8086 ORAL

Breakthrough pain in cancer: attitudes to assessment and treatment in five European countries

P. Hohenberg[1], W. Glasspoole[1], J. Mangersnes[2]. [1]*TNS, Healthcare Market Research, Epsom, United Kingdom;* [2]*Nycomed, International Medical Affairs, Roskilde, Denmark*

Background: In order to gain in-depth understanding of the occurrence, nature, and treatment of breakthrough pain (BTP) among cancer patients, market research was undertaken (in France, Germany, Italy, Spain and the UK) among treating physicians.
Methodology: A total of 126 in-depth interviews were conducted with GPs, oncologists and pain specialists on their involvement with cancer patients with BTP and their approaches to treatment.
Results: BTP is defined as pain occurring despite the use of analgesics for chronic pain which is seen as the background pain upon which BTP is superimposed. Physicians estimate that 80−95% of patients with chronic pain present with episodes of BTP. The natural course of BTP varies depending on the patient's pain threshold, disease pathology, and efficacy of the analgesia given for chronic pain. Duration and number of BTP episodes varies widely depending on cause of pain, localisation of pain, and disease stage. Selection of medication for BTP depends on patient characteristics such as age, health status and pain intensity, as well as anticipated treatment performance in terms of efficacy, speed of onset of action and contraindications. Complete pain relief, fast onset of action, and improvement in patients' quality of life and minimal side effects were primary qualities required for effective treatment of cancer BTP.
Conclusions: Despite reasonable satisfaction with currently available BTP treatments, physicians are less satisfied with their side effects, which may lead to compliance issues and discontinuation or switching treatment. A need exists for a more effective and fast-acting drug, without the side effects associated with current opioids.

8087 ORAL

Impact of cancer chemotherapy-related taste and smell changes on daily life

B. Bernhardson[1], C. Tishelman[2], L. Rutqvist[3]. [1]*Karolinska Institute, NVS division of Nursing Research and Development Unit The Foundation Stockholms Sjukhem, Stockholm, Sweden;* [2]*Karolinska Institute, NVS division of Nursing Research and Development Unit The Foundation Stockholms Sjukhem and Medical Epidemiology and Biostatistics, Stockholm, Sweden;* [3]*Karolinska Institute, Oncology and Pathology, Stockholm, Sweden*

Background: Few studies have explored patients' experience of chemosensory changes when receiving chemotherapy. The study presented here explores experienced distress related to chemosensory changes and the impact these side-effects have on the daily life of patients receiving cancer chemotherapy. A further aim is to explore patients' self-management strategies, including reported communication with health care staff.
Method: A questionnaire-based survey was conducted with patients receiving chemotherapy at 11 outpatient units in three of the six Swedish health care regions. The questionnaire was developed and pilot-tested by the authors, based on results from a qualitative interview study, literature in the field and clinical experience. Consecutive patients who received chemotherapy for >6 weeks and were able to communicate in Swedish were asked to complete the questionnaire during a three-week period at each unit. Questionnaires from 518 patients were analysed using descriptive and inferential statistics with open-ended questions analysed by content analysis.
Results: Seventy-five percent of the patients surveyed reported experiencing changes in smell and taste during chemotherapy. Preliminary analysis indicates that of the 340 patients who reported taste changes (TCs), 47% reported high levels of distress from these changes and 26% reported that TCs had much impact on daily life. Among the 209 patients reporting smell changes (SCs), 38% reported high levels of SC-related distress and 22% reported that SCs had much impact on daily life. Approximately half these patients reported doing something to alleviate chemosensory changes. Seventy-six percent of the 499 responding patients reported being informed that these changes could occur, with 85% receiving information from health care staff. Among those 337 patients with changes in taste and/or smell, 31% did not report the changes to staff. Gender analysis and inductive analysis data on patients' strategies for dealing with chemosensory changes are ongoing and will be presented.
Implications: This study will provide systematic knowledge about chemotherapy-related chemosensory changes to guide health care providers.

8088 ORAL

Supportive cancer care in British Forces Germany: perceptions of patients, carers and health and social care professionals

N. Rowa-Dewar, R. Maguire, N. Kearney. *University of Stirling, Cancer Care Research Centre, Stirling, United Kingdom*

Background: Current UK health policy and guidelines for supportive care in cancer contends that health services are equitable to all and patient-focused. Supportive care services for people affected by cancer are necessary to address their physical, social, emotional, psychological, spiritual, and practical needs (NICE, 2004). However, following a recent assessment of areas for supportive care development, there is a concern that British Service personnel and their families who are affected by cancer while stationed in Germany encounter difficulties in accessing the whole range of supportive care that they require. This study aimed to assess the supportive care provision and needs of Services Personnel and families affected by cancer to inform a British Forces Germany cancer strategy more responsive and sensitive to the needs of its population.
Materials and Methods: Individual in-depth interviews were used to gather information about experiences of supportive care provision from a purposive sample of 13 British military personnel, entitled civilians and dependants affected by cancer. A cross-section of 41 British and German professionals involved in the supportive care provision also participated in interviews and focus groups to identify barriers to providing supportive care to this population. Data were analysed by thematic analysis.
Results: British Services Personnel and their families stationed in Germany benefit from rapid access to high quality hospital clinical services and health and social care professionals who are highly committed to ensure the provision of the best possible care to patients with cancer and their families. Significant gaps in the supportive care service provision are apparent, however. These include the absence of a support system for carers and an ad-hoc system for the provision of information which meet neither patient/carer nor professional needs. British Forces Germany health and social care professionals work in a system which lack clarity in relation to the different roles of the organisations and individuals involved in the delivery of supportive care and limited opportunities for education and development. Poor inter-agency working and communication and cultural differences appeared to underpin many of the challenges faced by the patients and carers involved in this study, both between the German and British culture and within the British Army culture.
Conclusions: Current supportive service provision for people affected by cancer appears sub-optimal and fragmented. Ongoing work to create a comprehensive supportive care pathway which better meets the needs of British Military Personnel and their families affected by cancer will also be discussed in this presentation.
These findings have important implications for those providing supportive care for patients and carers in multidisciplinary teams and from different cultures.

Joint EONS/IPOS symposium
(Thu, 27 Sep, 09.00−11.00)
Psychosocial care across the cancer continuum

8089 INVITED

Patient needs and psychosocial interventions in oncology

M. Die-Trill. *Spain*

Abstract not received.

8090 INVITED

Good communication skills as psychosocial care

L. Travado. *Centro Hospitalar de Lisboa, Lisbon, Portugal*

The importance of communication in oncology has been repeatedly underscored as the cornerstone of patient-provider relationship. Communication Skills (CS) is a fundamental competence for creating a trusting, supportive, empathic relationship with patients and families essential for comprehensive care in oncology. Good communication skills facilitate addressing patients' concerns and needs, provide basic emotional support, detection of emotional problems and a patient-centered care model. It has been reported as having positive outcomes on various patient health measures, including adjustment to illness and satisfaction with care. Therefore CS can be considered a basic essential tool in health care, transversal to all health care professionals, critical for the provision of psychosocial care across the cancer continuum and quality care outcomes. The first therapeutic technique available to any health professional, if

trained, in caring for patients and families. CS includes the use of open questions, active listening, clarification, encouraging patients to express concerns and emotions, screening for problem areas. Professionals also benefit from it giving them greater confidence and less burnout. Improving and training these competences is thus crucial and have been recommended to be part of routine education for health professionals in cancer settings. Nevertheless there is an enormous lack of formal training. To overcome this gap the Southern European Psycho-Oncology Study (SEPOS) has developed a training model designed to improve health staff communication skills and their ability to recognize psychosocial morbidity ("Improving health staff's communication and assessment skills of psychosocial morbidity and quality of life in cancer patients: a study in Southern European countries", Grassi L et al., 2000, funded by the European Community). Data from this study conducted and pioneer in Italy, Portugal and Spain will be presented. Also excerpts from an audio-visual material in DVD format ("Communication and relationship skills for health professionals with an introduction to the delivering of bad news", Reis J and Travado L, 2006) created to facilitate individual and group training in CS and further data from workshops conducted in Portugal. These data demonstrate that CS can be significantly enhanced through an appropriate training model but also satisfaction with training is quite high. CS training should be implemented as regular training of health professionals in cancer care.

8091 INVITED

Uncertainty, optimism and psychological distress: conceptual and communication issues

D. Razavi. *ULB, Faculté des Sciences Psycho. & Education, Bruxelles, Belgium*

Level of uncertainty, optimism and psychological distress are very diverse among cancer patients. A 27 years old woman reports a high level of optimism despite a poor prognosis. 30 years old highly distressed woman with metastatic breast cancer worriedly schedules a meeting with a psychologist. A 37 years old woman mother of two young children with an early breast cancer is starting a "mind-body therapy" because "uncertainty is stressful and it will thus promote cancer growth and dissemination". There are numerous conceptual frameworks designed to understand optimism and distress roles and functions in the context of uncertainty. It should be recalled that living is underlined by instinctual wishes such as a "wish to stay alive". "Doing everything possible to survive" should be thus considered to understand how patient cope with the disease. Fears – such as fear of dying and suffering – generate different types of motivations. It may be for example to gain meaning. Finding and maintaining hope is another motivation. Moreover search for meanings may be a marker for emotional distress: individuals with transient emotional distress may seek meanings to be relieved from distress. Finally it should be mentioned that individuals with some psychiatric illness (adjustment disorders, anxiety and affective disorders) are also likely to search meanings. The here above complex concepts will be discussed and clarified. Related communication issues will be presented.

8092 INVITED

Clinical practice guidelines for the psychosocial care of adults with cancer

S. Aranda[1], C. Pigott[1], A. Pollard[2], P. Schofield[1]. *[1]Peter MacCallum Cancer Institute, Nursing and Supportive Care Research, Melbourne, Australia; [2]Peter MacCallum Cancer Institute, Clinical Psychology, Melbourne, Australia*

Background: In 2003 the National Health and Medical Research Council published Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer. The evidence reviewed for these guidelines demonstrates that up to 30% of people with cancer experience psychosocial distress, with the proportion increasing in advanced disease. The evidence also suggests that attention to routine practices such as general interaction skills, communication skills and information provision can significantly improve psychosocial outcomes.
Materials: We have conducted several organisational projects aimed at implementing various aspects of these guidelines, including screening for psychosocial needs, training for nurses in psychosocial assessments, team based psychosocial care and development of organisational approaches to communication skills training.
Results: The implementation of best evidence psychosocial care has proven challenging in our organisation and in several other organisations involved in some of the projects. As with other evidence implementation projects significant barriers to practice change have been experienced. These include:
– Overcoming potential resistance to practice change
– Developing cross-disciplinary approaches to provision of psychosocial care
– Implementing routine screening to identify psychosocial needs
– Developing the nursing role in psychosocial assessment and referral
– Implementing an organizational approach to communication skills training
– Involving consumers in systems redesign to improve psychosocial care
Conclusions: We have identified that establishment of an organisational mandate for practice improvement that includes change champions and implementation of strategies to overcome specific barriers to change can enhance success.

Discussion Forum (Thu, 27 Sep, 09.00−11.00)
Respiratory problems: are they well-managed?

8093 INVITED

Respiratory problems: are they well-managed?

P. Fernandez-Ortega. *Institut Catala d'Oncologia, Nursing Research department 6−2, Barcelona, Spain*

Respiratory symptoms in general and dyspnea or breathlessness in particular, are complex and difficult to manage in cancer patients.
Often, is not a lonely symptom but accompanied by other problems and co-morbidities with high prevalence in our patients and significant waste in resources.
Patients, family members and health professionals fears in front of the experience increase difficulty on control, because of the emotional component in responses.
Some of the topics that will be discussed at the session are:
- Assessment tools and systems existing in nursing practice
- Nursing interventions, are they effective?
- Evidence-based interventions today in literature
- Strategies and experiences in supportive care
- nursing learning skills on respiratory
- Complementary therapies

We would like to invite you to this interactive discussion and bring some ideas to share with colleagues in this challenging topic.

Meet the Manager (Thu, 27 Sep, 09.00−11.00)
Nurse migration

8094 INVITED

Nurse migration

P. Fernandez-Ortega. *Institut Catala d'Oncologia, Nursing Research department 6−2, Barcelona, Spain*

This session would discuss on the new situation that Europe is facing on nursing migration. Migration is a symptom of the deteriorating health systems in many countries who have failed to plan for, and retain, sufficient nurses from their own sources. It has some negative effects both in the destination countries as in the poor countries.
Several reasons has been associated to migration: low wages, poor working conditions, no leadership and few incentives on one side, not always has been considerate as a problem when it was done with a clear intention for promoting in the professional context or to experience a different culture. In the past some countries were traditionally "exporters" and was common nurses move from south countries to northern in Europe to have new study opportunities and other languages experiences. All this situation is changing rapidly.
– What would happen as many countries those with high and low resources are reporting shortage of nurses?
– Which problems are associated to nurse migration?
– Which are the country to country policies to manage flows?
– Would this situation affect the inequity of Health?

We are facing a much controversial point on global mobility and shortage of health professionals, speakers will discuss on their own experience in different countries and would try to give some contributions or solutions to "keep their own".