

Majority of LAHNC patients use life-altering strategies to cope with costs of treatment

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The majority of patients with locally advanced head and neck cancers (LAHNC) rely on cost-coping strategies that alter their lifestyle in order to manage the financial burden of their care, according to research presented at the 2016 Multidisciplinary Head and Neck Cancer Symposium. Researchers also identified perceived social isolation, or a lack of social support coupled with increased loneliness, as a risk factor for sub-optimal medication adherence and health care utilization during treatment for LAHNC.

Treatment for locally advanced head and neck cancers—diseases marked by high morbidity and high treatment costs—is very intense, often combining surgery, radiation therapy and chemotherapy. Moreover,

treatment often causes social side effects, such as an increased financial toxicity or [financial burden](#), in addition to physical side effects. This study examined factors associated with these social side effects by following patients diagnosed with head and neck cancer over six months to assess how they coped with the cost of their cancer treatment as well as whether perceived [social isolation](#), or the lack of [social support](#), was a barrier to their care.

This prospective longitudinal study collected six monthly lifestyle surveys from 73 patients with treatment-naive LAHNC who were diagnosed at a single, high volume institution between May 2013 and November 2014. The survey assessed the use of several lifestyle-altering financial coping strategies, as well as out-of-pocket costs, loss of productivity, compliance with their medication regimen, and health care utilization (specifically, inpatient length of hospital stays and number of missed appointments). Researchers also measured patients' demographics, health insurance status, wealth, household income and type of tumor. Perceived social isolation was evaluated prior to treatment for each patient.

Most patients in the study were male (78 percent), Caucasian (74 percent) and covered by private health insurance (54.8 percent). Multivariable regression modeling was used to assess the influence of patient characteristics on the use of cost-coping strategies and perceived social isolation.

More than two thirds (69 percent) of the LAHNC patients reported relying on one or more lifestyle-altering cost-coping strategy while managing their cancer. The most common strategy was spending savings (62 percent), followed by borrowing money (42 percent), selling possessions (25 percent) and having family members work more hours (23 percent).

Socioeconomic factors were associated with reliance on cost-coping strategies. Patients with Medicaid used more financial coping strategies compared to patients with private insurance (Odds Ratio (OR), 42.3; $p = 0.005$). In addition, increased out-of-pocket costs and decreased wealth were independently associated with the use of cost-coping strategies (p

"Physical side effects are not the only ones our patients endure," said Sunny Kung, a second-year medical student at the University of Chicago Pritzker School of Medicine and lead author on the study. "Our findings indicate that the majority of our patients have adopted or will adopt strategies to cope with the financial [side effects](#) of their care."

The study also examined prevalence of perceived social isolation among LAHNC patients and its association with socioeconomic factors and health care utilization. Researchers identified perceived isolation in seven of the 73 patients (9.5 percent) prior to treatment. Patients who reported high perceived social isolation were more likely to be unemployed ($p = 0.02$) and divorced or widowed (p

High perceived social isolation prior to treatment predicted lower health care utilization in the following six months. Compared to LAHNC patients with adequate social support, those in the perceived social isolation cohort reported more days missing prescribed medication (21.4 vs. 5.45 days over six months, $p = 0.02$), more missed appointments (7 vs. 3 appointments, $p = 0.007$), and longer inpatient hospital stays (32.7 vs. 27.6 days over six months, $p = 0.17$).

"Many of the patients we treat for advanced head and neck cancers may need support beyond their medical care," said Ms. Kung. "Social interventions can be introduced for [patients](#) who feel isolated in order to minimize financial burden while maximizing effective [health care](#) utilization. For example, providers can work with patient navigators to improve adherence to medical care among vulnerable populations."

More information: The abstract, "Cost-coping Strategies and Perceived Social Isolation in Locally Advanced Head and Neck Cancer," will be presented in detail as a poster presentation at the 2016 Multidisciplinary Head and Neck Cancer Symposium in Scottsdale, Arizona.

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