

The clinical effectiveness of a long term professionally led group for women with metastatic breast cancer delivered face-to-face and by telephone conference.

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Purpose

To investigate whether a long-term supportive-expressive group intervention, delivered in an innovative way (face-to-face & telephone), could alleviate stress symptoms and improve well-being in urban and rural women with metastatic breast cancer.

Background

Women with metastatic breast cancer, compared to those with primary breast cancer, are more vulnerable to psychological distress. Factors contributing to this include: uncertainty about the future, debilitating symptoms and treatments, and anticipated losses.

Alleviating this distress is increasingly important as medical interventions provide longer survival periods in patients. Supportive-expressive group therapy (SEGT), developed in the mid 1970s at Stanford University, seeks to make use of the 'curative factors' of group therapy (Yalom, 1995) - universality, altruism, instillation of hope, identification and group cohesiveness - to alleviate the distress of people who are dying. SEGT has been associated with improvement in quality of life and a reduction in stress symptoms for women with metastatic breast cancer (Spiegel et al., 1981, 2007; Classen et al., 2001; Kissane et al., 2007).

The challenge in Australia is to develop a means of providing such interventions to women in regional areas who experience the further disadvantage of geographical isolation.

Participants

- 16 women with metastatic breast cancer attending the group via the telephone or face-to-face for 2 years (Aug 2001 – Sept 2004).
- Mean age - 49.73 yrs (SD = 6.29 yrs, R = 42.09–62.07 yrs)
- Median time since breast cancer diagnosis: 38 m (M= 56.13 m, SD=52.46 m)
- Median time since diagnosis of metastasis: 9.45 m (M=16.79 m, SD=24.68 m)
- 14 married, 1 divorced & 1 single; 69% completed 12 years of education or more
- 8 women lived in Brisbane and 8 lived in rural regions of Queensland

Description of Service

The group, a brief account of which has been given elsewhere (Beacham et al., 2005), is similar to SEGT described by Kissane et al. (2004) and Spiegel and Classen (2000) except that it is delivered by telephone as well as face-to-face, meets for an hour per week instead of 90 minutes, and is offered as a clinical service rather than as part of a clinical trial. The framework is open-ended with new women entering the group over time, the format unstructured, with no set topics and the agenda set by participants. Participants are encouraged to have social contact outside the group. Women are recruited via referral from oncologists, surgeons, breast care nurses, a cancer helpline, other cancer support groups, other women in the group and self-referral.

Procedure

Eligibility for group membership was assessed individually in an interview conducted by the two group therapists. It was made clear that participation in the study was voluntary and would not affect their membership of the group. Women completed questionnaires (ABS & IES) prior to their first meeting (baseline) and at 6 monthly intervals thereafter. Questionnaires were either mailed to women or completed via the telephone. If women chose the latter option a non-clinical staff member administered the questionnaire.

Measures

1. **Affects Balance Scale (ABS)** (Derogatis, 1996) measures positive (joy, contentment, vigour, affection) & negative (depression, anxiety, guilt, hostility) mood dimensions. Increased well-being is associated with higher scores on the positive dimensions and lower scores on the negative dimensions.
2. **Impact of Event Scale (IES)** (Horowitz, Wilner & Alvarez, 1979) measures intrusive and avoidant symptoms as a result of a stressful event (ie., metastatic breast cancer). An intrusive item is "I have thought about the problem when I didn't mean to", and an avoidant item is "I tried not think about the problem". Higher scores indicate increased incidence of the stress response.

Results

ABS results

A repeated-measures ANOVA using Affect (positive/negative affect) & Time (baseline/1 year/2 years) revealed a significant Affect x Time interaction, $F(1.40,20.95)=14.56$, $\eta^2 = .49$, $p<.0001$. Total negative affect was significantly lower at 1 yr compared to baseline ($p<.01$), at 2 yrs compared to baseline ($p<.0001$), and also lower at 2 yrs compared to 1 yr ($p<.05$). Total positive affect was significantly greater at 1 yr compared to baseline ($p<.05$) and at 2 yrs compared to baseline ($p<.05$). See Figure 1.

IES results

A repeated-measures ANOVA using Stress Symptom (intrusion/avoidance) & Time (baseline/1 yr/2 yrs) revealed significant main effects for Stress Symptom, $F(1,15) = 10.68$, $\eta^2 = .42$, $p<.01$, & Time, $F(1.46,21.88)=7.25$, $\eta^2 = .33$, $p<.01$. Ratings of intrusion were significantly higher than those of avoidance. Total stress symptoms were significantly lower at 1 yr ($p<.05$) and 2 yrs ($p<.01$) compared to baseline. See Figure 2.

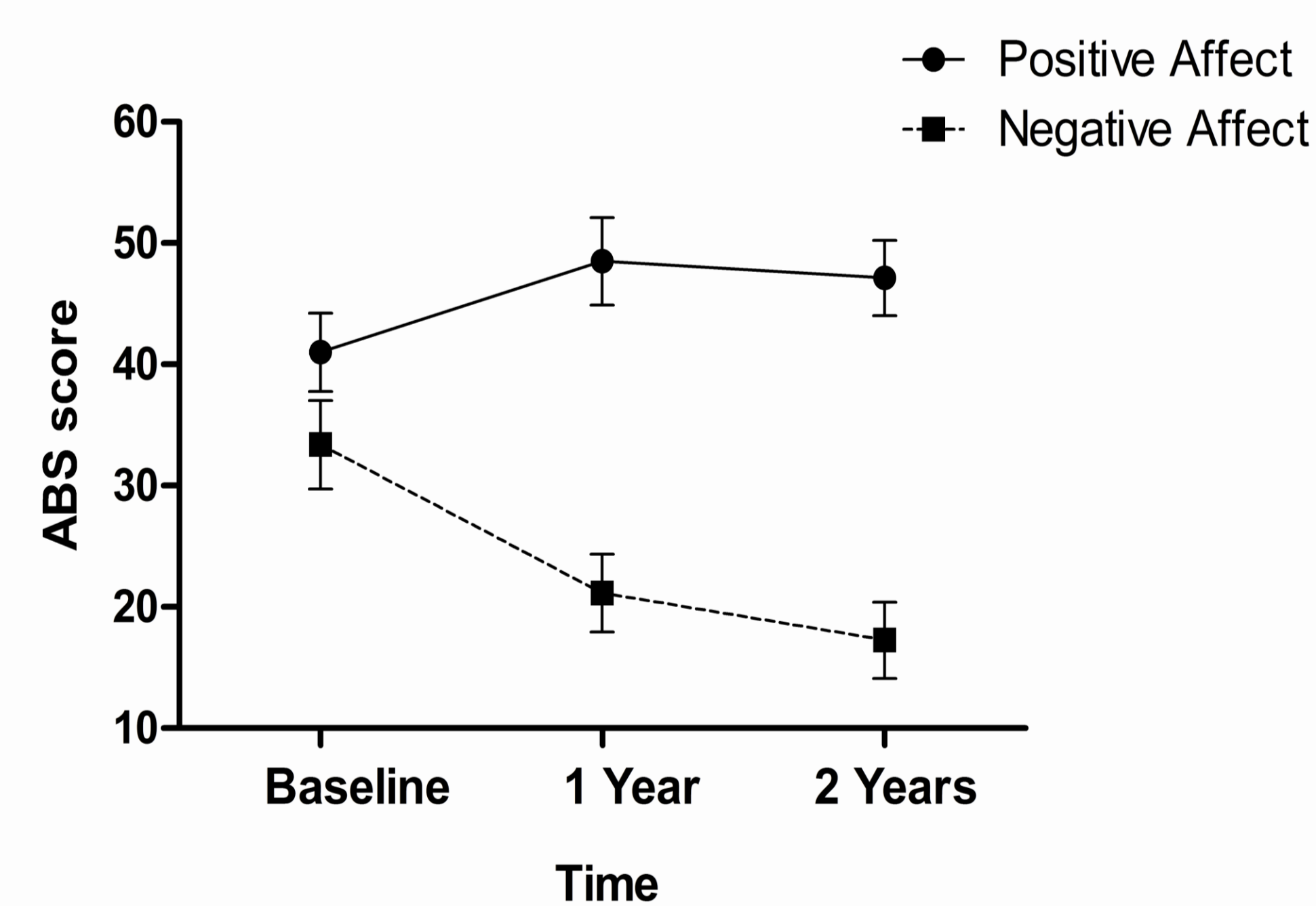


Figure 1. Raw ABS positive and negative affect totals at baseline, 1 year and 2 years

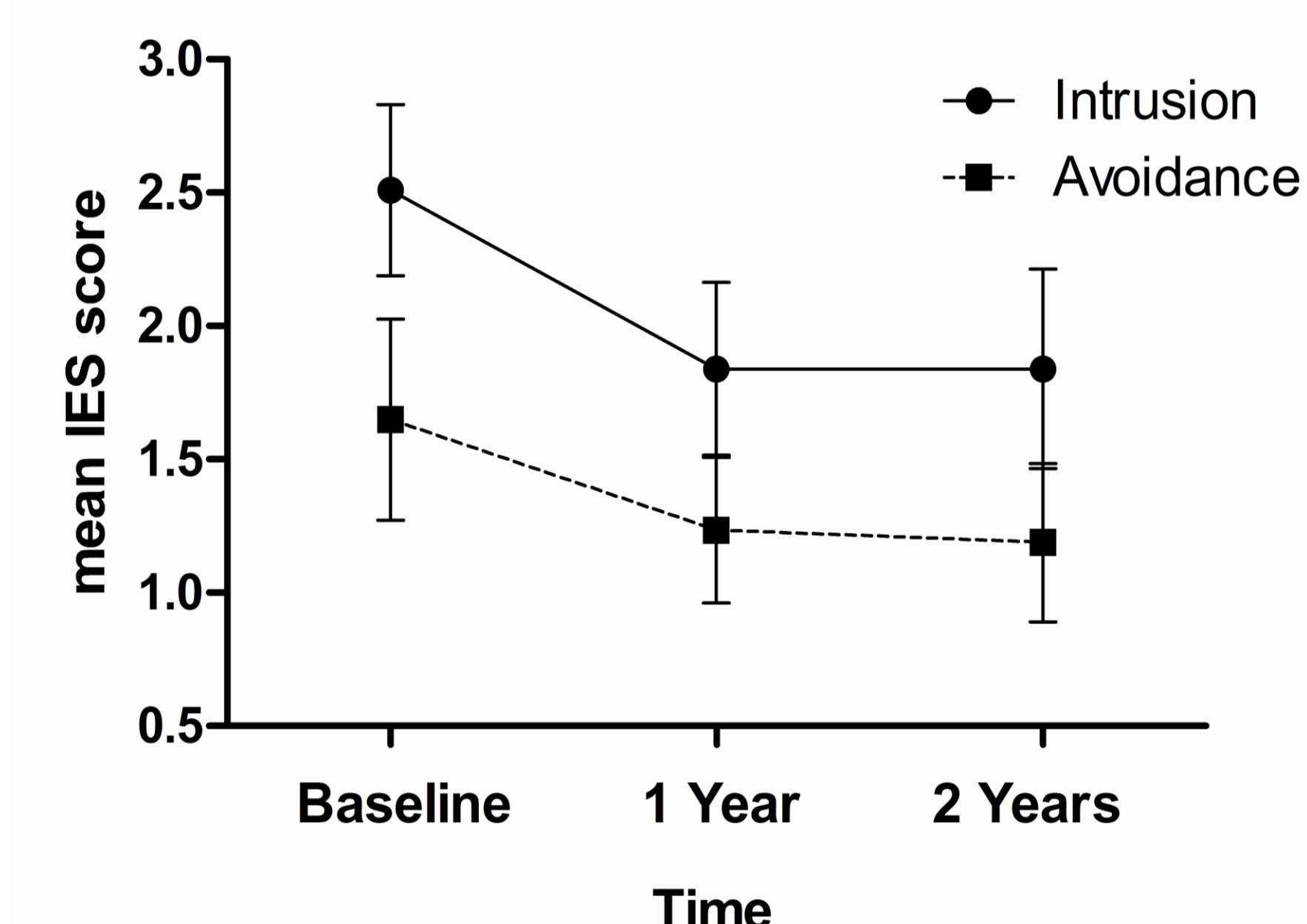


Figure 2. Mean IES Intrusion and Avoidance scores at Baseline, 1 year and 2 years

Conclusion

These outcomes show that the improvements in well-being evidenced at 1 year remained stable at 2 years and in fact showed further improvements in negative affect at 2 years. While without a control group we cannot be certain that the outcomes described are attributable to the SEGT intervention, these outcomes suggests that a supportive-expressive group intervention, delivered face-to-face and by telephone within a community setting, may be an effective means of moderating the adverse effects of diagnosis of metastatic breast cancer. Also, participation through telephone conferencing is feasible and facilitates access for women who are isolated by geography or symptoms of illness.

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