

Rehabilitation of spouses to cancer patients: A pilot project with 19 participants.

Ulla Hjortebjerg and Tina B. Mikkelsen

Rehabilitation Centre Dallund, Dallundvej 63, DK-5471 Søndersø, Denmark.

www.dallund.dk



Aim:

To describe the need of rehabilitation of spouses to cancer patients and evaluate a 5-days rehabilitation program with focus on the spouses.

Background:

Rehabilitation Centre Dallund has provided a 6-days rehabilitation stay for Danish cancer survivors since 2001. Until now, more than 5000 cancer survivors have participated. Some of the survivors have stayed with their spouses and others have talked about the problems of being a close relative to a cancer patient. We developed a 5-days rehabilitation stay for spouses to a cancer patient with focus on the need of spouses from our experience. The spouses evaluated the intervention.

Rehabilitation centre Dallund

RcDallund is the first and only centre in Denmark offering rehabilitation to cancer survivors as a residential programme. The rehabilitation is a coordinated effort with several specialists. The programme consist of physical, psychological, social, work related and existential issues. The programme is varied between lectures, group based dialogs, individual consultations, physical activity and creative activities. Each participant can choose one consultation with one of the specialists. Each week 20 cancer survivors stay at Dallund manor house for 6 days. RcDallunds annual capacity is 700 participants.

Materials and methods:

19 spouses (14 women and 5 men) participated. Before the stay the participants filled in a questionnaire about their expectations and a distress scale. At the end of the stay and three month after, they filled in the distress scale and a written evaluation and 15 spouses had answered all three questionnaires. Furthermore the comments from talks at the end of the stay was written down and evaluated. The answers from the questionnaires were compared with the answers from 3808 cancer survivors from 2004-2009 where 53% had breast cancer.

Schedule

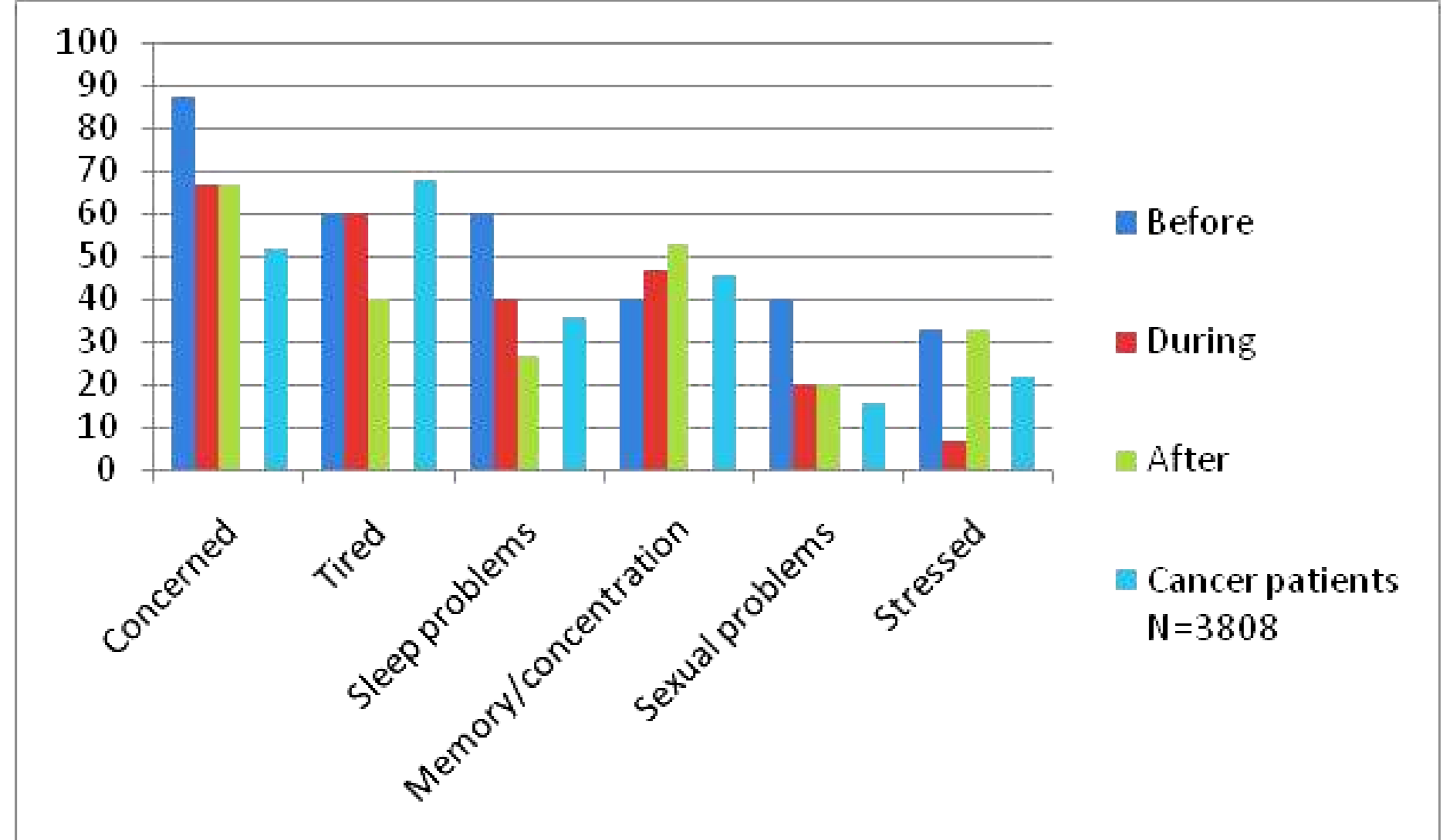
Time:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7.30 – 8.30		Breakfast	Breakfast	Breakfast	Breakfast	8.00: Breakfast
	9.30 – 10.00 Arrival and registration	8.30-10.20 Late effects/ fatigue* Doctor and nurse	8.30-10.20 Psychological reactions to cancer* Psychologist	8.30-10.20 "Diet, health and healthy habits**" Dietician	8.30-10.00 Motivation and change	9.15 – 9.45 Check out
	10.00 Welcome and presentation of the programme	Or Physical activity * Physiotherapist	Or Physical activity and relaxation* Physiotherapist	Or Physical activity * Physiotherapist	11.00-12.30 Individual plans For the future	9.45 – 11.15 Goodbye to Dallund
	11.30 Walk around the lake 3 and 3	10.50-12.30 The two groups switch	10.50-12.30 The two groups switch	10.45-12.30 The two groups switch		
12.30		Lunch	Lunch			11.30 Lunch
	14.00 Presentation	14.00 – 16.30 Back to work – How, when you are tired? Social worker and nurse	13.45-15.30 Body and art* Art therapist	Individual consultations Massage	13.30-15.00 Talk about individual plans in groups	12.15 Departure
	16.00 Guided tour around the castle	13.15-16.00 Individual physiotherapy physiotherapist	Or Cancer ans sexuality* Sexologist			
18.00		16.00-17.45 The two groups switch Dinner	16.00-17.45 The two groups switch Dinner			
	19.30 Singing and music Musicians		Creative activities	19.30 "Who is the owner of life" Clergyman	Kl.18.00 Banquet	

*The participant are split up in two groups and switch activity after the session.

Results:

The spouses reported many physical and psychological problems before the stay (figure). Some of the problems were reported more often than among 3808 cancer survivors before their stay. The spouses were more concerned and stressed and reported more sexual problems. Three months after the stay, fewer of the spouses were concerned, tired, had sleeping problems, and sexual problems. The participants were much less stressed during the stay than before and after and they reported more problems with memory/concentration during and after the stay than before. At the evaluation form they spouse stated that they had got very much (answered 4 or 5 at a scale from 0 to 5) knowledge (63%), support (79%) and possibilities for action (63%), 68% reported that the stay had crucial importance for their future life and 100% were very satisfied with the stay.

Major problems among 15 spouses of cancer patients



Discussion:

It seems that spouses of cancer patients have benefit from a 5-days rehabilitation stay where they could have focus on their own situation. In the talks, some participants were interested in more knowledge of cancer and late effects and others had minor suggestions of things that could be done differently. The overall evaluation of the stay was very good; 18 (95%) of the participants evaluated their satisfaction with the stay at the highest score. The frequency of physical and psychological problems were high and for some participants the rehabilitation stay seemed to help. The spouses were recruited during a counseling center (the Danish Cancer Society) and may not be representative for all spouses. A third of all reported that they were stressed before and after the stay. During the stay only 7% reported stress. It seems that a residential course is suitable for spouses to get focus on their own needs because of the stress at home.

More spouses than cancer patients at Dallund were concerned, had sleep problems and sexual problems. Nearly as many were tired.

More spouses reported problems with memory and concentration during and after the stay. The numbers are small, 6 reported this before, 7 during and 8 after the stay.

At the oral evaluation the spouses underlined their benefit of sparing with each other and the professionals about the daily life and when they could set boundaries when their spouse have cancer.

Conclusion:

There was an unmet need of being seen and heard among the spouses. They reported benefit of being together with other spouses with focus on their own needs and the inputs from many different health professionals.



Dallund

