

心理的介入はがん患者の苦悩を緩和する (Abstract LBA10001)

短期間の心理的介入は、がん患者のうつ症状を軽減し心理的ウェルビーイングを改善する

Brief psychological intervention reduces depression and improves psychological well-being in cancer patients

進行がん患者305人を対象としたランダム化臨床試験の結果、Managing Cancer And Living Meaningfully (CALM) と呼ばれる短期間の心理的介入が、患者や家族が進行がんの実際的な感情的損害を処理するのに役立つことが示唆された。3か月後、CALMを受けた患者の52%においてうつ症状が臨床的に重要な軽減を示したのに対し、通常のケアを受けた患者におけるその割合は33%であった。CALMを受けた患者はまた、3か月後および6か月後の心理的ウェルビーイングが改善しており、エンド・オブ・ライフへの準備がよりできていた。このスタディ結果は2017年American Society of Clinical Oncology年次集会で発表された。

Full Text

Advanced cancer triggers enormous distress and brings challenges that can seem overwhelming. Yet, most cancer centers lack systematic approaches to help patients and families manage the practical and emotional toll of advanced cancer.

Findings from a randomized clinical trial of 305 patients with advanced cancer suggest that a brief psychological intervention, called Managing Cancer And Living Meaningfully (CALM), could help fill this need. At three months, 52% of patients who received CALM had a clinically important reduction in depressive symptoms, compared to 33% of patients who received usual care. Patients who received CALM also had improved psychological well-being at three and six months and were more prepared for the end of life.

The study was presented at the 2017 American Society of Clinical Oncology (ASCO) Annual Meeting.

"This brief talking therapy helps patients facing advanced cancer, and their loved ones, sustain what is meaningful in their life despite its limitations, and face the future," said lead study author Gary Rodin, MD, Head of the Department of Supportive Care at the Princess Margaret Cancer Centre in Toronto, Canada. Dr. Rodin developed CALM with colleagues Sarah Hales, MD, PhD, and Chris Lo, PhD, and notes that training is underway to help expand the approach to cancer centers worldwide.

"It provides time and space for reflection on the threats and challenges associated with advanced cancer, the experience of a secure base in the therapeutic relationship, and support for the regulation and modulation of emotions," said Dr. Rodin.

CALM is a psychological intervention developed specifically for patients with advanced cancer. It consists of three to six 45- to 60-minute sessions delivered over three to six months by trained health care professionals, such as social workers, psychiatrists, psychologists, palliative care doctors and nurses, and oncologists. Family members or partners are invited to attend the CALM sessions. The sessions focus on four broad domains:

- Symptom control, medical decision-making, and relationships with health care providers
- Changes in self-concept and personal relationships
- Spiritual well-being and the sense of meaning and purpose in life
- Future-oriented concerns, hope, and mortality

"CALM is distinct from other interventions in that it is meant to help patients live with advanced disease, rather than just prepare them for the end of life, and in that it is focused on both the practical and the more existential concerns faced by those with advanced cancer," stated Dr. Rodin.

In this study, 305 patients with advanced cancer were recruited at a comprehensive cancer center in a large urban area in Canada. The patients were randomly assigned to CALM therapy plus usual care or to usual care alone (control group).

Participants in the control group received routine oncology treatment and follow-up, as well as a clinic-based distress screening. About one-third of patients in the control group received some specialized psychosocial oncology care, but less than 10% received any structured or semi-structured psychotherapy.

Researchers measured depressive symptoms (using the Patient Health Questionnaire-9) and other outcomes at study entry (baseline), and at three (primary endpoint) and six months (trial endpoint).

Compared to patients in the usual care group, patients in the CALM intervention group reported less severe depressive symptoms at three months, and the difference between the two groups was even greater at six months. In terms of clinical impact, for participants with depressive symptoms of at least subthreshold severity (clinically significant and associated with impairment, but which do not meet full criteria for the diagnosis of a major depressive disorder) at study entry, a greater proportion of those receiving CALM than those receiving usual care had a clinically important reduction in severity of symptoms, both at three months (52% CALM vs. 33% usual care) and six months (64% CALM vs. 35% usual care).

CALM also helped prevent depression in 137 patients who did not have depressive symptoms at study entry. At three months, only 13% of such patients who received CALM developed depressive symptoms (of at least subthreshold severity) versus 30% of those who received usual care.

At both three and six months, the CALM group reported greater preparation for end of life, greater opportunity to talk about concerns about the future and to be less frightened, and a greater ability to express and manage feelings. At six months these effects were strengthened, and the CALM group also felt more able to understand their cancer experience, deal with changes in relationships as a result of cancer, explore ways of communicating with their health care team and family, and clarify their values and beliefs.

"A diagnosis of advanced cancer weighs heavily on patients and families, and this study gives a new approach that can ease this burden," said ASCO Expert, Don S. Dizon, MD, FACP. "As oncologists, our job isn't just to treat our patients' physical symptoms. It's also to connect them with other forms of support to help them cope and plan for the future."

The next steps for this research will include enhancing understanding of the therapeutic process of CALM, the optimal approaches to training clinicians in the intervention, the refinement of measurement tools that best capture the clinical outcomes, and the effectiveness of implementation in diverse clinical settings and geographic regions.

This study was funded by the Canadian Institutes of Health Research.

ASCO2017特集

[News 01]

ナッツの摂取が大腸がん再発リスクを低下させる

[News 02]

胆管がん患者の生存期間延長

[News 03]

分子標的治療は肺がんの再発を遅延させる

[News 04]

結腸がん治療後の健康的なライフスタイルは生存率を改善する

[News 05]

ワクチン使用による経口HPV感染の軽減

[News 06]

結腸がんに対する補助療法の改善

[News 07]

症状を自己報告するウェブベースのシステムは患者の生存期間延長に役立つ

[News 08]

OlaparibはBRCA関連転移性乳がんの増殖を遅延させる

[News 09]

多発性骨髄腫に対する新たなタイプの免疫療法

[News 10]

EGFR遺伝子変異陽性肺がんの新たな治療の可能性

[News 11]

アレクチニブは肺がんの無増悪生存期間を改善する

[News 12]

浸潤性乳がんのリスクを低下させる

[News 13]

新規診断転移性前立腺がんにおける予後の改善

[News 14]

Larotrectinibは多様な腫瘍タイプに効果的である

[News 15]

短期および長期の放射線治療は患者の可動性を維持するのに役立つ

[News 16]

胸膜中皮腫に対する初めての免疫療法の兆しが見える

[News 17]

心理的介入はがん患者の苦悩を緩和する

[News 18]

乳がん罹患後の妊娠は再発率を上昇させない

[News 19]

精巣腫瘍による性腺機能低下症は慢性的な健康問題と関連がある

[News 20]

心理的介入はがん再発の恐怖を軽減する