

Resilience intervention improves well-being in young patients with cancer

October 24 2017

A new randomized clinical trial of a pilot program found that a brief in-person intervention can improve psychosocial health in a particularly vulnerable population - adolescents and young adults living with cancer.

Psychosocial stress from cancer is common and is often a major detriment to quality of life. For example, one type of stress is anxiety over how to navigate the demands of the disease. Although many programs provide some level of psychosocial support for patients and families, very few provide standardized tools to manage this stress.

The intervention, called Promoting Resilience in Stress Management, or PRISM, improved [resilience](#) and quality of life, increased hope, and lowered distress in the majority of patients. These findings will be presented at the upcoming 2017 Palliative and Supportive Care in Oncology Symposium in San Diego, California.

"The experience of cancer is stressful in all realms, but we tend to focus more on physical symptoms than the equally important social and emotional challenges," said lead study author Abby R. Rosenberg, MD, Director of Palliative Care and Resilience Research at Seattle Children's Research Institute. "This is particularly true for adolescents and [young adults](#) who already struggle with normal developmental changes. When you throw cancer into the mix, it can become much harder."

About PRISM

PRISM emerged from a theory of resilience that puts forth three sets of resources that can help manage adversity: internal resources, such as stress-management or mindfulness skills; community resources, such as social support; and existential resources, such as spirituality and the search for purpose. In prior research, the investigators found that internal and existential resources were more teachable than tapping community resources. PRISM was tested in an earlier feasibility study with young patients with either diabetes or cancer.

About the Study

In this clinical trial, 100 English-speaking patients ages 12 to 25 years who were diagnosed with new or newly recurrent cancer were randomly assigned to receive PRISM or usual psychosocial care. The intervention was delivered in four 30-minute to hour-long one-on-one sessions with a trained research associate, followed by a family meeting. PRISM cultivated internal resilience resources that strengthen stress management and goal-setting, as well as existential resilience resources that strengthen cognitive reframing and meaning-making.

"Meaning-making is basically deriving some personal perspective or purpose from adversity," said Dr. Rosenberg. "For example, we found that many young cancer patients in our study identified things for which they were grateful, despite their cancer experience."

Regardless of which group they were in, all participants received standard psychosocial supportive care, including a dedicated social worker and access to psychologists, child-life specialists, and other experts in adolescent and young adult oncology care, as needed.

Key Findings

Patients completed surveys at enrollment and six months later. The authors found that the intervention improved psychosocial well-being.

Specifically, among the 74 participants who remained alive and well enough to complete the 6-month survey (36 in the intervention group and 38 in the usual care group), those who received the intervention had improvements in resilience, [cancer](#)-related quality of life, hope, and distress compared with those who received usual psychosocial care. In addition, the incidence of depression was much lower in the [intervention group](#) compared with the usual care group (6% vs. 21%).

All but four of the PRISM recipients chose to participate in the family meeting following their one-on-one skills-training sessions. "We included the family meeting because teens told us they wanted to share with their parents, and parents told us they wanted to know what their children had learned," said Dr. Rosenberg. "While the specific impact of this meeting is yet to be determined, we hope it will guide families so that there is continued support of teen or young adult patients."

Next Steps

"We need to include a much larger cultural demographic in future studies," said Dr. Rosenberg. "Beyond that, we also need to determine if this type of intervention could translate to other centers where usual care may not be as comprehensive as what we have here."

The investigators would also like to test PRISM in patients with advanced cancers and possibly expand to other diseases, such as cystic fibrosis.

More information:

abstracts.asco.org/200/AbstView_200_197663.html

Provided by American Society of Clinical Oncology

Citation: Resilience intervention improves well-being in young patients with cancer (2017, October 24) retrieved 20 March 2024 from <https://medicalxpress.com/news/2017-10-resilience-intervention-well-being-young-patients.html>

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