

Original Article

The Utility of Videoconferencing to Provide Innovative Delivery of Psychological Treatment for Rural Cancer Patients: Results of a Pilot Study

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Abstract

The unmet psychological needs of rural cancer patients are numerous. Telepsychology is a novel and feasible option that may provide cost-savings and help overcome inequalities in access to specialists. This is the first known study of psychological treatment for people with cancer delivered entirely via videoconferencing. We hypothesized that a telepsychology service would improve rural cancer patients' anxiety and depression levels and quality of life, and would be an acceptable, satisfactory, and practical mode of service delivery. Twenty-five cancer patients attended an average of three sessions with a clinical psychologist providing brief cognitive-behavioral therapy. Questionnaires were completed at pre-, post-, and 1-month follow-up. Patients benefited in terms of anxiety ($P = 0.01$) and quality of life ($P = 0.04$). The service was both practical and acceptable. These preliminary positive results provide a firm basis to conduct a randomized controlled trial of face-to-face interaction vs. videoconferencing. J Pain Symptom Manage 2006;32:453–461. © 2006 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Psychological intervention, cancer, videoconferencing, rural, telepsychology, cognitive behavior therapy, remote counseling, telepsychiatry

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This paper is dedicated to Mary Hicks who was CNC in oncology in Tamworth, NSW for many years, and more recently, Area Coordinator of Cancer Services for NEAHS.

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Introduction

Many surveys of cancer patients report a high level of psychological need.¹ Specifically, up to half of all cancer patients will qualify for a diagnosis of depression and/or anxiety disorder at some stage during treatment.² Historically, much distress among cancer patients goes undetected and untreated.³

The psychological needs of rural cancer patients are possibly greater than those of their urban counterparts.^{1,4} Issues include lack of specialist care, lack of local treatment options, geographical isolation, fewer supports, stigma and confidentiality, and disruption of routine, consequently leading to a financial impact upon families.⁴⁻⁶ Furthermore, psychological distress may increase health care costs and prolong medical treatment; hence, early identification and intervention may produce a significant, positive financial impact.⁷ There are, however, far fewer health professionals in rural areas trained to treat psychological problems.⁸ Hence, there is a real need to explore alternative service delivery options that may be appropriate to help rural patients access appropriate psychological support.

Randomized controlled trials have demonstrated that psychological interventions in oncology can reduce psychological morbidity, pain, and emotional distress.^{9,10} Furthermore, clinical practice guidelines recommend clinical psychologists in oncology settings.¹¹ Clinical psychologists working in multidisciplinary oncology teams provide specialist knowledge and skills, including cognitive-behavioral assessment and treatment individualized for the unique needs of each patient. Yet, there are few such positions in nonurban treatment centers.

The efficacy or acceptability of a telepsychology service (using videoconferencing) for cancer patients has not yet been established. However, a number of studies have found evidence to support the efficacy and acceptability of telepsychology with other clinical populations,¹² tele-oncology,¹³ telepsychiatry,^{14,15} and telephone counseling for cancer patients and their families.¹⁶ A recent review found videoconferencing to be a feasible and satisfactory means of service delivery, and capable of yielding positive outcomes.¹⁷ The first study to demonstrate that patients treated via video had similar levels of symptom improvement

and remission of depression to those treated in person was recently published.¹⁸

Telepsychology is a novel and feasible option that may provide cost-savings for rural health services; for example, reduction in the cost of travel assistance for the rural patient to reach psychosocial services. In addition, there are indirect costs to the patient that may be averted, including unnecessary distress, disability, and poor quality of life.

The New South Wales (NSW) Department of Health funded a telepsychology service for oncology patients in the New England region of NSW (NEAHS). New England is a rural area located more than 400 km from Sydney and covering almost 100,000 km². It services a population of 175,000. In this region, oncology clinics are held weekly, staffed by visiting medical oncologists who fly in for the service. There are no cancer-specific psychological support services. When psychological problems are detected, oncologists and nursing staff have very limited options for referral, particularly those considered best practice.¹¹ The majority of psychosocial concerns are dealt with informally by nursing staff, general practitioners, and cancer physicians.

To our knowledge, this is the first study of psychological treatment for people with cancer delivered entirely via videoconferencing. We chose a psychological intervention, cognitive-behavioral therapy (CBT), which is evidence-based, short-term, and likely to be suitable to the medium.^{9,10} The service aimed to both reduce existing psychological morbidity, and, by implication, reduce the incidence of more severe, longer-term morbidity through early intervention and prevention. It was also anticipated that referral would allow identification of major disorders requiring more intensive intervention, including pharmacology or psychiatric review. Specifically, we hypothesized that 1) telepsychology services used to provide brief CBT interventions to rural cancer patients identified as having psychological needs would improve patients' anxiety and depression levels, and 2) patients' quality of life would also be enhanced, as shown by increases in emotional well-being, and to a lesser extent, functional well-being.

Through this trial, we also aimed to determine whether videoconferencing for cancer patients is an acceptable, satisfying, and practical mode of delivery. Finally, we aimed to see

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