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A randomized controlled trial of a multi-modal palliative care intervention to promote advance care planning and psychological well-being among adults with advanced cancer: study protocol

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- PMID: 36384735 PMCID: PMC9668697 DOI: 10.1186/s12904-022-01087-z

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Abstract

Background: Up to half of adults with advanced cancer report anxiety or depression symptoms, which can cause avoidance of future planning. We present a study protocol for an innovative, remotely-delivered, acceptance-based, multi-modal palliative care intervention that addresses advance care planning (ACP) and unmet psychological needs commonly experienced by adults with metastatic cancer.

Methods: A two-armed, prospective randomized controlled trial (RCT) randomizes 240 adults with Stage IV (and select Stage III) solid tumor cancer who report moderate to high anxiety or depression symptoms to either the multi-modal intervention or usual care. The intervention comprises five weekly two-hour group sessions (plus a booster session one month later) delivered via video conferencing, with online self-paced modules and check-ins completed between the group sessions. Intervention content is based on Acceptance and Commitment Therapy (ACT), an acceptance, mindfulness, and values-based model. Participants are recruited from a network of community cancer care clinics, with group sessions led by the network's oncology clinical social workers. Participants are assessed at baseline, mid-intervention, post-intervention, and 2-month follow-up. The primary outcome is ACP completion; secondary outcomes include anxiety and depression symptoms, fear of dying, and sense of life meaning. Relationships between anxiety/depression symptoms and ACP will be evaluated cross-sectionally and longitudinally and theory-based putative mediators will be examined.

Discussion: Among adults with advanced cancer in community oncology settings, this RCT will provide evidence regarding the efficacy of the group ACT intervention on ACP and psychosocial outcomes as well as examine the relationship between ACP and anxiety/ depression symptoms. This trial aims to advance palliative care science and inform clinical practice.

Trial registration: Clinicaltrials.gov NCT04773639 on February 26, 2021.

Keywords: Acceptance and commitment therapy; Advance care planning; Anxiety; Depression; Palliative care; cancer.

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A novel mindful-compassion art therapy (MCAT) for reducing burnout and promoting resilience for end-of-life care professionals: a waitlist RCT protocol

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- PMID: 31287010 PMCID: PMC6615114 DOI: 10.1186/s13063-019-3533-y

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Abstract

Introduction: End-of-life (EoL) care professionals are prone to burnout given the intense emotional nature of their work. Previous research supports the efficacy of art therapy in reducing work-related stress and enhancing emotional health among professional EoL caregivers. Integrating mindfulness meditation with art therapy and reflective awareness complementing emotional expression has immense potential for self-care and collegial support. Mindful-compassion art therapy (MCAT) is a novel, empirically informed, and highly structured intervention that aims to reduce work-related stress, cultivate resilience, and promote wellness. This study aims to assess the potential effectiveness of MCAT for supporting EoL care professionals in Singapore.

Methods: This is an open-label waitlist randomized controlled trial. Sixty EoL care professionals, including doctors, nurses, social workers, and personal care workers, are randomly allocated to one of two groups: (i) an intervention group that receives MCAT immediately and (ii) a waitlist-control group that receives MCAT after the intervention group completes treatment. Face-to-face self-administered outcome assessments are collected at three different time points-baseline (T1) for both groups, post-intervention (T2), and 6-week follow-up (T3) for intervention group-as well as pre-intervention (T2) and post-intervention (T3) for the waitlist-control group. The primary outcome measure is burnout, and secondary measures include emotional regulation, resilience, compassion, quality of life, and death attitudes. Between- and within-participant comparisons of outcomes are conducted, and the appropriate effect size estimates are reported. An acceptability and feasibility study is to be conducted by using a triangulation of qualitative data with framework analysis.

Discussion: The outcomes of this study will contribute to advancements in both theories and practices for supporting professional EoL caregivers around the world. It will also inform policy makers about the feasibility, acceptability, and effectiveness of delivering a multimodal psycho-socio-spiritual intervention within a community institutional setting. The study has received ethical approval from the institutional review board of Nanyang Technological University.

Trial registration: ClinicalTrials.gov Identifier: NCT03440606 . Retrospectively registered February 21, 2018.

Keywords: Art therapy; Burnout; End-of-life care; Mindful compassion; Multimodal intervention; Palliative care; Randomized control trial; Resilience.

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BMC Palliat Care

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. 2016 Oct 24;15(1):88. doi: 10.1186/s12904-016-0160-1.

The feasibility and acceptability of short-term, individual existential behavioural therapy for informal caregivers of patients recruited in a specialist palliative care unit

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Affiliations expand

- PMID: 27776501 PMCID: PMC5078917 DOI: 10.1186/s12904-016-0160-1

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Abstract

Background: Existential behavioural therapy (EBT) is a recently developed intervention to support informal caregivers of patients in a specialist palliative care unit and was initially established as a six-session group programme. This pilot study aimed to test the feasibility and acceptability of an adapted short-term, individual approach of EBT in preparation for a randomized controlled trial (RCT).

Methods: The study was conducted in a prospective, mixed methods design including four quantitiative assessments with embedded qualitative interviews at one assessment. The intervention offered two one-hour therapeutic sessions focusing on (1) mindfulness and (2) existential meaning-in-life as a source of strength provided by a trained psychotherapist. To test the feasibility of the intervention, doubling of the participation rate, compared to the previous group study (13,6 %) as well as an attrition rate of less than 30 % were set as thresholds. To test the acceptability of the intervention, self-rated usefulness of individual aspects of the intervention and the frequency of implementing therapeutic elements by the carers were set as criteria. Acceptability testing also included the number of participants who completed both sessions, where we expected more than 75 % as a criterion for acceptability. Return rates of quantitative questionnaires were set as criteria for the feasibility of data collection (<33 % loss expected within the study period). Qualitative interviews were used to collect additional data on feasibililty and acceptability and to explore potential harms and benefits of the intervention.

Results: 44/102 (43,1 %) of eligible informal caregivers agreed to participate in the study. Due to attrition of 13 caregivers (attrition rate: 29,5 %), 31 caregivers were included in the trial. Self-rated usefulness showed sufficiant results for all but one individual aspect. Frequency of implementing therapeutic elements showed wide inter-item as well as inter-participant ranges and decreased over the study period. All participants completed both sessions. Return rates of the questionnaires were within the expected range. According to the interviews, the intervention was associated with several participant-identified benefits. No severe adverse effects were observed.

Conclusions: Findings suggest that the short-term, individual EBT proved feasible and mostly acceptable.

Keywords: Caregiver interventions; Existential behavioural therapy; Feasibility study; Informal caregivers; Palliative care.

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. 2022 May 6:48:101423. doi: 10.1016/j.eclinm.2022.101423. eCollection 2022 Jun.

The NEVERMIND e-health system in the treatment of depressive symptoms among patients with severe somatic conditions: A multicentre, pragmatic randomised controlled trial

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- PMID: 35706482 PMCID: PMC9092507 DOI: 10.1016/j.eclinm.2022.101423

Free PMC article

Abstract

Background: This study assessed the effectiveness of the NEVERMIND e-health system, consisting of a smart shirt and a mobile application with lifestyle behavioural advice, mindfulness-based therapy, and cognitive behavioural therapy, in reducing depressive symptoms among patients diagnosed with severe somatic conditions. Our hypothesis was that the system would significantly decrease the level of depressive symptoms in the intervention group compared to the control group.

Methods: This pragmatic, randomised controlled trial included 425 patients diagnosed with myocardial infarction, breast cancer, prostate cancer, kidney failure, or lower limb amputation. Participants were recruited from hospitals in Turin and Pisa (Italy), and Lisbon (Portugal), and were randomly assigned to either the NEVERMIND intervention or to the control group. Clinical interviews and structured questionnaires were administered at baseline, 12 weeks, and 24 weeks. The primary outcome was depressive symptoms at 12 weeks measured by the Beck Depression Inventory II (BDI-II). Intention-to-treat analyses included 425 participants, while the per-protocol analyses included 333 participants. This trial is registered in the German Clinical Trials Register, DRKS00013391.

Findings: Patients were recruited between Dec 4, 2017, and Dec 31, 2019, with 213 assigned to the intervention and 212 to the control group. The sample had a mean age of 59·41 years (SD=10·70), with 44·24% women. Those who used the NEVERMIND system had statistically significant lower depressive symptoms at the 12-week follow-up (mean difference=-3·03, $p<0{\cdot}001$; 95% CI -4·45 to -1·62) compared with controls, with a clinically relevant effect size (Cohen's $d=0{\cdot}39$).

Interpretation: The results of this study show that the NEVERMIND system is superior to standard care in reducing and preventing depressive symptoms among patients with the studied somatic conditions.

Funding: The NEVERMIND project received funding from the European Union's Horizon 2020 Research and Innovation Programme under grant agreement No. 689691.

Keywords: Depression; Mental health; NEVERMIND; RCT; Somatic conditions; e-health.

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. 2009 Dec;7(4):405-14. doi: 10.1017/S1478951509990411.

Impact of a contemplative end-of-life training program: being with dying

Cynda Hylton Rushton 1, Deborah E Sellers, Karen S Heller, Beverly Spring, Barbara M Dossey, Joan Halifax
Affiliations expand
- PMID: 19939303 DOI: 10.1017/S1478951509990411

Abstract

Objective: Health care professionals report a lack of skills in the psychosocial and spiritual aspects of caring for dying people and high levels of moral distress, grief, and burnout. To address these concerns, the "Being with Dying: Professional Training Program in Contemplative End-of-Life Care" (BWD) was created. The premise of BWD, which is based on the development of mindfulness and receptive attention through contemplative practice, is that cultivating stability of mind and emotions enables clinicians to respond to others and themselves with compassion. This article describes the impact of BWD on the participants.

Methods: Ninety-five BWD participants completed an anonymous online survey; 40 completed a confidential open-ended telephone interview.

Results: Four main themes-the power of presence, cultivating balanced compassion, recognizing grief, and the importance of self-care-emerged in the interviews and were supported in the survey data. The interviewees considered BWD's contemplative and reflective practices meaningful, useful, and valuable and reported that BWD provided skills, attitudes, behaviors, and tools to change how they worked with the dying and bereaved.

Significance of results: The quality of presence has the potential to transform the care of dying people and the caregivers themselves. Cultivating this quality within themselves and others allows clinicians to explore alternatives to exclusively intellectual, procedural, and task-oriented approaches when caring for dying people. BWD provides a rare opportunity to engage in practices and methods that cultivate the stability of mind and emotions that may facilitate compassionate care of dying patients, families, and caregivers.

MBSR: MINDFULNESS BASED STRESS REDUCTION

Programma per la riduzione dello stress MBSR based per il CSM

[illegible]

NUMERO E FREQUENZA DEGLI INCONTRI:

[illegible]

[illegible]

[illegible]

MBSR originale [illegible]

(Center for Mindfulness, Università del Massachusetts - USA)

[illegible] MBSR [illegible] Kabat-Zinn, PhD Kabat-Zinn, J. [illegible]

[illegible] Netherlands, 1996. Pg. 161-169.

[illegible]

MBSR based per AUSL IMOLA CSM

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...ician, the patient, the community and the institution.

...our Dimensions of Training in Compassionate End-of-Life Care

Transforming the Clinician/Caregiver

- Clarifying the worldview, values, priorities, knowledge of the clinician
- Introduction to contemplative interventions, including the neuroscience of attention, insight, compassion
- Cultivating the development of moral sensitivity and compassion-based ethics
- Teaching clinicians strategies supporting clinician well-being

Transforming the Patient

- Exploring the relevance of patients' social, cultural, psycho-spiritual issues
- Addressing issues of pain/suffering/total pain of patients
- Explicating peri-death phenomena, including active dying and care of the body after death
- Outlining dimensions of grief, including anticipatory, acute and chronic grief

...ransforming the Community

- Defining an approach to caregiving that is compassion-based
- Giving strategies for compassionate communication around end-of-life issues
- Fostering compassion-based inter-professional relationships and team development
- Cultivating a whole community that includes the clinical team and all those in the network of the dying person

...nsforming the Institution

- Exploring ethical issues, processes and policies that affect the dying person
- Developing strategies for implementing compassion-based care in clinician training
- Outlining applications of compassion-based care, with a neuroscience rationale
- Instituting research initiatives in compassion-based care

...lity and Components of the BWD Training Program

...raining is taught by a renowned inter-professional faculty team modeling six dimensions: ...boration, inclusiveness, respect, mutuality, compassion and requisite diversity.

...eam includes: two contemplatives, from the Zen and Tibetan traditions (both of these ...mplatives have a non-sectarian approach); two physicians: an oncologist who is a ...munications expert and a palliative care physician; two doctoral prepared nurses: one who

Six Core Contemplative Strategies Taught during the BWD Training

All participants are guided each morning through successive reflective practices. These are unpacked in the mid-morning session by skilled practitioners, and the group explores how to apply the practices in their clinical work. Other practices are introduced in the course of the day. In the late afternoon, there is another hour devoted to a non-sectarian mindfulness practice. In the evening session, as well as during short periods throughout the day, stretching, yoga and other embodiment practices are taught.

The practices that are taught fall into six categories:

1. Focused attention and concentration practices with an emphasis on equanimity and compassion, including mindfulness of breath, somatic awareness, body scan, walking meditation, yoga, stretching, qigong.

2. Cultivating investigative/discernment faculty that includes insight practices focusing on values and ethics, altruism, pain, suffering, death, priorities and the development of metacognitive capacities; these include insight meditation, Nine Contemplations, contemplation of priorities, writing practice on death, sandtray practice.

3. Presencing pain/suffering and practicing deep listening, including learning not to personalize or pity/console; practices include seeing purely/bearing witness, co-meditation, council practice.

4. Cultivating prosocial mental qualities, including altruism, empathy, kindness, compassion, sympathetic joy, equanimity; practices include the G.R.A.C.E. intervention, the Boundless Abodes (*Brahmaviharas*), sending and receiving (*tonglen*), exchanging self with other.

5. Subjective familiarization with psycho-physical aspects of sickness, dying and death and practices utilizing visualization and imagination; practices include the practice of the dissolution of the psychophysical elements in the process of dying, dissolution of the body after death.

6. Open presence and the practice of panoramic, receptive, non-judgmental attention; the key practice is choiceless awareness.

https://www.sangye.it/altro/?p=11149
Non so chi lo ha scritto

Ma e' lo stesso episodio che ho raccontato io
C'è anche la testimonianza del medico che l'ha seguito Carmelo Barresi (ho dato i riferimenti al prof Bruno Neri che lo intervisterà)
Diagnosi secondo il medico :Emorragia celebrale con l'interessamento dell'acquedotto di Silvio quando l'hanno dimesso
Dalla Tac entrato nei ventricoli celebrali
Era in Coma neurologico (irreversibile)

https://youtu.be/FMfPh5guxBU?si=xiCqX4uizeY0S8w9

Questa e’ l’intervista di qualche minuto su mindfulness e lutto