

Intervention

Does routine psychosocial screening improve referral to psychosocial care providers and patient–radiotherapist communication? A cluster randomized controlled trial[☆]

Anna P.B.M. Braeken^{a,b,e,*}, Lilian Lechner^b, Daniëlle B.P. Eekers^{a,c}, Ruud M.A. Houben^a, Francis C.J.M. van Gils^a, Ton Ambergen^d, Gertrudis I.J.M. Kempen^e

^a Department of Radiation Oncology (MAASTRO), GROW – School for Oncology and Developmental Biology, Maastricht University Medical Centre, Maastricht, The Netherlands

^b Faculty of Psychology, Open University of the Netherlands, Heerlen, The Netherlands

^c Institute Verbeeten, Department of Radiation Oncology, Tilburg, The Netherlands

^d Department of Methodology & Statistics, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands

^e Department of Health Services Research, CAPHRI School for Public Health and Primary, Maastricht University, Maastricht, The Netherlands

ARTICLE INFO

Article history:

Received 17 December 2012

Received in revised form 7 June 2013

Accepted 23 June 2013

Keywords:

Distress

Screening

Oncology

Cancer

Communication

ABSTRACT

Objective: This study tests whether using a screening instrument improves referral to psychosocial care providers (e.g. psychologist) and facilitates patient–radiotherapist communication.

Methods: A cluster randomized controlled trial was used. Fourteen radiotherapists were randomly allocated to the experimental or control group and 568 of their patients received care in accordance with the group to which their radiotherapist was allocated. Patients in the experimental group were asked to complete a screening instrument before and at the end of the radiation treatment period. All patients were requested to complete questionnaires concerning patient–physician communication after the first consultation and concerning psychosocial care 3 and 12 months post-intervention.

Results: Patients who completed the screening instrument were referred to social workers at an earlier stage than patients who did not ($P < 0.01$). No effects were observed for numbers of referred patients, or for improved patient–radiotherapist communication.

Conclusions: Our results suggest that a simple screening procedure can be valuable for the timely treatment of psychosocial problems in patients. Future efforts should be directed at appropriate timing of screening and enhancing physicians' awareness regarding the importance of identifying, discussing and treating psychosocial problems in cancer patients.

Practice implications: Psychosocial screening can be enhanced by effective radiotherapist–patient communication.

© 2013 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

About 30% of cancer patients experience psychosocial distress [1–3], the sixth vital sign [4], and is most frequently characterized by anxiety and depression [5,6]. Radiotherapy (RT) is an effective but invasive treatment for malignant tumors. Patients receiving RT are likely to experience additional stressors such as fear about the radiation treatment devices and side effects (e.g. radiation

skin damage) [7,8]. The detection of psychosocial problems is important because treatment at an early stage may improve quality of life [9–12] and minimize the likelihood of developing psychological disorders as for example major depression [12,13]. However, psychosocial distress often remains unrecognized by physicians partly because of low awareness of the existence of psychosocial problems and time pressure [8,14]. Thereby, physicians primarily focus on physical symptoms [15–17] and feel more able to help with physical rather than psychological problems [18]. Moreover, patients do not tend to report on psychological problems to their physician, because they often feel embarrassed to report, for example, depressive symptoms [19]. Thus both patients and physicians are reluctant to discuss psychological problems [20].

The growing awareness of the need to identify psychosocial problems among patients in cancer care has led to the development of screening instruments [21] to prevent the under-diagnosis of

[☆] Results were presented in part of a PhD-thesis: Ray of light. Evaluating the feasibility and effectiveness of routine psychosocial screening in cancer patients receiving radiotherapy. June 2012. Anna P.B.M. (Vivian) Braeken.

* Corresponding author at: Department of Radiation Oncology (MAASTRO), GROW – School for Oncology and Developmental Biology, Maastricht University Medical Centre, Dr. Tanslaan 12, 6229ET Maastricht, The Netherlands. Tel.: +31 088 4455624; fax: +31 0884455776.

E-mail address: vivian.braeken@maastro.nl (Anna P.B.M. Braeken).

psychosocial problems and to encourage adequate treatment in order to prevent further deterioration in patients [22]. Feedback about patients' self-reported well-being can be useful for physicians. It can increase physicians' awareness of patients' concerns and may improve patient–physician communication [15,21,23,24].

Several studies exist on the development and use of screening instruments [8,25–27]. However, it is worth noting that randomized controlled trials to study the effectiveness of these instruments rarely include patients receiving RT [28,29]. Therefore, we used an optimal design to test the hypotheses that routine screening for psychosocial problems in cancer patients receiving RT results in: (1) detection of psychosocial problems, resulting in higher numbers of patients referred to professional psychosocial care providers (e.g. psychologist, social worker) in a timely fashion, and (2) facilitation of communication between patients and radiotherapists resulting in improved patient satisfaction with radiotherapist–patient communication.

2. Methods

2.1. Study design

A cluster randomized controlled trial (CRCT) with a Solomon Four Group design was conducted (NCT00859768). We used cluster randomization in order to prevent that the same radiotherapists administers the intervention to the patients of the experimental and the control group (contamination bias) [30,31]. Therefore, radiotherapists rather than patients were randomly

allocated to the experimental or the control group. In addition, the patients received care in accordance with the group to which their radiotherapist was allocated. To check whether baseline characteristics of the patients as the level of psychosocial distress, including anxiety and depression were balanced between the experimental and control group a baseline assessment was conducted. Yet, it should be noted that this baseline assessment might influence the intervention outcome. Therefore, a Solomon Four group design with 2 experimental and 2 control groups was followed in order to eliminate possible influences from the completion of questionnaires at baseline as pre-test on the patients' reported screening outcomes. Thus, a baseline assessment was only conducted in 1 experimental and 1 control group (Fig. 1). Patients were randomized to the group with or without baseline assessment. Furthermore, this intervention study was designed as a pragmatic trial, which enables the project to give insight in the effectiveness of using a screening instrument in a real clinical radiotherapy setting. A detailed description of this design can be found elsewhere [32].

2.2. Participants

Radiotherapists working at the Institute Verbeeten (BVI), a radiation oncology department in the Netherlands, participated in this study.

Patients receiving RT were eligible if they: had a cancer diagnosis of the lung, prostate, bladder, rectum, breast, cervix, skin, endometrial or Non-Hodgkin lymphoma; were at least 18 years

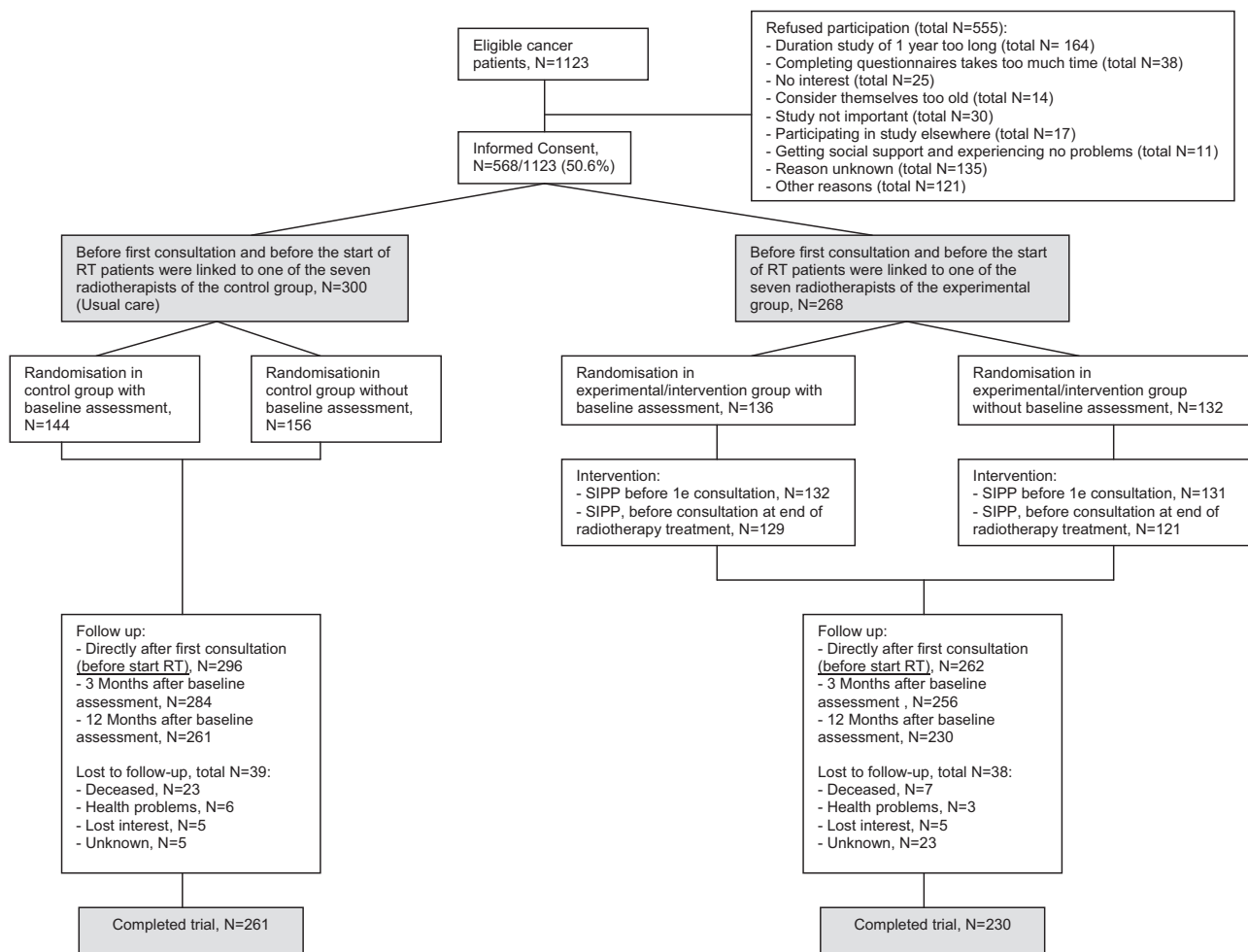


Fig. 1. CONSORT flow diagram of the cancer patients through the study.

Download English Version:

<https://daneshyari.com/en/article/6152294>

Download Persian Version:

<https://daneshyari.com/article/6152294>

[Daneshyari.com](https://daneshyari.com)