <sup>2</sup>*Rutgers University, USA*; <sup>3</sup>*RAND Corporation, USA*; <sup>4</sup>*UC 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 **ANY**thing 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 **ANY**thing else you want to address in the visit today”
- “Is there **SOME**thing 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
  - Velikova et al (2004) J Clin Oncol
- Offering flexible support service
  - Petruson et al (2003) Head Neck
- Designing input to patient dependent on QoL assessment
  - McLachlan et al (2001) J Clin Oncol



# 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

Excerpt 9 OCjpegs: “mind is doing”



# Patient, Spouse and Oncologist

## 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]”*

## 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

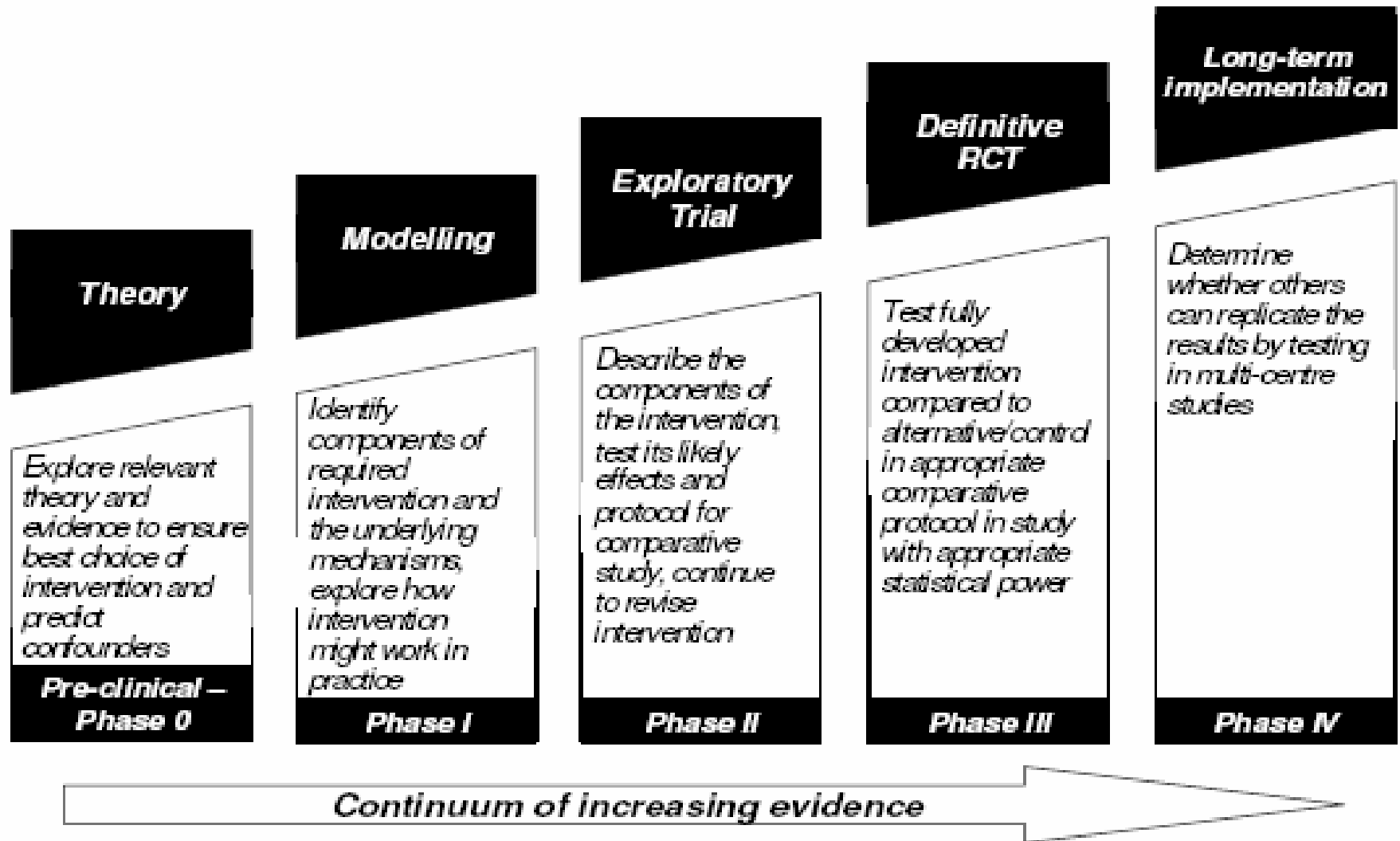
Patient concerns are exhibited “in the midst of volunteering narrative information about their medical history and experiences with symptoms”

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

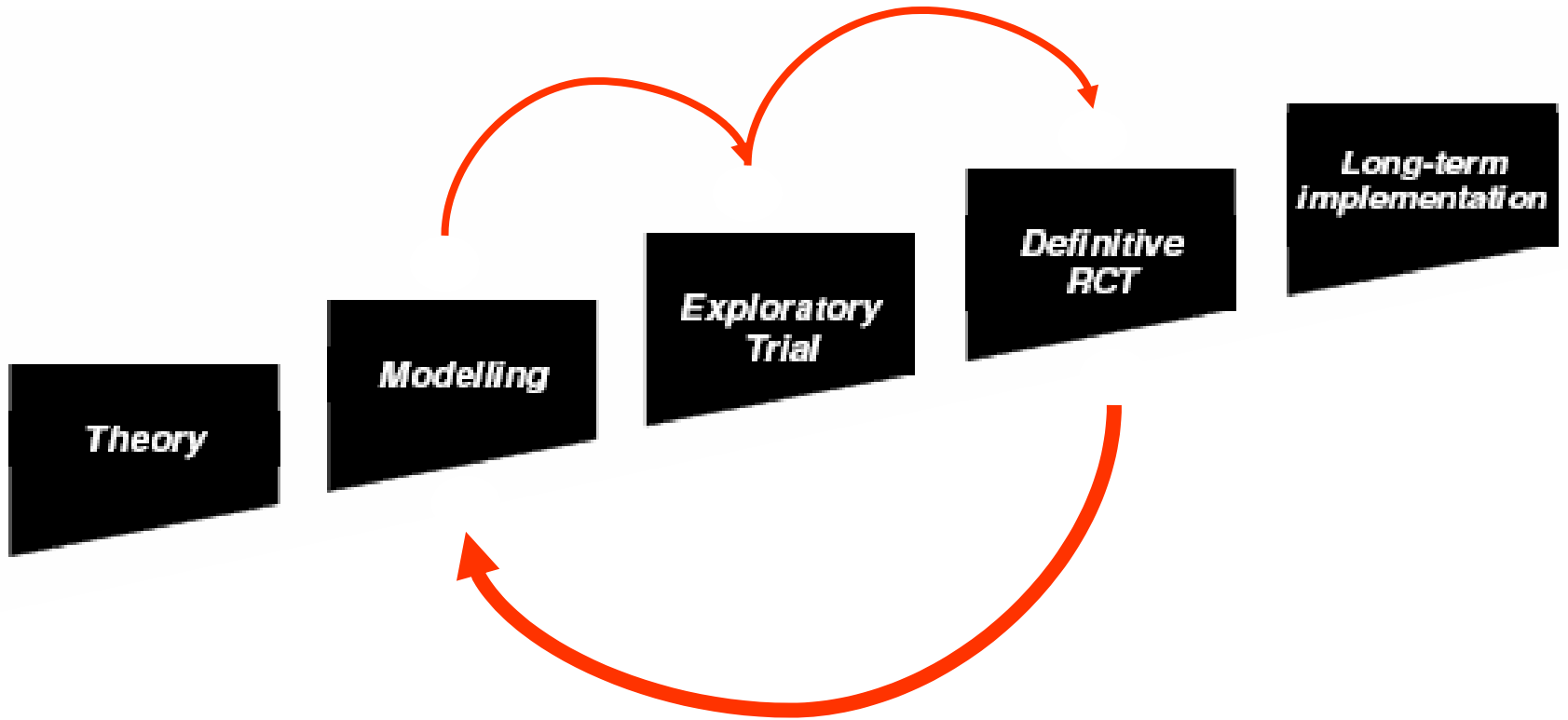
Beach *et al.* (2005) Soc Sci & Med



# MRC Framework for the evaluation of complex interventions







# Recurrence fears influence distress in head and neck cancer patients

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



# 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



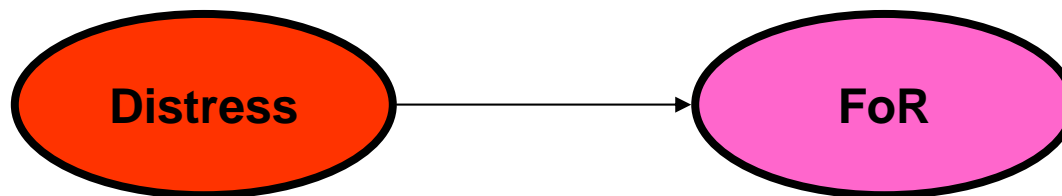
# Two alternative hypotheses

## 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

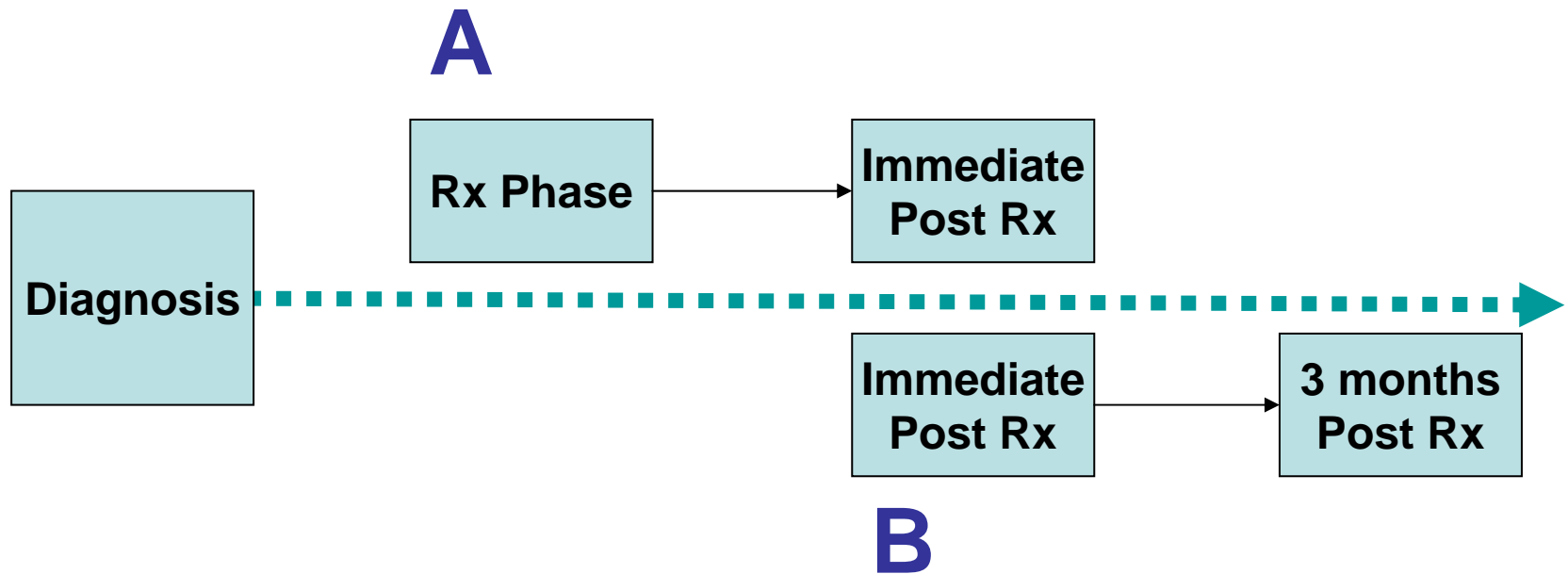




# Methods

- 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



# 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.

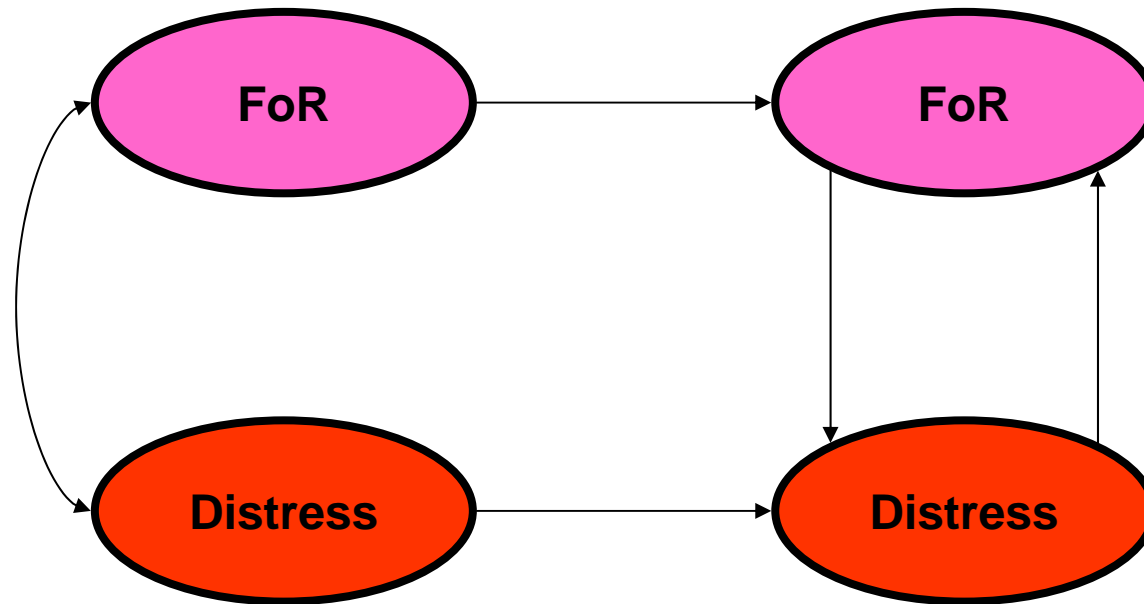


# Methods 3

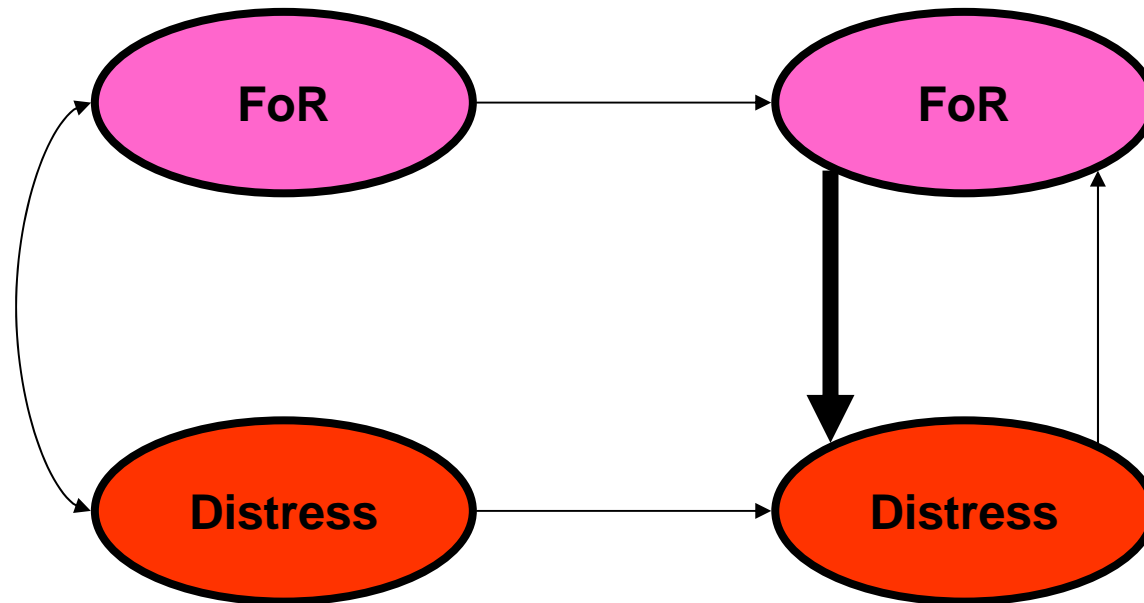
- Statistical analyses
  - Employed Structural Equation Modelling approach using AMOS 6.0



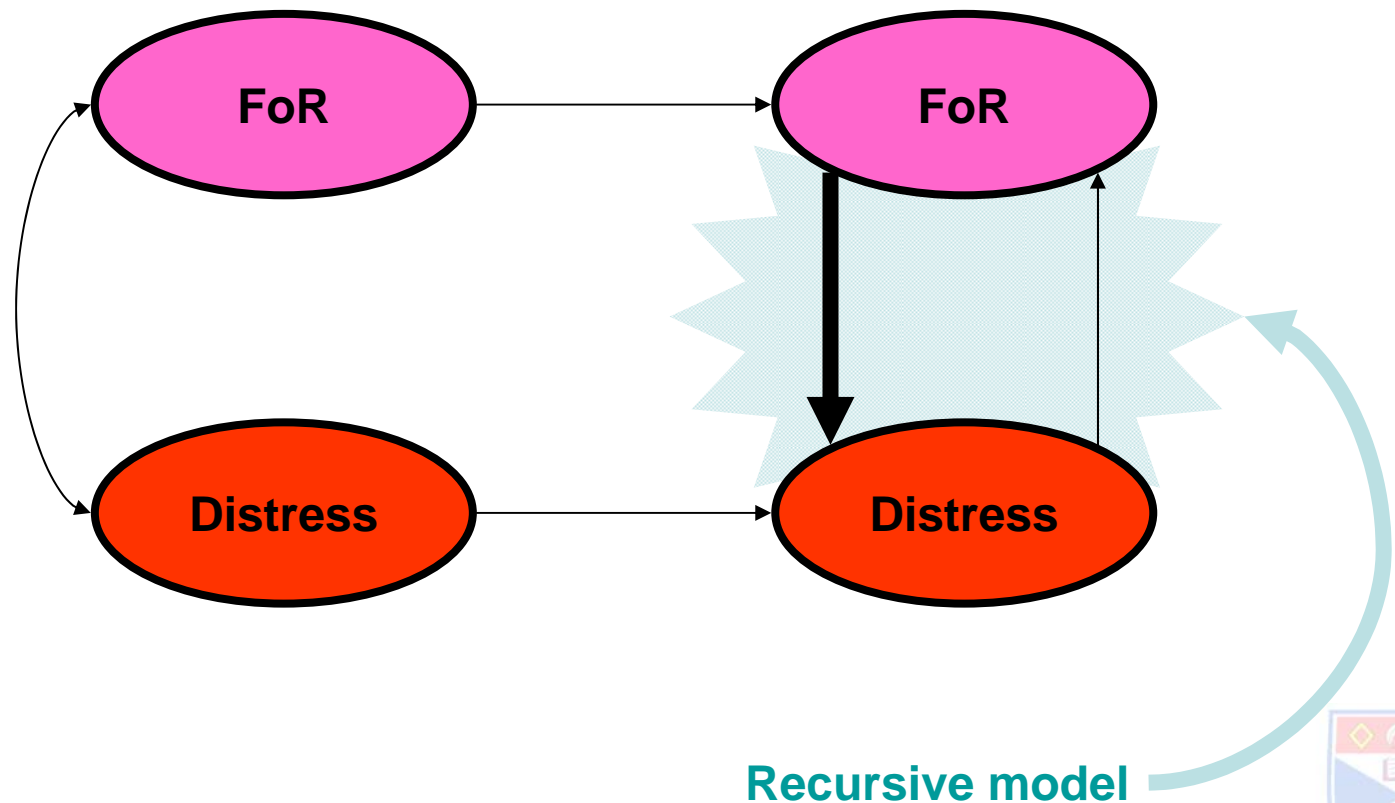
# Proposed: 2 Wave prospective Model



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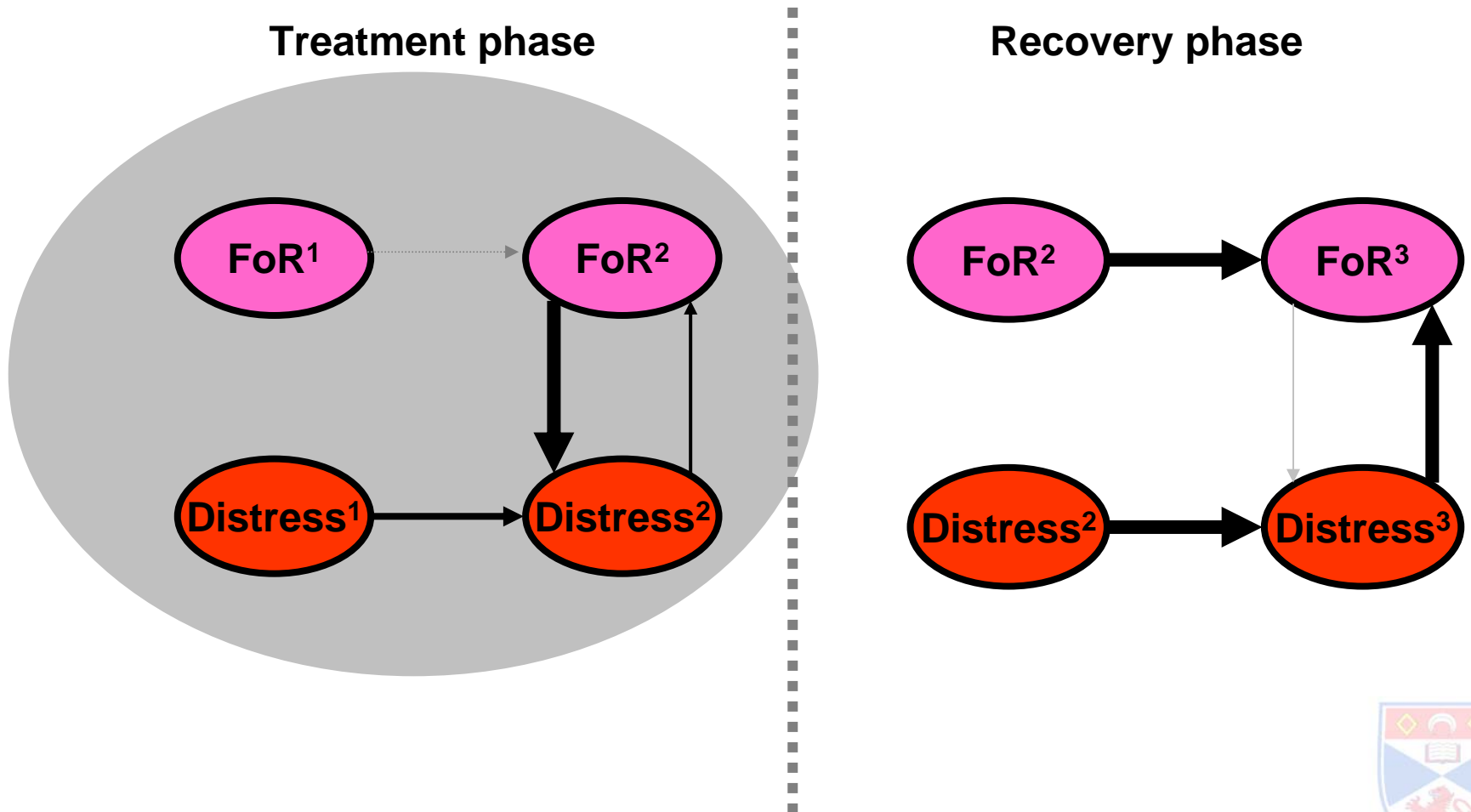




# Structural Equation Modelling Results



# Transition:



# 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!



# Acknowledgements

- Support from CR-UK ref: C1262/A2852



# Thank you !

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