

Many studies value anxiety as the most important reaction to mammography screening and anxiety appear to act as a barrier to this test. No available data make a correlation between anxiety and coping style. Our aim is to value if patients' (pts) anxiety is due to their coping style. This research characterised women's levels of emotional distress associated with mammography screening test and relationship between women's coping style and anxiety. From May to October 2007, we developed a study to correlate anxiety levels and coping style before mammography in breast cancer screening. Tests used were STAI-Y1 and Brief Cope. 339 women were asked to undergo the tests: mean age was 56.1 years old. 71.7% pts were married. Most pts show a reactive coping style, with an effective self-confidence in their ability to face problems. Strategies used are: research of information and advice (44%), practical planning in order to reduce stress (40%), acceptance of unpleasant situations (39%), research of social support (36%) and of emotional event (32%). Positive is post-traumatic growth (52%) and the research of religious consolation (53%). Few pts put into action denial, avoidance (6.4%) and hopelessness (5.8%). Pts had effective coping style. In spite of that, before screening, 57.1% of pts younger than 40 years old and 52.8% older than 49 became alarmingly anxious. Findings suggest that anxiety reaches high levels, but it is not attributable to personal coping style. There is no correlation between anxiety and low level of education, instead there is with low knowledge of the screening procedure and goals of the prevention programmes. It will be our aim to examine in another study the role of setting variables and how to reduce anxiety around screening.

doi:10.1016/j.ejcsup.2008.06.088

ACCESSI VENOSI CENTRALI: INQUADRAMENTO E IDICAZIONI

L. Maiorino, L. Leopaldi, C. De Sangro, M. Musicò, M. Malpede. U.O. Oncologia Medica, Ospedale San gennaro, ASL NA 1, Napoli

L'introduzione nella pratica clinica corrente di nuovi presidi per l'accesso venoso periferico e centrale, nonchè per la somministrazione in continuo di farmaci e sostanze nutrizionali, ha determinato la necessità che l'uso di questi dispositivi avvenga secondo le più attuali modalità di gestione così come definite da appositi gruppi di ricerca e sintetizzate da specifiche linee guida.

Le indicazioni fornite da tali Società consentono un utilizzo ottimale di tali dispositivi, il cui costo superiore a quelli di precedente generazione e la cui maggiore invasività espone sia il paziente ad un rischio di aumentate complicanze locali e generali (soprattutto infettive), sia gli operatori sanitari ad una aumentata responsabilità medico legale.

in tale ottica le competenze infermieristiche si sono ampliate estendendosi alle conoscenze tecniche, pur rilevando che spesso esse vengono acquisite in maniera empirica e contingente.

Pertanto l'indubbio vasntaggio terapeutico apportato da queste metodiche ne rende sempre più diffusa l'utilizzazione ospedaliera coinvolgendo le U.O. di Chirurgia (Terapia antalgica e nutrizionale

postoperatoria), Rianimazione, Medicina (per i pazienti critici), Ematologia, Oncologia.

doi:10.1016/j.ejcsup.2008.06.089

IMPROVEMENT OF PAIN AND PSYCHOLOGICAL STATUS AFTER SIX MONTHS OF PSYCHOTHERAPY IN CANCER PATIENTS

C. Tulipani^a, G. Cilenti^a, F. Morelli^a, M.R. Spedicato^a, P. Porcelli^b, E. Maiello^a. ^aIRCCS Casa Sollievo della Sofferenza San Giovanni Rotondo (FG). ^bIRCCS Castellana Grotte (BA)-Italy

Materials and methods: The effectiveness of six month individual psychotherapy in reducing pain was evaluated in 104 consecutive patients. At baseline (T1) and after 6 months (T2) treated (n = 52) and control patients (n = 52) were administered validated scales for pain (BPI), alexithymia (TAS-20), coping (MAC), illness behaviour (IBQ), and psychological distress (HADS, SF-12). At T1, in a series of unilinear and logistic regression models, pain experience was associated with alexithymia, hopelessness, anxiety, depression and poor psychosocial functioning. Patients enrolled in the treatment group had worse health status at baseline than controls but alexithymia was not significantly different between the two groups.

Results: After six months of psychotherapy, patients in the treatment group showed significant decrease of alexithymia (t = 6.47, p < .001), hypochondriasis (t = 2.45, p = .02), disease perception (t = 2.54, p = .01) and pain intensity (t = 2.20, p = .03) than those in the control group. Compared to baseline, at T2 treated patients showed a dramatic improvement of alexithymia (t = 6.94, p < .001), adjustment to cancer (t = 4.99, p < .001), hypochondriasis (t = 6.55, p < .001), anxiety (t = 3.96, p < .001), and pain experience (t = 5.25, p < .001). In contrast, patients who did not receive psychological treatment did not show any improvement between T1 and T2 while and seven patients (14%) reported new onset of pain. In a series of hierarchical regression models, improvement of psychological distress was able to explain up to 58% of variance in the improvement of pain experience.

Conclusion: Psychological treatment showed promising results in improving psychological status, psychosocial functioning and the experience of pain in cancer patients.

doi:10.1016/j.ejcsup.2008.06.090

DVD-BASED GROUP INFORMATION FOR CANCER INPATIENTS AND FAMILIES

E. Romito^a, C. Cormio^b, R. Montanaro^a, G. Savino^a, R. Tancredi^c, G. Colucci^b, V. Mattioli^a. ^aExperimental Unit of Psychological Oncology, Department of Critical Area and Surgery. ^bDepartment of Experimental and Medical Oncology, Istituto Tumori "Giovanni Paolo II" Bari. ^cAIMaC - Italian Association of cancer patients, relatives and friends, Roma

Introduction: In past years, great importance has been done to information needs in cancer patients and families. This tendency

is partly due to the acknowledgment that patients who take an active part in medical treatment have better compliance and lower complaints for side effects. Moreover, individualised information helps in reducing patients' anxiety levels. Thus, answering to patients' informative needs must be considered a high priority in every Oncological setting.

Methods: Informative groups were organized by Clinical Psychologists in National Cancer Institute 'Giovanni Paolo II' in Bari, specifically for cancer inpatients and their relatives afferent to the Department of Experimental and Medical Oncology. The aims were the following: to help patients to gain specific knowledge on treatment's side effects; to improve adaptation to illness and illness' related strains, sharing one's own coping strategies with other patients. During meetings it was shown to participants a DVD on Chemotherapy ('Chemotherapy: when, why, which effects?') produced by AIMAC (Italian Association of cancer patients, relatives and friends). During the group discussion, the confrontation and sharing of experiences was promoted by two group leaders. A Questionnaire to evaluate satisfaction for the intervention was distributed to all participants. Qualitative data on main needs expressed by participants were collected with verbatim transcriptions of eight meetings.

Results: Twenty group meetings were run during year 2007, with 163 participants, mean age 60, 64% men, 36% women. Sixty per cent of participants were undergoing their first chemotherapy cycle. Colorectal was the prevalent cancer site (70%), followed by

lung cancer (15%). Mean duration of a session was 90 min. Main responses to questionnaire are the following: 86% of respondents (Total N = 97) 'Felt better after participating to the group'; 89% 'Found suggestions and ideas to face their problems'; 72% 'Saw their illness in a different way'; 92% 'Received useful information'; 93% stated 'We supported each-other during the group'. Main information needs expressed by patients regard chemotherapy's side-effects; patients express lay beliefs on the 'power' of therapy: someone is suspicious about the effectiveness of too well tolerated therapies. Moreover, patients asked information on how to get on with their normal life. To continue work and social-leisure activities, were considered good strategies to get rid of cancer related-worries. Great importance is given by patients to relationships with oncologists, who are often not asked many questions (e.g. regarding sleep impairments and sexual activities), which are important for patients' normal life but are considered not worth a discussion with doctors.

Conclusion: Information in group format is appreciated by patients, who desire to implement it with the presence of an oncologist. DVD is a good informative tool both to give specific information but also to stimulate discussion on coping strategies and adaptation to illness.

doi:10.1016/j.ejcsup.2008.06.091