Journal watch

A cluster randomized controlled trial of cognitive behavior therapy for common mental disorders in patients with advanced cancer.

Presented by: Sunil Bananda FMR2, 27 October 2009 at Grey Nuns Tertiary Palliative care unit.

Background:

The prevalence of depression in patients with advanced disease is 15%, with a further 10–15% suffering from significant degrees of anxiety and other psychological symptoms (Hotopf et al. 2001). Cognitive behavior therapy (CBT) has been shown to reduce psychological morbidity in people with cancer, but no randomized controlled trial (RCT) exists in palliative care. The study aimed to determine whether home care nurses could be taught to deliver basic cognitive behavioral techniques and so reduce symptoms of anxiety and depression.

A total of 15 nurses participated in the study. 8 received CBT training and 7 with no CBT training. CBT training was focused to deal with commonly occurring problems in palliative care setting (helplessness and hopelessness, perceived loss of control, panic, worry, insomnia and fear of death and dying).
The nurses who were trained in CBT were assessed with Cognitive Therapy First Aid Rating Scale (CTFARS; Mannix et al. 2006) at the end of 2 year period.

The Hospital Anxiety and Depression scale (HADS) was used for selecting patients at entry point in the trial. The selected patients were randomized to CBT and control group.
45 in CBT group and 35 in control group entered in to study.
The patients were followed up at 6, 10 and 16 weeks respectively using some of the following scales and questionnaire.

The Mental Adjustment cancer scale (MAC)
The Cancer Coping Questionnaire (CCQ)
The Multi-dimensional Scale of Perceived social Support (MSPSS)
The Eastern Cooperative Oncology group (ECOG) Performance Scale.

16 in CBT group and 18 in control group completed 16 week assessment.

Primary outcome:

Individuals assigned to CBT nurses had significantly lower anxiety score over time [95% confidence interval -0.35 to -0.005, p=0.01]
No interaction and group effects were detected for depression.
The percentage of HADS cases of anxiety reduced consistently over time inCBT group at 16 weeks. (p=0.04)
There was no effect of CBT on other outcome measures.

Strengths:
1) Few RCT trials done in palliative care setting.
2) Nurses trained to use basic CBT skills reduced anxiety symptoms more than nurses not trained in these methods.
3) NHS funded study.

Limitations of Study:
1) Loss of power due to sample size.
2) Heterogeneous sample.

Relevance to palliative care:

Use of trained staff with CBT techniques to deal with anxiety and depression in people with advanced cancer is effective in relieving symptoms.
Patient's level of functioning would improve to certain extent as these CBT methods were geared towards common situations.