

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.

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#### ACCESSI VENOSI CENTRALI: INQUADRAMENTO E IDICAZIONI

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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.

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

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**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.

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#### DVD-BASED GROUP INFORMATION FOR CANCER INPATIENTS AND FAMILIES

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