

A behavioral intervention for cancer patients that works

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This is a story about something rare in health psychology: a treatment that has gone from scientific discovery, through development and testing, to dissemination and successful implementation nationwide.

In a new study, researchers found that a program designed at The Ohio State University to reduce harmful stress in [cancer patients](#) can be taught to therapists from around the country and implemented at their sites, and effectively improves mood in their patients.

"It's challenging to take a treatment and scale it up to where it will work with a diverse group of therapists and patients under a wide variety of circumstances," said Barbara L. Andersen, lead author of the study and professor of psychology at Ohio State.

"This study documents a remarkable success story."

The study appears online in the journal *American Psychologist* and will be published in a future print edition.

The program, now called Cancer to Health, was developed by Andersen and colleagues in the early 2000s. It teaches patients how to think about stress, communicate with doctors and others about their treatment, seek social support, become physically active and take other actions to reduce their stress, improve their mood and enhance quality of life. It consists of 18 weekly sessions and eight monthly maintenance sessions, as well as homework assignments for patients.

Dealing with stress is important because research by Andersen's group and others has found that high levels of stress can lead to not just depression, lower quality of life and negative health behaviors, but also lower immunity and faster disease progression.

"We need to help cancer patients deal with their stress, because it has effects on their physical as well as their mental health," Andersen said.

In several studies published between 2004 and 2010, Andersen and her colleagues tested the Cancer to Health program and found it effective with [breast cancer patients](#) at the Arthur G. James Cancer Hospital at Ohio State. Results showed that patients who went through the program felt better and also had significantly improved immune responses and a lower risk of [breast cancer recurrence](#).

This new study aimed to see if some of the results could be duplicated around the country. It involved therapists who work with cancer patients at 15 sites, from California to Iowa to Maine. Most were associated with local hospitals or cancer support communities. All of the therapists came to Ohio State to learn how to implement the Cancer to Health program.

They then took the program to their sites, where it was tested with 158 patients with a variety of different types of cancer.

Participating therapists were allowed to modify the program for local needs and shorten it if necessary.

Results showed that 60 to 70 percent of patients received the core components of the main program.

Two-thirds of the sites offered some of the monthly maintenance sessions, but averaged only one-third of what was in the original program.

Most importantly, Cancer to Health worked with patients. Results showed that patients showed significant improvement on a measure of mood after completing the program.

In addition, patients became more physically active after Cancer to Health, with the average participant going from "moderately active" before the treatment to "active" afterward.

"That's significant because 71 percent of the patients were still receiving [cancer](#) treatment when they began our study, and maintaining, resuming or beginning physical activity during this period is difficult," Andersen said.

Moreover, most patients thought the program was helpful and reported that their therapists were very supportive. When asked to rate the program on a scale of 0 to 4, the average overall score was 3.48.

Andersen said other research suggests there is a gap of about 20 years between development of a new [health](#) treatment and wider implementation in the medical community.

"If we want to speed that up, we have to train providers. There have not been many studies like this one that involve actually training providers and then testing to see if they could not only implement what they had learned, but could also get their [patients](#) to improve," she said.

More information: Jamile A. Ashmore et al, Evaluating the effectiveness and implementation of evidence-based treatment: A multisite hybrid design., *American Psychologist* (2018). [DOI: 10.1037/amp0000309](https://doi.org/10.1037/amp0000309)

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