



# Clinical practice guidelines for the psychosocial care of adults with cancer



## *Welcome support for GPs*

**Jane Turner**, FRANZCP, is a psychiatrist, Department of Psychiatry, University of Queensland, Mental Health Centre, Royal Brisbane Hospital, Queensland.

**Brian McAvoy**, MD, FRACGP, FRNZCGP, FRCGP, FRCP, FACHAM, is Deputy Director, National Cancer Control Initiative, Carlton, Victoria.

**Karen Luxford**, BSc (Hons), PhD, is Program Director, National Breast Cancer Centre, Camperdown, New South Wales.

**Jane Fletcher**, BA (SocSci), GDipAppPsych, is Senior Project Officer, National Cancer Control Initiative, Carlton, Victoria.

The 'Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer' was launched by the Federal Minister of Health on 14<sup>th</sup> August 2003.<sup>1</sup> Developed by the National Breast Cancer Centre and the National Cancer Control Initiative and approved by the National Health and Medical Research Council in April 2003, these guidelines are the first of their kind for health professionals who treat, or are involved with cancer patients at all stages of care from diagnosis, through to treatment and palliation. The guidelines are aimed particularly at general practitioners, and cancer specialists such as radiation and medical oncologists, surgeons, nurses, social workers, psychologists, psychiatrists, physiotherapists and occupational therapists. The guidelines are based on comprehensive and systematic reviews of the international research literature and an extensive consultative process to ensure their clinical relevance. They were informed by a multidisciplinary steering group with expertise across a wide range of cancers and health professions and included consumer representation.

## Why do we need guidelines for psychosocial care for cancer patients?

### High levels of psychosocial distress

Many people diagnosed with cancer face practical, emotional and psychological demands in addition to their physical treatment. These psychological needs are significant and frequently go undetected and unmet.<sup>1</sup> Up to 35% of people with cancer experience long term psychological distress;<sup>2</sup> up to 30% experience clinically significant anxiety problems<sup>3</sup> and prevalence rates for depression range from 20 to 35%.<sup>2</sup>

### Unmet patient information needs

Many people report inadequate information

to guide decision making and others are disadvantaged because of a lack of knowledge about practical support, even when such services are available. The impact on families of those with cancer is considerable.<sup>1</sup>

### Psychosocial therapies work

Health professionals can help to substantially reduce the patient and family distress that follows the diagnosis and treatment of cancer. Evidence is accumulating that psychosocial therapies improve emotional adjustment and social functioning and reduce both treatment and disease related distress in cancer patients. The efficacy of both supportive and cognitive behavioural therapies in the treatment of depression in cancer patients has been demonstrated in meta-analyses of randomised controlled trials.<sup>4,5</sup> Similarly both individual and group

therapies have been shown to be efficacious.<sup>5</sup>

In a meta-analysis of 45 randomised controlled trials in patients with cancer, those receiving psychological therapies showed, on average, a significant improvement of 12% in measures of emotional adjustment, 10% in social functioning, 14% in treatment and disease related symptoms, and 14% in overall improvement in their quality of life, compared with those not receiving psychological therapies.<sup>6</sup> A meta-analysis of 116 intervention studies found that patients with cancer receiving psycho-educational or psychosocial interventions showed much lower rates of anxiety, depression, mood disorders, nausea, vomiting and pain, and significantly greater knowledge about disease and treatment than the control group.<sup>4</sup>

## Lack of generic guidelines

Guidelines on providing information, support and counselling for women with breast cancer<sup>7</sup> were published in 2000, but to date there have been no comparable generic guidelines that would be applicable to patients with any cancer type. The 'Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer' were developed to provide generic evidence based recommendations on:

- the provision of information
- the integration of quality of life issues into the care of patients with cancer
- minimising the social and psychological impact of cancer on patients and their families, and
- strategies for the identification and management of patients experiencing significant emotional distress.

## How do the guidelines help?

### Symptom based

The framework for the guidelines is predominately based on symptoms or patient concerns rather than specific cancer sites. Within each section (where evidence is cited in the text) a generic statement is made followed by examples from various cancers sites. Examples cover the most common cancers, ie. colorectal, breast, gynaecological, lung, melanoma, prostate, urogenital and non-Hodgkin lymphoma. Pancreatic and head and neck cancers are also included because of the high mortality associated with the former and the high morbidity associated with the latter.

### Evidence based

The evidence rating system used by the guidelines is based on the recommendations for intervention studies by the National Health and Medical Research Council's (NHMRC) Standing Committee on Quality of Care and Health Outcomes.<sup>8</sup> There are 58 summary statements supported by Level I and II evidence, arranged under 10 topic areas (*Table 1, 2*).

Significant, clinically relevant recommendations based on evidence from other than Level I or II study designs are also included in each chapter. There is also a very useful summary of the major issues by cancer type with page references for major discussion of these issues (*Table 3*).

**Table 1. NHMRC levels of evidence**

<b>Level I</b>	Evidence is obtained from a systematic review of all relevant randomised controlled trials
<b>Level II</b>	Evidence is obtained from at least one properly designed randomised controlled trial
<b>Level III-1</b>	Evidence is obtained from well designed pseudo randomised controlled trials (alternate allocation or some other method)
<b>Level III-2</b>	Evidence is obtained from comparative studies with concurrent controls and allocation not randomised (cohort studies), case control studies, or interrupted time series with a control group
<b>Level III-3</b>	Evidence is obtained from comparative studies with historical control, two or more single arm studies, or interrupted time series without a parallel group
<b>Level IV</b>	Evidence is obtained from case studies, either post-test or pre- and post-test

## Content

There are 5 chapters in the guidelines:

1. Introduction and background
2. Understanding the challenges of cancer and how people react
3. Care to be provided by the treatment team to all patients with cancer
4. Referral for specialised care
5. Issues requiring special consideration.

Within each chapter or section, recommendations are made based on the following hierarchy:

- general (generic) recommendations
- recommendations based on stage of treatment, and
- recommendations for specific cancers.

Because of their comprehensive and detailed nature, it would be impossible to cover all the material contained in the guidelines in a review such as this. However, the following provides examples of the topics covered:

### 'Chapter 2 – Understanding the challenges of cancer and how people react' covers:

- emotional and social issues – psychosocial vulnerability, stress experienced by partners and children, social impairment
- psychological issues – body image, sexuality, anxiety, depression, post-traumatic stress disorder (PTSD)
- physical issues – pain, fertility, lymphoedema, disfigurement, odour
- practical needs and financial issues – costs of prostheses/aids, travel and accommodation costs, difficulties with business dealings, legal issues related to advanced disease
- toward end of life issues – existential and

**Table 2. Topic areas covered by summary statements with Level I and II evidence**

- General interactional skills
- Discussing prognosis
- Discussing treatment options, providing information and choice
- Preparing patients for potentially threatening procedures and treatment
- Emotional and social support
- Ensuring continuity of care
- Support toward the end of life
- Exploring and responding to specific concerns
- Types and benefits of specialised care
- Treatment of anxiety and depression

**Table 3. Major issues**

Major issues (these are covered by cancer type with page references for major discussion)

- Emotional and social issues
- Psychological issues
- Physical issues
- Practical needs and financial issues
- Toward the end of life issues
- Survival issues

spiritual issues, impact of issues on family and carers, and

- survival issues – specific emotional issues, concerns about recurrence, concerns for people with familial cancers.

**'Chapter 3 – Care to be provided by the treatment team to all patients with cancer'** is the largest chapter. It contains sections on:

- general interactional skills
- providing information
- emotional and social support
- practical and financial support
- ensuring continuity of care
- support toward the end of life, and
- exploring and responding to specific concerns.

This is an immensely practical chapter, containing much information of relevance to general practitioners. The section on providing information deals with:

- telling a person they have cancer, a recurrence or metastases
- discussing prognosis
- discussing treatment options – providing information and choice
- preparing patients for potentially life threatening procedures and treatment
- preparing patients for progression from curative to palliative treatment, and
- issues for special consideration - directing people to quality cancer information on the internet.

This chapter also includes practical examples of the ways in which GPs might raise issues such as depression or other sensitive concerns with patients.

**'Chapter 4 – Referral for specialised care'** covers:

- the types and benefits of specialised care (psychological therapies, speech therapy, physiotherapy, occupational therapy, nutritional services)
- treatment of anxiety and depression, and
- how to make a referral.

The tables of types of intervention and their impact on patients with cancer and the demonstrated effectiveness of therapies/intervention techniques for specific psychological problems are particularly useful.

**'Chapter 5 - Issues requiring special consideration'** deals with:

- culture, age, geography and sexual orientation, and
- cultural sensitivities and working with

interpreters – an important issue as 15% of Australians speak a language other than English at home.<sup>9</sup>

An entire section is devoted to people from Aboriginal and Torres Strait Islander backgrounds. The section on geography will be of particular interest to GPs in rural and remote communities and the appendices are a valuable source of practical information, particularly:

- lists of contacts and support groups
- information on financial assistance for travel and accommodation
- services for people from culturally and linguistically diverse backgrounds, and
- recommended internet sites.

### Self care for clinicians

The first chapter includes a particularly relevant section on issues affecting health professionals who treat patients with cancer. This emphasises that the clinical care of patients with severe, disabling or life threatening conditions such as cancer, poses special burdens for staff, an issue that is often neglected. It acknowledges the high levels of stress experienced by clinical staff and recommends that strategies for coping must include attention to the appropriate training of health professionals.

### Access to the guidelines

Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer can be accessed at the National Cancer Control Initiative's website: [www.ncci.org.au](http://www.ncci.org.au) or hard copies can be ordered from the National Breast Cancer Centre: NBCC Locked Bag, Camperdown NSW 1450; telephone: 1800 624 973.

### Conclusion

'Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer' are the world's first comprehensive, evidence based guidelines on the social, psychological and economic aspects of cancer and how these can be better prevented, managed and treated by health professionals. They will provide welcome support to GPs who are in the front line of caring for cancer patients, their families and carers.

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### Correspondence

Email: [brian.mcavoy@ncci.org.au](mailto:brian.mcavoy@ncci.org.au)