Pilot project of developing a new multidisciplinary psychosocial day program for managing anxiety and depression in patients and caregivers at Palliative Care Unit

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## Background:

## Complex Psychosocial Needs in PC

- WHO definition of Palliative Care (PC)
  - "...improves the quality of life of patients and their families facing the problem associated with lifethreatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

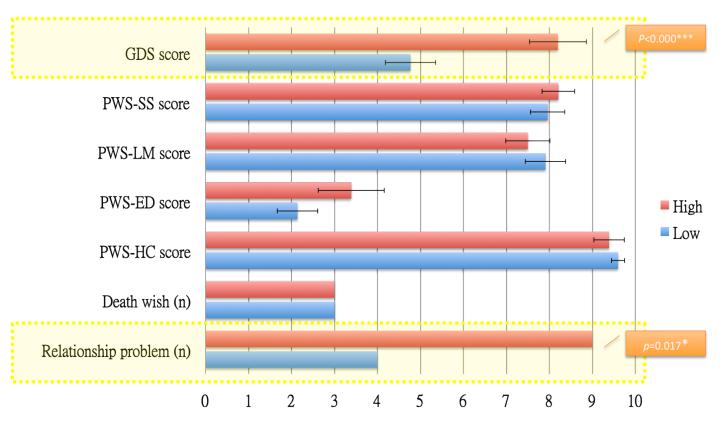
(WHO, 2015)

## Objective:

- 1. Retrospective analyses of data obtained by Psychology Assistants
  - Physical symptoms & psychological well-being in PC outpatients
  - Psychological well-being and relationship difficulties in outpatients and caregivers
- 2. Way forward:
  - New Multidisciplinary Psychosocial Program

## Results from Retrospective Analyses: 1. PHYSICAL & PSYCHOLOGICAL

↑ physical symptoms: ↑ depressive symptoms (p<0.000\*\*\*)
 ↑ report relationship problems (p=0.017\*)

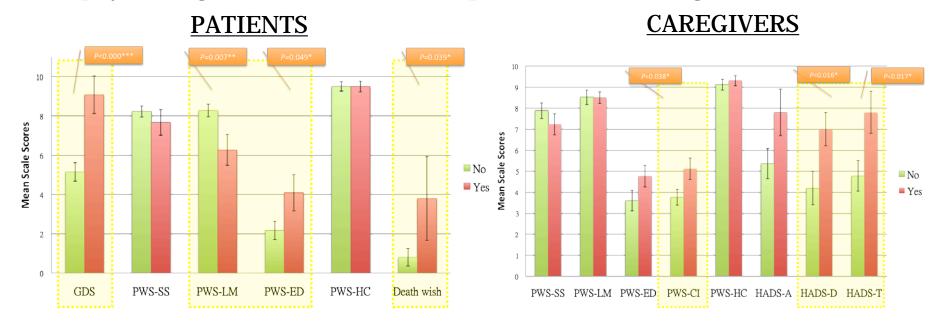


Notes: GDS: Geriatric Depression Scale; PWS-SS: Social Support subscale on PWS; PWS-LM: Life Meaning subscale on PWS; PWS-ED: Emotional Distress subscale on PWS; PWS-HC: Hospital Care subscale on PWS

## Results from Retrospective Analyses:

## 2. PATIENTS & CAREGIVERS

- $\uparrow$  pain in patients  $\rightarrow$   $\uparrow$  caregiver's emotional distress (p=.043\*)
- Relationship difficulties
  - ↑ death wish in patients
  - psychological distress in both patients and caregivers



Notes: GDS: Geriatric Depression Scale; PWS-SS: Social Support subscale on PWS; PWS-LM: Life Meaning subscale on PWS; PWS-ED: Emotional Distress subscale on PWS; PWS-CI: Carer Inadequacy subscale on PWS; PWS-HC: Hospital Care subscale on PWS; HADS-A: Anxiety subscale on HADS; HADS-D: Depression subscale on HADS; HADS-T: Total scores on HADS (divided by 2).

## New program to address complex needs

- One-stop, multidisciplinary (Strasser et al., 2004)
  - Clinical Psychologist (CP) + Physiotherapist (PT)
- Patients and Caregivers
  - Relationship and communication issues
- Evidence-based interventions for Depression & Anxiety
  - Cognitive Behavioral Therapy (Butler et al., 2006; Daniels, 2015)
  - **Exercise** (Kim et al., 2012; Quist et al., 2015)

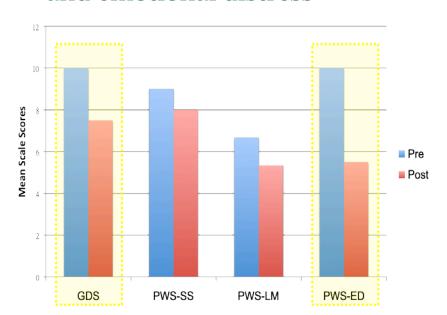
#### **PILOT PROJECT:**

- 4-session program to manage anxiety and depression in outpatients and their caregivers
  - CP: Emotion regulation and tolerance;
     Relationship and communication issues
  - PT: Individualized home-based exercise program

#### Positive Treatment Outcome

#### Psychological well-being

 Reduced depressive symptoms and emotional distress



#### Physical functioning

Improved mobility and balance



 Positive feedback was also received from patients from Client Satisfaction Survey

Notes: GDS: Geriatric Depression Scale; PWS-SS: Social Support subscale on PWS; PWS-LM: Life Meaning subscale on PWS; PWS-ED: Emotional Distress subscale on PWS. MFAC: Modified Functional Ambulation Category; EMS: Elderly Mobility Scale; BBS: Berg Balance Scale.

#### Limitation & Conclusion

#### Limitation

- Methodology of retrospective analyses: current results were based on symptoms reported in unstructured interview; some symptoms may be overlooked / underreported
- Treatment outcome: very small sample size (only 2 patients completed); limited involvement of caregivers.

#### **Conclusion**

- Psychosocial needs in patients and caregivers at PCU are complex.
  - Significant interaction between patients' physical and psychological functioning
  - Their overall well-being and quality of life are highly interrelated (E.g. relationship difficulties were highly associated with increased psychological distress)
- One-stop and time-limited multidisciplinary day program with evidence-based interventions could be an effective and efficient way to address such complex needs.

## Acknowledgement

- Participated patients and caregivers
- Ms. Iris NG, Psychology Assistant
- Ms. Siu-Hong SHUM, Clinical Psychologist
- Ms. Emily TSANG, Physiotherapist
- Palliative Care Unit, Department of Medicine & Geriatrics,
   Caritas Medical Centre
- Department of Clinical Psychology, Caritas Medical Centre

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## Thank You!

# Q&A