

## 4.

**HELPING PATIENTS TO COPE WITH CANCER: A RANDOMIZED, SINGLE-BLIND CLINICAL 'TRIAL' OF RELAXATION TRAINING (ReT)**  
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There is growing awareness among all who are concerned with clinical management and care of cancer patients, of the need to objectively evaluate appropriate and potentially effective methods of psychosocial support. In a study previously carried out by the authors, a sample of newly-referred cancer patients were randomized, either to an experimental group in which they received instruction in ReT, or to a control group receiving no such training: (n80) ReT sessions, which combined training in progressive muscle relaxation, (PMR) together with a lightly-induced hypnosis for ego-strengthening, took place at well-defined intervals throughout the period of study, i.e, 12 weeks. Assessment of and comparisons between the two groups were made, at the time of initial referral, at 6 and 12 weeks. This task was achieved via the completion of both validated and (at the time) unvalidated "in-house" self-report scales of anxiety, depression, "psychic" well-being and psychiatric morbidity. Lower anxiety scores were noted among both male and female members of the ReT group at 6 weeks and 12 weeks (P values ranged between  $<0.05$  and  $<0.001$ ). Similar differences were also noted in depression scores. Highest mean anxiety scores had been reported for female groups and a similar trend was even more marked for mean depression scores. A significant decrease in nausea/vomiting was also reported for ReT group patients over the life of the study. In a to-date, small 'single blind' follow-up study, the efficacy of 1. ReT has been compared with results obtained from 2. reassurance and 3. relaxing music, each of which was delivered by means of audio-cassette tapes, dubbed from 'master' tapes and of equal duration. (there are obvious taste-related problems which are associated with 3 above to which appropriate attention was given). A similar method of assessment to that which was employed in the original study (see above) was employed. Early data (n30+) favours ReT (1/2  $P = <0.01$ ; 1/3  $P = <0.002$ ) These results suggest that "reassurance" i.e, method 2, is also to be effective.