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## HRQOL In The Clinic – A Clinician's Perspective

### Randomised Trial Of Coordinated Psychosocial Interventions Based On Patient Self-Assessments Versus Standard Care To Improve The Psychosocial Functioning Of Patients With Cancer.

#### **Abstract**

*Background:* Cancer and other chronic diseases are a major cause of mortality and morbidity. Although treatments have the potential to cure or prolong life in many individuals, both disease and its treatment can cause substantial suffering and impairment in quality of life (QOL). Increasing attention has been paid to the formal assessment of QOL and psychosocial issues. Several generic and disease specific, self reported measures of QOL have been developed and validated. They are being used alongside biomedical measures in clinical trials. The use of standardised measures of QOL and psychosocial functioning in clinical practice is still uncommon and of unproven value.

*Purpose:* To determine whether making individual patient-reported cancer needs, QOL and psychosocial information available to the health care team, allowing coordinated specifically targeted psychosocial interventions, resulted in reduced cancer needs, improved QOL, and increased satisfaction with care received.

*Methods:* Self-reported cancer needs, QOL and psychosocial information was collected from 450 people with cancer, using standardised questionnaires via a touch screen computer. For a randomly chosen two thirds, this information was made available for the clinical encounter as a brief report form and, if problems were reported, coordinated targeted psychosocial interventions were implemented. Information from the remaining one third was not seen. Patients were assessed two and six months after randomisation for changes in their cancer needs, QOL, psychosocial functioning and satisfaction with care received.

*Results:* There were no significant differences between the two arms with respect to changes in cancer needs, QOL or psychosocial functioning between baseline and follow-up assessment, nor with respect to satisfaction with care. However, for the subgroup of patients who were moderately or severely depressed at baseline, there was a significant reduction in depression for the intervention arm relative to the control arm at the six month assessment.

*Conclusion:* Making patient-reported cancer needs, QOL and psychosocial data available to the health care team at a single consultation together with coordinated psychosocial interventions does not seem to reduce cancer needs, nor improve QOL, psychosocial functioning, or satisfaction with the care received. However, identification of patients with moderate or severe levels of depression may be valuable in reducing subsequent depression. The lack of an overall effect deserves comment and possible reasons will be discussed.

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