Service Related Project (SRP)

Experiences of Heart Failure Patients with a Previous History of Cancer: Service Implications

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Overview

- Background and rationale
- Methods
- Results
- Key findings and recommendations
Background and Rationale

• Clinical observation of specialist HF psychologist
• Evidence of cardio-toxic late treatment effects

There is increasing evidence that despite medical advances, cancer treatments can lead to later cardiac problems including heart failure (e.g. van Laar et al., 2014; Lipshultz et al., 2013; Truong, Yan, Cramarossa & Chan, 2014)

Drugs used to treat breast, blood, liver, gastrointestinal, and bone cancers have all been shown to be highly cardio-toxic (Brave, Goodman, Kaminskas, Farrell, Timmer & Pope et al., 2008; Escudier, Eisen, Stadler, Szczylık, Oudard & Staehler et al., 2009; Kantarjian, Giles, Gattermann, Bhalla, Alimena & Palandri et al., 2007; Kerkelä, Grazette, Yacobi, Iliescu, Patten & Beahm et al, 2006)
Background and Rationale

- Cancer Survivorship is an area of increasing interest
- There are currently an estimated 1.8 million people in England living with cancer and this number is expected to rise to over 3 million by 2030 (Department of Health, 2013), with longer-term projections suggesting that by 2040 almost a quarter of people in the UK aged 65 and above will be cancer survivors (Maddams, Utley, & Møller, 2012)
- Cancer survivorship has been associated with long-term psychosocial difficulties including compromised quality of life, depression, anxiety, and post-traumatic stress disorder (PTSD; Deimling et al., 2002; Ferrell, Dow, Leigh, Ly, Gulasekaram, 1995; Koch et al., 2014; Mehnert & Koch, 2008)
- There is evidence that psychological distress can be particularly pervasive when continued effects of cancer and cancer treatment such as heart failure are evident (Deimling, Kahana, Bowman, & Schiefer, 2002)
- Guidelines about how care should be delivered for people with physical health problems recommend a holistic, collaborative approach (BPS, 2009; HCPC, 2015; NICE, 2004)
- No guidelines address psychological care in cardio-oncology
Research Aims

1. Address the needs of the service by gaining insights into the experiences of heart failure patients with a previous diagnosis of cancer with the aim of better understanding how the psychological needs of this group be met

2. Identify who in the clinical psychology team may be best placed to deliver the identified care needed
Method

• Ethical approval gained from NHS Research and Ethics Committee (REC) and trust R&D
• Eligible patents identified from service databases by the Field Supervisor
• Recruitment packs sent out, potential participants asked to contact the research team
• Semi-structured interviews were conducted and data were analysed using interpretative phenomenological analysis (IPA) design

• IPA allows researchers to ‘give voice’ to a relatively homogenous sample of people who have had similar experiences that matter to them and that they understand (Larkin & Thompson, 2012)
• IPA was used as a means of exploring the way in which participants made sense of their experiences of cancer and heart failure by interpreting the information they expressed during interviews
Participants

• Recruitment was challenging - patients in this population have significant health problems

• Recruited N = 4 participants (2 male, 2 female; Ages 46-71 years; breast, lung, leukaemia, lymphoma)
Results

• Five superordinate themes were identified:

1) The perceived relationship between cancer and heart failure
2) The cumulative effect of cancer and heart failure
3) Creating power in a powerless situation
4) Positive experiences of care
5) Negative experiences of care.
Theme 1 - The perceived relationship between cancer and heart failure

“I categorised them in two separate boxes. I didn’t connect a link. Didn’t think about a link. I was just unlucky. Life had drawn me two short straws - one for my heart, one for lymphoma… So I recovered, then I got to thinking about these things… Is there any correlation between the lymphoma and the heart attack? In other words, had the lymphoma caused my heart to weaken by being affecting the heart just naturally, so if I took no drugs would that affect the heart anyway?… The conclusion I came to was that there’s something in the treatment of the lymphoma that causes the deterioration of the heart.” (John)

“When I did mention it at Christies they were a bit funny and the consultant said, ‘Oh well it’s not… how do you know it’s caused by the cancer treatment? … I already knew that it was because of my treatment. I’d already been told that way back.” (Claire)
Theme 2 - The cumulative effect of cancer and heart failure

“[Multiple problems] compound everything, and it’s sort of like another knock kind of thing… And then you're kind of waiting for what else is coming. What else is going to happen?” (Claire)

“I have this thing about putting things away to be dealt with later and it’s like stacking boxes. And they get so high and then they fall over and then I have to deal with it.” (Julia)

“I’m getting thoroughly pissed off with the whole, now, with the whole health situation’, ‘I’ve got a very good Muslim friend and we were talking about this a few years ago and he said, ‘God’s testing you’. I said, ‘He’s not testing me, he’s taking the piss!’ (Paul)
Theme 3 - Creating power in a powerless situation

“The illness creates a sense of helplessness… That’s the way it is. And you come to accept it. You don’t like it… you have to live with it.” (Paul)

“It was like I was watching it happening, but I didn’t really at the time think it was really happening. It was, but I kind of felt sort of separated… But that’s how I got through it at the time. And I did everything they told me.” (Claire)

“Every 6 months I go and see [the consultant]. This gives me reassurance… I take that as a positive.” (John)

“I don’t just take a doctors word for it. If he says I’ve got cancer then I’ll go and look it up. If he says I’ve got heart failure I’ll go and look it up. If he says I’ve got flu I’ll go and look it up and see what the medications are… I become an expert in whatever it is I’m dealing with.” (Julia)
Theme 4 - Positive experiences of care

“The secret is to get those people to work together and for the good of the body. Because without that, you’re going to fail. Even if you've only got one person in the team who’s, you know, off at a tangent - no.” (John)

“If you’ve got a problem, [the specialist psychologist will] go and talk to the, you know, the surgeons, or the consultant or whoever. And find something out for you and get the information for you… She’s part of the team.” (Paul)

“I don’t think that [non-specialist psychologists] understand the conditions. I mean I can take something to [my psychologist] and she knows straight away what I'm talking about…you do tend to get dismissed a lot by people that don't specialise in it.” (Julia)
"As a patient you think everything’s more connected than it is. [laughs]. And it isn’t. Cause they work separately and don’t communicate. The communication is not great… So I think that could do with being better.” (Claire)

“When I did mention it at Christies they were a bit funny and the consultant said, ‘Oh well it’s not… how do you know it’s caused by the cancer treatment?… It’s like he was kind of saying, ‘It’s not our fault.’” (Claire)

“[My GP] wrote to the consultant, and he said, ‘This man’s a malingerer’. So I couldn't get anybody to believe me.” (Paul)

“To be dumped with cancer in a male ward, and it’s a female cancer as well. It’s not as if it was bowel cancer, it might have been different… as a female you take your breasts for granted. And they do define you as a woman unfortunately. That’s the way society views you.” (Julia)
Key findings and recommendations

• Experiences of cancer and heart failure have a significant long-term implications that often leave them feeling powerless and overwhelmed.
• Patients therefore require care from a wide range of professionals that accounts for both their physical and psychological needs.
• Patients should feel listened to and understood, and communication between professionals and across teams to share relevant information is important.
• In contrast to the cumulative effects of these illnesses, participants found positive means of coping and all were able to gain a degree of power and control over their situation.
• Given the psychological impact that cancer and heart failure can have on patients, further research is needed to determine how best to integrate psychological care into existing systems of physical care.
References


Medical cardio-oncology literature:

Any Questions?