

# Combined interventions ease job re-entry for cancer survivors

February 16 2011, By Glenda Fauntleroy

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For cancer survivors who wish to return to work after treatment, a new evidence review suggests that therapies focusing on a wide range of health interventions might best enable them to do so.

The number of [cancer survivors](#) has risen sharply in recent years and most find that getting back to work helps improve their quality of life. Beyond producing income, staying on the job can help survivors maintain their sense of identity and self-esteem.

Many survivors, however, experience chronic problems such as fatigue, pain and [depression](#), which can affect their ability to work and puts them at risk for absenteeism, [unemployment](#) and [early retirement](#).

Patients who receive multiple interventions are almost twice as more likely to overcome these barriers and return to work successfully than those who received normal care, the new review found.

“Multidisciplinary interventions including physical, psychological and vocational elements are indeed more effective than care as usual in return-to-work for cancer patients,” said lead review author Angela de Boer.

The authors described the quality of the available evidence as moderately high, with a relatively small number of studies meeting review criteria, said de Boer, at the Coronel Institute of Occupational Health of the Academic Medical Centre in Amsterdam.

The review appears in the current issue of The Cochrane Library, a publication of The Cochrane Collaboration, an international organization that evaluates research in all aspects of health care. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing trials on a topic.

The researchers evaluated data from 18 studies, 14 of which were randomized controlled trials. The studies, conducted in the United States and Europe, comprised 1,652 patients. Eight studies evaluated patients with breast cancer, and the rest involved patients with prostate cancer and gynecological cancers.

Studies included four types of interventions: psychological, physical, medical and multidisciplinary. The multidisciplinary interventions combined physical exercises with patient education, counseling, biofeedback-assisted behavioral training or vocational counseling. None of the studies, however, focused on vocational interventions alone to address employment issues.

“We were surprised we could not identify any vocational interventions,” de Boer said. “We also found remarkably few physical interventions which include physical training such as walking, physical exercises such as arm lifting or training of bodily functions such as vocal training, which evaluated the effect on return to work.”

Steven Passik, a clinical psychologist at the Memorial Sloan-Kettering Cancer Center, specializes in palliative care and symptom management. He said that the review’s findings did not surprise him: “Fatigue, pain and similar problems are all multifaceted and a comprehensive approach is called for.”

Although the reviewers concluded that a hospital is the most “apparent setting” for multidisciplinary interventions because all the providers are

located under one roof, Passik said that care of this type is not commonly available in the United States.

“Return-to-work programs as such are few and far between,” he said. “It’s one thing to have a ‘Pain in Survivors’ or ‘[Fatigue](#) in Survivors’ program, but we need more multidisciplinary programs in this area that include the psychological, physical, and social aspects and apply them to the problems of return to work.”

“I would bet that it’s only the big centers that have anything formal,” said Passik, adding that one challenge lies in expanding services offered at major cancer centers to other hospitals in the community.

The reviewers recommended that future studies include longer follow-up of work-related outcomes among cancer survivors, as many treatments for cancer take several months and result in long-lasting side effects.

**More information:** De Boer AGEM, et al. Interventions to enhance return-to-work for cancer patients. *Cochrane Database of Systematic Reviews* 2011, Issue 2.

Provided by Health Behavior News Service

Citation: Combined interventions ease job re-entry for cancer survivors (2011, February 16) retrieved 19 April 2024 from <https://medicalxpress.com/news/2011-02-combined-interventions-ease-job-re-entry.html>

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