

News

Meeting Report from the Joint Conference of the European Society for Psychosocial Oncology (ESPO) and the International Psychosocial Oncology Society (IPOS), Hamburg, 20 August 1990

Psychosocial oncology is a new, rapidly expanding subspecialty in oncology. Over the past decade more attention is being paid to this part of patient care. In cancer clinical trials increased efforts are being made to determine patients' quality of life before, during and after treatment. The European Society for Psychosocial Oncology (ESPO) is a multidisciplinary society founded in 1986. It has members with a medical, nursing, psychological, sociological, social work or theology background. Scientific meetings have been held annually, usually as a satellite symposium to oncology meetings (ECCO 4 and 5). The aim of these scientific meetings is to advance the understanding of psychological, social, spiritual and ethical aspects of cancer and cancer treatment and, thus improve the standard of therapy and psychological support for the patient and his/her family and health care providers.

The Fourth Scientific ESPO Meeting was organised in Hamburg along two lines: plenary lectures were given in the morning, and in the afternoon workshops were organised concerning ethics, sexuality, bone marrow transplantation, symptom control education and psychotherapy.

The morning session started with two lectures on psychosocial causes of malignancy. Fox and colleagues (University of Boston and Berkeley University) presented findings from a study on the incidence of cancer arising in a population of 3154 healthy men with different personality types. The relative hazard for type A subjects (compulsive personalities with challenging environmental stress) turned out to be 1.53 for all cancers and 1.28 for lung cancer. However, after having controlled for confounding variables such as smoking, age and alcohol, no significant effect could be attributed to type A behaviour. Schwarz (Psychosocial Postcare Institution, Heidelberg) presented findings from a prospective study started before biopsy comparing the expectancy concerning diagnosis and the actual disease. He observed a higher frequency of breast cancer in women characterised by higher vulnerability, denial or alienation. However, these psychological phenomena were related to the physicians' anticipation of malignancy during the first consultation.

Next, Hahn (University of Amsterdam) reported on a study comparing symptom perception and care-seeking behaviour in elderly and younger cancer patients. Elderly patients turned out to misattribute warning signs and vague symptoms because of "background noise" from other existing illness, poorer knowledge and attribution to age.

Massie and colleagues (Memorial Sloan Kettering, New York) presented their work with healthy women at high risk for breast cancer who ask for prophylactic mastectomy. They found that these women asked for mastectomy because of fear. Several had also been victims of sexual assault. Psychiatric diagnoses included anxiety, obsessive and histrionic personality, dysthymic disorder and borderline disorders. However, the prevalence of psychiatric disorder was not raised in this population.

Funaki (Royal Marsden, London) reported a prospective, longitudinal study on the psychosocial concomitants of bone marrow transplantation (BMT) ($n = 74$). High emotional morbidity was found during the first 6 months after the initiation of treatment but maximum distress was found in case of relapse. Strain and colleagues (Mount Sinai, New York) presented a study looking at psychosocial factors for staff non-adherence and patient non-compliance to adjuvant treatment. Main factors for staff non-adherence were higher age and lower income of patients. Main factors for patient non-compliance were sociodemographics, anxiety and depression. They stressed the importance of psychological monitoring.

Finally, a survey on the attitudes of Argentinian physicians towards how their colleagues handled the disclosure of cancer diagnosis was presented by Fisman and colleagues (Buenos Aires). Physicians expected less than 40% of patients to be informed about the diagnosis. Oncologists felt that 80% of patients were *not* told poor prognosis but also that 80% of families *were* told.

Bone marrow transplantation (BMT)

Smedler and colleagues (Stockholm) found that BMT, including total body irradiation, was associated with mild to moderate neuropsychological impairment, particularly in children treated before 3 years of age. Impairment may become evident several years after treatment. Alby and colleagues (Hospital Saint Louis, Paris) reported on the fantasies expressed by two young patients. Patients feared the attack of the donor: "Dracula", the donor, could come to regain the blood and marrow given.

Patenaude (Dana Farber Institute, Boston) found a significant physical and emotional burden on the patient as well as the family at least for the first year after treatment. For 40% of patients return to normality took 1–3 years and 25% reported continuing problems after 6 years. Similarly, Neuser and Grigelat (Medical Psychology, University of Essen) found the distress of next of kin during BMT treatment to be as high as or higher than the distress experienced by patients.

Sexuality

The workshop on sexuality was chaired by Bos (University Hospital, Leiden). She pleaded for psychological interventions by skilled psychotherapists to improve sexual function. Advice should be tailored to individual preferences and creativity stimulated. The need for intimacy may increase after cancer and may be more important than intercourse. Thranov and colleagues (Rigshospitalet, Copenhagen) investigated the sexual desires of women ($n = 145$) with gynaecological cancer and found 16% to be very unsatisfied and 35% to want sexual guidance.

Symptom control

A study indicating that 20% of breast cancer patients experience borderline affective disorder was presented by Hopwood (Christie Hospital, Manchester). Van Maanen (University Hospital, Utrecht) found persons at risk for colorectal cancer ($n = 69$) to show higher levels of depression, anxiety and somatisation than did actual cancer patients. They used more passive strategies in dealing with problems. Stiefel and colleagues (Memorial Sloan Kettering, New York) reported on a controlled longitudinal study into the effects of corticosteroids upon psychopathology. They found in patients receiving corticosteroids a greater incidence of organic mood disorders and delirium.

Hall and colleagues (Cancer Research Campaign, King's College Hospital, London) reported on a study indicating that

the preferred management policy of a surgeon (mastectomy, lumpectomy or giving the patient a choice) was a better predictor of anxiety and depression 1 year after surgery for early breast cancer, than the type of surgery itself.

Ten Kroode (University Hospital, Utrecht) found that personal attributions ("Why me?" and "What causes my illness?") can be distinguished in most cancer patients. They are important shortly after diagnosis but not in later phases. Self-esteem is an important predictor of well-being and is not affected by relapse.

Muller and colleagues (Medical Psychology, University of Munich) studied whether the patient's changes in quality of life were related to the illness, the therapy or his/her psychosocial problems. It became evident that cancer patients, healthy controls and hypertension patients share their overall definition of life quality but specific components may have changed. The importance of the social network increased in breast cancer patients.

Education

Die Trill (Memorial Sloan Kettering, New York) outlined the development of a programme for training mental health professionals in psychosocial oncology. Determinants of adaptation to cancer are taught and psychotherapeutic, behavioural and pharmacological approaches learned, as well as methods for working with medical staff. Razavi and Delvaux (Institut Bordet, Brussels) proposed a training programme of 24 hours in small groups to promote the cognitive, behavioural and emotional skills of cancer nurses. The training programme is evaluated in a randomised study. Kuchler and colleagues (University of Hamburg) presented three programmes with an emphasis on interpersonal learning in small groups to handle the continuing confrontation with loss and separation in order to prevent burnout in professionals.

Psychotherapy

This workshop was introduced by Lehmann and Bolund (Gustave Roussy, Villejuif and Karolinska Hospital, Stockholm). They established which therapeutic approaches can help patients with anxiety during the very early phases of the illness experience.

Archard and colleagues (Hotel Dieu, Paris) presented an original study screening the need for psychotherapeutic intervention. Those patients whose psychological test results were and were not disclosed to the care giver were compared. 66% of patients in the "not disclosed" screening group with morbid states of anxiety/depression turned out not to have been detected by the clinical staff.

Gianotti and colleagues (University of Rome) reported on a psychoanalytic approach to the child with cancer. They take into account the concomitants of the disease for the child and the parent, but also try to treat the psychopathology supposed to be a factor in the illness. A randomised study comparing alprazolam and progressive relaxation was reported by Holland and colleagues (Memorial Sloan Kettering, New York). Both treatments turned out to be effective in reducing anxiety and depression.

Closing remarks

The last speaker was Holland, Head of the Psychiatry Department of Memorial Sloan Kettering Hospital in New York. She

underlined the remarkable increase in the psychosocial aspects of cancer care over the past 10 years. This increase is apparent from the greater concern for quality of life and human values; the establishment of national psychosocial oncology societies; the establishment of psychosocial services in cancer centres; the measurement of quality of life in clinical research; the explosion of research on prevalence and management of distress; the publishing of the first reference text on psycho-oncology; and the development of a core curriculum for training in psychosocial oncology.

Psychosocial oncology is a field of growing interest. The quality of the work in the field is increasing: more original and thorough designs are being presented. Interventions and larger populations are being studied. Also, underlying mechanisms and theoretical approaches are being elaborated. These changes are making it likely that in the short term more knowledge will become available to understand the condition of the cancer patient in the different phases of the illness process. By the same process newer ways to handle problems, to enhance quality of life and to support professional care givers will work towards improving cancer care in the near future.

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Workshop on Cytokines

The third international Workshop on Cytokines will be held in Stresa, Italy, on 10–14 November 1991. A major focus will be on the physiological and pathophysiological regulation of cytokine production, release and action. The deadline for abstract submission is 27 May 1991. For further details, contact Dr S.M. Reichard, Society for Leukocyte Biology, Medical College of Georgia, 1120 15th Street, Augusta, GA 30912, USA. Tel (404) 721 2601, fax (404) 721 3048.

Leukocyte Biology

The 28th annual meeting of the Society for Leukocyte Biology and the 21st Leukocyte Culture Conference will take place at Snowmass, Aspen, Colorado, from 26 September to 1 October 1991. There will be a session on receptors and signal transduction, for which the deadline for abstracts is 29 May 1991. There will also be a workshop on cytokines and resistance to non-viral pathogenic infections. For further details, contact Dr S.M. Reichard, Society for Leukocyte Biology, Medical College of Georgia, 1120 15th Street, Augusta, GA 30912, USA. Tel (404) 721 2601, fax (404) 721 3048.