



Do cancer patients with high levels of distress benefit more than less distressed patients from outpatient art therapy?



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ABSTRACT

Purpose: Several studies have evaluated the effectiveness of art therapy for cancer patients. Our aim was to determine the effects of outpatient art therapy on the quality of life (QoL) of highly vs. less distressed cancer patients.

Methods: Participants completed the EORTC QLQ-C30 to measure QoL and the HADS to measure distress level before the intervention (t1), after completing the intervention (t2), and 6-months after t2 (t3). We performed analyses of covariance with repeated measures to test for group differences (highly vs. less distressed). We determined clinically relevant change scores and effect sizes in QoL domains (t1-t2; t1-t3) in patients with low vs. high levels of distress.

Results: 53 patients participated at all three measuring points. Less (N = 22) vs. highly distressed patients (N = 31) differed at baseline and follow-up in their global QoL (mean t1:64.0 > 44.6; t2:65.5 > 55.6; t3:66.0 > 51.6; p = 0.01), emotional functioning (t1:65.2 > 37.4; t2:69.3 > 44.6; t3:57.8 > 48.5; p = 0.01), social functioning (t1:65.2 > 41.9; t2:77.3 > 52.7; t3:73.5 > 54.3; p = 0.01), cognitive functioning (t1:76.5 > 57.5; t2:74.4 > 62.4; t3:77.3 > 62.9; p = 0.02). There was no evidence of changes in physical functioning, role functioning, fatigue, pain, or insomnia. Interactions between distress, QoL, and time were not found. Effect sizes for clinical changes in QoL were medium regarding role functioning ($Diff_{t1-t3} = -14.4$), fatigue ($Diff_{t1-t3} = -12.6$) in the total group as well as in highly and less distressed patients.

Conclusion: No evidence of outpatient art therapy having an effect on QoL in cancer patients over time was found, in patients with either high or low levels of distress at baseline. Consequently, it remains unclear which patients benefit the most from art therapy.

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1. Introduction

In addition to the physical stress of cancer and cancer treatments, cancer patients also suffer from mental distress as they are confronted with death and changes in their environment and identity (Singer et al., 2007). Krähenbühl et al. (2007) found increased anxiety in 25%, and increased depression in 20% of outpatient cancer patients. A meta-analysis (Singer et al., 2010) showed that 32% of cancer patients experience some form of psychological co-morbidity. In a German study, the prevalence of mental disorders was 32% for cancer patients in acute care,

rehabilitation and aftercare (Mehnert et al., 2014).

The aim of psycho-oncological interventions is to support coping processes and to improve cancer patients' mental health and quality of life (QoL). One form of psycho-oncological intervention is art therapy. According to German and international guidelines, art therapy is an established essential treatment approach in medical-clinical departments („good medical practice“). (dfkgt). In Germany, art therapy is defined as a resources-, experience-, action- and relationship-oriented method to support coping with suffering, crises, and diseases (Mechler-Schönach and von Sprei, 2005). Regularly carried out, art therapy can change behavior and support the development of the personality as well as coping strategies. Art therapy enables cancer patients to express themselves through pictures, metaphors, and symbols (Mechler-Schönach and von Sprei, 2005). This in turn activates patients'

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own inner resources. A practical implementation of art therapy elements for cancer patients can be found in the program “We can weekend” designed by Johnson et al. (1986). More art therapy programs have been developed and practiced since then. However, the examination of the effectiveness of art therapy in psycho-oncology is still a relatively young discipline (Mechler-Schönach and von Spreti, 2005).

Various positive effects of art therapy have been documented by qualitative and quantitative studies. Wood et al. (2011) and Geue et al. (2010) have summarized these results in systematic overviews. Wood et al. (2011) included 14 publications and found moderate effects on psychological symptoms, QoL and coping. Moreover, there was evidence of positive effects on fatigue. Geue et al. (2010) reviewed 17 studies and concluded that art therapy often decreases anxiety and depression and may improve QoL. Archer et al., (2015) reviewed ten randomized controlled trials with creative psychological interventions and found improvements in anxiety, depression, QoL, coping, stress, anger, and mood.

The included art therapies are very heterogeneous in terms of their theoretical approaches and subject focus. Furthermore, the framework conditions such as duration, frequency, art materials, and setting differed between the studies (Geue et al., 2010). For example, Nainis et al. (2006) offered an in-hospital a one time, 1-h art therapy session in which the patients could freely choose between materials and contents. Grulke et al. (2006) developed an open group program biweekly sessions for the medical oncology ward of a university hospital. This intervention did not require regular participation of the patients and was not based around prescribed topics. Monti et al. (2012) applied an eight-week program with structured mindfulness practices and elements of art therapy. Most of these studies examined the effect of art therapy on cancer patients in the acute care setting. Given that cancer is usually a long-term process, it is surprising that, so far, few art therapy programs exist for implementation in the outpatient setting (Geue et al., 2010).

To date, the effects of art therapy have usually been investigated irrespective of patients' levels of mental distress. Monti et al. (2013) stratified by age and stress level when they compared a mindfulness-based intervention with art therapy elements with an educational support program for breast cancer patients. They reported that participants with high distress levels had substantially better outcomes in the mindfulness intervention than in the educational support program. It has been shown that the benefit of psycho-oncological interventions in general depends on baseline distress (Faller et al., 2013). This must therefore also be taken into account when analyzing art therapy trials.

The aim of this study was to evaluate the effect of an outpatient art therapy intervention on adult cancer patients' quality of life by taking into account their baseline levels of distress.

2. Methods

2.1. Design

In a prospective non-randomised trial, adult cancer patients who had completed their primary cancer treatment, received art therapy in an outpatient setting. Participants completed questionnaires assessing their mental health and QoL before starting the intervention (t1), upon intervention completion (t2), and 6 months after t2 (t3).

The study was approved by the local ethic committee of the Medical Faculty of the University of Leipzig (No.232–2007).

2.2. The art therapy

Art therapy was provided for outpatients with cancer by an artist with psycho-oncological training. The intervention was developed by an artist and a psycho-oncologist under the supervision of an experienced art therapist and a psychotherapist. The intervention focuses on the participants' resources and aims to enable them to both experience and express their emotions and thoughts in a safe group situation. The program is comprised of 22 weekly 90-min sessions. The groups consisted of five to eight patients each and were mixed regarding gender and age. The intervention took place in three phases, each with its own aim and methods. In phase I (sessions 1–7), the participants learned how to use structured material and practiced experimental drawing. In phase II (sessions 8–13), patients started to express their own ideas (personal thoughts and feelings) and make use of watercolour. In phase III (sessions 14–21), each participant created a book telling his own story. Making this book facilitates the expression of feelings and ideas about themselves, their relevant others, and the disease. The artist guides the creative process and provides practical help. Session 22 is for wrapping up. Aims of the art therapy are: expansion of expressing ways, improvement of mental health and coping.

2.3. Procedure

We used a variety of approaches over a period of about 20 months (October 2007–May 2009) to recruit participants. We enrolled cancer patients by introducing the study to staff members of hemato-oncological units in acute care hospitals, rehabilitation clinics, and oncological medical practices. Furthermore, patients treated at the Medical Oncology ward of the Leipzig University Hospital were informed about the study and intervention by post. We also invited patients being treated at our department's Psychosocial Counseling Center to participate. In addition, advertisements were placed in local newspapers, in Medical Oncology practices, and on the institution's website. If candidates were interested in participating, we met with them in person to give them more information. The art therapy sessions took place at the Psychosocial Counseling Center of Leipzig, University Medical Center.

More details on the study design and the art therapy can be found in the following publications: Geue et al. (2012, 2011), and Singer et al. (2013).

2.4. Measures

Self-report questionnaires were used to assess sociodemographic and clinical data. Sociodemographic data included age, gender, family status, partnership, education level, and occupation. Cancer diagnosis and amount of time elapsed between the date of the cancer diagnosis and the beginning of the intervention were collected for disease-related medical data.

Furthermore, several standardized questionnaires were used to examine the effectiveness of the program. Although mental health and QoL were the main outcomes, we also used questionnaires to measure coping and posttraumatic growth.

2.5. Hospital anxiety and depression scale

Psychological distress was measured using the German version of the Hospital Anxiety and Depression Scale (HADS) (Herrmann et al., 1995; Zigmond and Snaith, 1983). This instrument consists of 14 items, seven for measuring anxiety and seven for measuring depression rated on a 4-point Likert scale ranging from 0 to 3. Scores range from 0 to 21, whereby high values indicate higher

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