Multi-professional lung cancer disclosure to change anxiety and depression: an exploratory study

The physician’s communication style when disclosing bad news about cancer can reportedly affect the patient’s psychological adjustment. Little is known about changes in anxiety and depression during the initial period of lung cancer diagnosis disclosure.

The primary goal of this study was to analyse the impact of a multi-professional interview for diagnosis disclosure (MIDD) on anxiety and depression in patients with newly diagnosed non-small cell lung cancer (NSCLC).

Data were obtained from a prospective study in ambulatory adults with histologically confirmed NSCLC. Depression and anxiety were assessed by the Hospitalised Anxiety and Depression Scale (HADS) twice: at admission (time 1), when the diagnosis was unknown, and after diagnosis disclosure (time 2). Median time between times 1 and 2 was 13 days. During this period, the mean length of hospitalisation was 3 days. The HADS is a 14 item scale measuring anxiety and depression. Each subscale is scored from 0 to 21, with higher scores indicating greater distress. French validation of this tool has been conducted by Razavi and colleagues.

The MIDD was structured in two steps:

1. Medical interview: the physician disclosed the diagnosis and the proposed treatment course according to medical guidelines about breaking bad news.

During this interview, the referent nurse observed the patient’s and physician’s reactions, collected data to identify themes for determining a nurse-led intervention adapted to the patient’s needs and expectations (supportive communication).

2. Referent nurse interview without the physician: she asked the patient if he/she understood the information given by the physician and reformulated the physician’s key words. The nurse then explained the details of the treatment procedures, checked how much more information the patient wished to know and responded to his/her reactions and questions.

Sixty-five patients were recruited. Twenty-four patients were excluded for the following reasons: histological diagnosis (n = 14), cerebral metastasis diagnosed between times 1 and 2 (n = 1), disclosure of lung cancer diagnosis outside of MIDD (n = 6) and refusal to answer at time 2 (n = 3). A subset of 41 patients was available for analysis: subjects were 35 men and eight women, aged 29–85 years (mean 61), performance status (PS) 0–1. There was no significant difference in distribution of gender and PS between included and excluded subjects but a significant difference in marital status (patients living alone more often in excluded subjects).

Before diagnosis, the overall prevalence rates of anxiety and depression were 51% and 19.5%, respectively. After MIDD, the prevalence rates were 44% and 27%, respectively. Mean anxiety score decreased over time (p < 0.01) although depression remained stable.

The reduction in anxiety after MIDD could be due to the fact that patients often experience anticipatory anxiety before their consultation with a physician and that, after the consultation, their anxiety generally decreases. Alternatively, there is the issue of the adequacy of the information provided by physicians. In our study, effective reformulation by the nurse of the information provided by the physician probably impacted favourably on the reduction in anxiety.

Thus in the absence of a control group, we could not conclude a real benefit of MIDD although it might be plausible. This is the first time the impact of MIDD on psychological and QOL measures has been evaluated in France.

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REFERENCES


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