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A randomized study of the effectiveness of a brief psychosocial intervention for women attending a gynecologic cancer clinic

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Abstract

Objectives. While there are many psychosocial interventions for cancer patients, few are brief in nature. The aim of this study was to investigate the usefulness of a single-visit psychosocial intervention for gynecologic cancer patients.

Methods. One hundred women attending a gynecologic cancer clinic as new patients were randomized to receive no intervention or a one-time meeting with a psychologist who discussed issues and concerns the woman might have about her cancer diagnosis. Thirty-eight of the women had a current or previous cancer. The women were given questionnaires measuring mood and quality of life at baseline, two weeks and three months after the intervention.

Results. At baseline, 43 of the women in the control group completed questionnaires, as did 45 women randomized to the intervention. 21 of these women received the intervention. Women who received the intervention had greater decreases in anxiety, depression and overall distress over time. The control group also had decreases in anxiety and overall distress over time, but had an increase in depression. The women in the intervention group increased in physical, emotional, functional, and overall well being, while the control group only had a slight increase in overall well being over time. The difference between the groups in emotional well being at Time 2 approached significance (p=.08). The intervention group had increases in positive coping at Time 2, while the control group decreased (p's ranged from .02–.10). Three month follow-up data were available for 23 women in the control group and 15 in the intervention group. At Time 3 functional well being was significantly higher in the intervention group (p=.04). Information seeking and affect regulation remained higher in the intervention than the control group (p's=.002 and .02, respectively). When the women with cancer or previous cancer were examined, significant differences were seen for affect regulation at baseline (p=.0007), and anger two weeks later (p=.04), with the women in the control group being more angry. Utilization of other cancer resources was low with 12% of the women reporting that they used the Cancer Resource Center.

Conclusions. The results of this study show that there was a positive effect towards coping and quality of life for a one-time psychosocial intervention after the first visit to a gynecologic oncology practice. Women who were randomized to the intervention but did not go were more distressed at baseline than the women who did go. This suggests that incorporating psychosocial services as an integrated part of the new patient consultation may be very important to address patient's distress. Future studies with larger sample sizes may reveal more significant differences. Strategies to overcome the poor utilization of the cancer resource center are also clearly needed to improve awareness of these resources.

Keywords: Gynecological cancer; Quality of life; Psychosocial intervention; Distress

Introduction

It is widely acknowledged that cancer patients suffer substantial psychological distress as a result of their diagnosis and treatment [1]. The impact of gynecological cancer on a

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woman goes beyond the distress of cancer and includes reproductive and sexual concerns as well as survival concerns of the “caretaker” for the family unit. Approximately one fifth of ovarian cancer patients report moderate to severe levels of general distress and over half report high stress responses to cancer and its treatment [2]. A meta-analysis of 37 published controlled outcome studies has shown that psychosocial interventions improved quality of life in adult cancer patients [3]. There is also an increasing body of evidence supporting the impact of psychosocial intervention on improved psychological outcomes including reduction of stress, better coping and adjustment and even physical outcomes such as side effects, lower recurrence and even improved survival [4–9]. Despite this evidence, there remains a paucity of studies describing the objective psychological impact of gynecologic cancer. Most importantly there is little documentation of the outcomes of specific interventions on the distress experienced by these women. Although there is public acceptance of psychological support for cancer patients, cancer centers do not uniformly provide routine and easy access to psychological support to gynecologic cancer patients at the time of their visits. This may explain why less than half of ovarian cancer patients are reported to use any mental health service or psychotropic medications despite the high incidence of distress in this population [2]. This study is the first prospective randomized controlled trial measuring objective psychological outcomes of a single counseling session with a psychologist in a population of new patients referred to a tertiary care gynecological cancer center with the new diagnosis or high suspicion of a gynecologic cancer. The purpose of this study was to quantify objectively the impact of making psychosocial support available to all new gynecologic cancer patients and assess impact of even limited support on psychosocial outcomes including quality of life, anger, depression, and coping.

Methods

Participants

Women attending a gynecological cancer clinic for the first time were randomly assigned to a one-time meeting with a psychologist or to a control group. Participants were randomized using a table of random numbers and sealing the randomization in envelopes to be opened in the order of patients seen. The envelopes were opened after consent. The 1 h meeting focused on discussing issues and concerns that the woman may have about her symptoms and potential cancer diagnosis. Participants were given questionnaires at that time and at follow-up intervals of two weeks, and three months after the meeting with the psychologist. Participants were excluded if they did not understand English and/or be deemed too ill or confused to participate.

Psychosocial measures

The measures that were used were:

1) Quality of life was assessed using the Functional Assessment of Chronic Illness Therapy, Version 4 [10]. The FACIT is a self-reported measure of quality of life designed for cancer patients. The scale is made up of 28 items designed to assess seven domains common to all cancer patients: physical well being, social/family well being, emotional well being, functional well being, and spirituality, with separate additional subscales for different cancers that pertain to specific symptoms of each type of cancer (for ovarian cancer e.g., swelling of stomach, loosing weight, vomiting, appetite, hair loss, etc.) The scale has good concurrent reliability and validity.
2) Mood was measured using the Profile of Mood States [11]. It is made up of 65 items that are divided into six subscales: tension–anxiety, depression–dejection, anger–hostility,

Table 1
Demographics

	Intervention—saw psychologist *N* (%)	Intervention — did not see psychologist	Control *N* (%)	Total	*p*
Diagnosis					
Cancer	8 (38)	14 (50)	24 (47)	45	
Pre-Cancer	1 (5)	3 (11)	7 (14)	29	
No Cancer	7 (33)	7 (25)	15 (29)	16	
Previous Cancer	4 (19)	4 (14)	4 (8)	8	
Previous GYN Cancer	1 (5)	0	1 (2)	2	
Total	21	28	51	100	
Ethnicity					
African-American	0	2 (7)	2 (4)	8	
Asian	4 (19)	2 (7)	7 (14)	13	
Caucasian	14 (67)	16 (57)	31 (61)	78	
Latina	0	2 (7)	2 (4)	4	
Missing Data	3 (14)	6 (21)	9 (18)	21	
Total	21	28	51	128	
Age					
Mean	52.2	47.2	49.8	49.6	.88
SD	13.8	12.9	13.4	14.0	
Range	30–78	27–76	27–78	24–79	