PSYCHOLOGICAL REHABILITATION in ONCOLOGY

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INTRODUCTION

The key question around which we have been questioning for a long time is “*What is the 'psychological rehabilitation' in oncology?*”. The term traditionally refers to the scope of disability and deficit. How to declare it in oncology? Modern medicine, in fact, can no longer be limited to diagnosing and treating, but it has to **take care** of the patient's recovery. The interest in the *bio-psychosocial aspects* of treating the oncology patient has, in recent years, been accompanied by the need to create a service structure that, while maintaining their uniqueness, is integrate allowing continuity and consistency in the care provided. **Taking care of the patient as a person** rather than a disease is the foundation of the new approach to care that integrates the emotional aspect with the biomedical aspects of cure. With all that this involves: in oncology you are interested not only and no longer how long your patient will live after a diagnosis of cancer but **how he will live and live with** it. Care is to pay attention to the needs of the **sick** person with a view to promoting his / her quality of life, to maintain a benevolent and attentive approach to what the patient is saying about his / her **illness**. The behavioral style of the patient sometimes does not make it possible because the *illness* exposed the individual and the family in a condition of intensive stress and this ‘*disease*’ is well recognized by the patient, the family, and the staff Curative . There is no unambiguous definition in the literature on what should be understood as psychological intervention in oncology. In 2011 Hodges et al. published a meta-review about psychological treatment in psycho-oncology. There is a heterogeneity between the researches being reviewed. There is frequent interchangeability between psychological and psychosocial intervention and no operational definition. The purpose of this study is to define a psychological rehabilitation model based on clinical indicators and reports of patients in order to observer their impact on their quality of life and the way they can enjoy comprehensive and integrated assistance, inspired by a systemic and humanistic approach, Improving the relationship between all involved actors (patients, care-givers, healthcare workers).

Method

The project "Psychological Rehabilitation "" was articulated according to the synopsis shown in Table 1.

The study was conducted on a sample of 321 related patients of Medical Oncology of the Hospital "Policlinico - Vittorio Emanuele" of Catania from 2016 to today. Qualitative and quantitative methodologies were used. The quantitative part included compiling the following battery of self-report questionnaires:

- Questionnaire for evaluation of patient needs (NEQ, Tamburini, 2000);
- SF -36 Health Questionnaire (Apolone, Mosconi et al.,1997).
- IBQ (Illness Behaviour Questionnaire, Pilowski I., 1984, 1987)

The qualitative part of the research, linked to the emotional impact of the disease and to the formal and informal network of the patient support system, was based on the elaboration of responses provided by patients to a specifically designed interview.

Results

Sample

DIAGNOSI

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The study is still ongoing. Preliminary results indicate that oncologic patient express the you **need** more information about the **prognosis**, exams, and treatments you are on subjected; This is particularly evident among newly diagnosed patients who deny discomfort emotional.

I BISOGNI

The quality of global life is medium - high, with significant differences over the stadium of the disease: it appears lower in metastatic patients.

Come valutano lo stato di salute?

Scores from the **SF-36** questionnaire are lower than the average Italian population, with a significant decrease in functionality emotional, comparable to literature reference data in case of survivor (Trippoli et al., 2001).

LA PERCEZIONE di ‘ILLNESS’

Conclusion

This preliminary analysis underscores the importance of integrated psychological rehabilitation patients. This approach is inspired by the overall care of patients and the principles they consider patient as a person and not as "organ"; Pay attention also to the resources of the person, to the Its resilience and its empowerment (Bronstein et al., 2003).

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