

PSYCHOLOGICAL TREATMENTS FOR PAIN IN CANCER SURVIVORS: AN UNMAPPED TERRAIN

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1.- INTRODUCTION AND AIMS

Treatments for cancer, including psychological treatments, have improved life expectancies of patients. Accordingly, part of the efforts in health care management for cancer patients is moving towards the survivorship stage. Pain is one of the most salient and interfering symptoms that accompany these patients even after the completion of cancer treatment. A number of studies have shown the efficacy of psychological treatments for pain in cancer patients, nevertheless, the studies on cancer survivors are still scarce. The aim of this work is to review this field, identify what are the elements of psychological treatments for pain in cancer patients and report on their efficacy. For the purposes of this study, cancer survivors are defined as persons who have overcome cancer and completed their treatments.

2.- METHODS

A systematic review has been conducted. The following databases were searched through March 2014: ABI/INFORM Complete, Accounting & Tax, Arts & Humanities Full Text, Avery Index to Architectural Periodicals, Banking Information Source, British Humanities Index (BHI), ebrary® e-books, EconLit, ERIC, MEDLINE®, MLA International Bibliography, Periodicals Archive Online, Periodicals Index Online, Philosopher's Index, PILOTS: Published International Literature On Traumatic Stress, ProQuest Dissertations & Theses A&I, ProQuest Entrepreneurship, ProQuest Health & Medical Complete, ProQuest Psychology Journals, PsycARTICLES, PsycBOOKS, PsycCRITIQUES, PsycINFO, Social Services Abstracts and Sociological Abstracts.

The search terms were: (pain OR *ache) AND cancer AND survivor AND "psychological treatment". Only peer reviewed articles written in English or Spanish were considered for inclusion.

3.- RESULTS

A total of 255 papers were retrieved. Only two of them met the inclusion criteria:

- *Brothers et al., (2011)*, assessed the efficacy of a combined bio behavioral intervention/cognitive behavioral treatment program for mood improvement in adult survivors of breast and other unspecified types of cancer. The sessions were focused on: coping strategies, relaxation, communication, beliefs, exercise, and problem solving.
- *Gil et al., (2005)*, presented a randomized controlled trial assessing the efficacy of a distance intervention for symptom management in breast cancer survivors. More than a half of the participants used the suggested strategies for pain management, 57% of them found the strategies helpful.

Table 1: sample description, measures and outcomes from the studies included in the review

Author	Study design	Sample description	Cancer type	Years after diagnosis	Treatment	Results
Brothers, Yang, Strunk, and Andersen 2011	Pre-test post-test	12 cancer survivor diagnosed with major depressive disorder (92% women). Mean age: 49 years	Breast cancer (58%) and other types (42%)	Mean years = 6, SD = 5	20 individual 75 min combined BBI/CBT sessions addressed to improve mood.	No differences on pain (assessed with the Brief Pain Questionnaire)
Gil, Mishel, Germino, Porter, Carlton-Laney and Belyea 2005	Randomized controlled trial	244 women. Mean age: 64 years	Breast cancer	5 to 9 years post-treatment	Distance treatment with two components: (1) A cognitive-behavioral intervention delivered via audiotapes (2) A self-help manual designed to provide information on long-term treatment side effects and cancer resources (with a chapter addressed to pain management).	Proposed strategies (i.e. Relaxation, Imagery, Calming Statements and Distraction) were used by a 56% and were found helpful by a 57% of them. The manual was used by a 33%, 91% found it helpful.

4.- DISCUSSION AND CONCLUSIONS

Although many people survive their cancer, the number of works studying the needs of these people and the alternatives to help them are still scarce. The two works that we found were of low quality; they had important limitations both on pain assessment and treatment. For example, Brothers et al., (2011) did not include specific pain management strategies and the sample size was small; whereas Gil et al., (2005) assessed the efficacy of the interventions using yes/no questions with no relationship to outcomes. Thus, there still is much that needs to be done. For example, specific pain treatment programs for cancer survivors ought to be developed and tested in different populations, looking into the specific needs of men versus women, the type of cancer, or the age of the patients.

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