Why do distressed cancer patients reject psychosocial support offers?

Refika Edebalı-Avcı¹, Birgitt Marten-Mittag¹, Theresia Pichler², Peter Herschbach¹,

¹Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, Technical University of Munich, Munich, Germany

²Comprehensive Cancer Center, Munich, Germany

Introduction

- About 30-50 % of cancer patients suffer from high levels of psychosocial distress, more than 30 % develop a psychiatric disorder during the course of the disease [1, 2].
- However, less than 50 % of highly distressed cancer patients seek psychological support. The reasons for that have not been adequately investigated yet.

Objectives

- The purpose of this study was to gain a deeper insight of the motives behind distressed cancer patients' rejection of psycho-oncological help.

Methods

- We conducted a qualitative study based on standardized, semi-structured interviews.
- Participants were in- and outpatients with different cancer diagnosis who had rejected psycho-oncological help despite high distress (based on distress screenings) [3].
- By means of in-depth individual interviews, motives influencing the rejection have been explored.
- Interviews were analyzed based on Mayring's „Qualitative Content Analysis“ [4]. Study procedure: see figure 1.
- In a further step we quantified the detected qualitative categories.

Figure 1: Study procedure

Literatur

- [1] Singer, S., J. Das-Munshi und E. Brahler. Prevalence of mental health conditions in cancer patients in acute care - a meta-analysis. *Annals of Oncology* 2010;21(5): 925-930.
- [2] Mehnert, A. et al. Four-week prevalence of mental disorders in patients with cancer across major tumor entities. *Journal of Clinical Oncology* 2014;32(31): 3540-3546.
- [3] Book K. et al. Distress Screening in Oncology— Psychometric Properties of the Questionnaire on Distress in Cancer Patients – Short Form (QSC-R10). *Psychooncology* 2011;20(3):287-93.
- [4] Mayring P. *Qualitative Inhaltsanalyse. Grundlagen und Techniken*. 2015; 12. Aufl. Beltz Verlag, Weinheim und Basel

Results

- The study included 31 patients with a mean age of 62 years, 52 % were male.
- We identified 33 categories of reasons for rejection of psycho-oncological help, clustered into 14 main categories.
- The most frequently mentioned categories were “receiving support from social environment” (77 %), “belief, that talking to someone does not help” (74 %) and “wrong time” (65 %) (see figure 2).
- Significant gender differences were found for the categories “denial” (men = 56 %, woman = 0 %), “disregarding little distress” (men = 63 %, woman = 7 %) and “spatial and time aspects” (men = 13 %, women = 53 %) (see figure 3).
- No correlation was found for age.

Figure 2: Frequency distribution of main categories

Some quotes from the patients for illustration:

- „I felt and do not feel like a cancer patient.“
- „I do not know ... how the situation would be? Would I have this psychologist forever with me at home or how does this work?“
- „ ... I spend so much time with doctors, in therapies, that I want to spend my free time with my family, my friends.“
- „Because usually those people (the psychologists, AN) have problems themselves, otherwise they would not be interested in these topics.“

Figure 3: Frequencies (%) of main categories, separate for males and females.

Conclusions

- Besides implementation of distress screenings in clinical practice – as required by the guidelines – we additionally need to influence the subjective and objective factors that prevent access to psycho-oncological support offers.

Contact

Refika Edebalı-Avcı
Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, Technical University of Munich - Email: r.edebali@tum.de