Integration of Psychological Intervention in Specialized Palliative Care

Effects on Caregiver Distress and Dyadic Coping

SUMMARY

Advanced cancer profoundly affects not only patients but also their caregivers, who may be partners, adult children or other family and friends. Symptoms of psychological distress are prevalent and psychological well-being related in patient-caregiver dyads, who may cope with the disease through both individual and dyadic coping efforts. Palliative care is a multidisciplinary approach that aims to alleviate suffering in patients and families, but psychological interventions in trials of specialized palliative care (SPC) are rarely well-described, and often lack a focus on the dyad. Limited knowledge exists about the effects of SPC on psychological distress in caregivers and although patients and caregivers are increasingly included in SPC trials together, the effects of these interventions on dyadic interactions and coping are unknown.

The ‘Domus’ randomized controlled trial (RCT) was conducted to investigate effects of SPC and psychological intervention on patients with advanced cancer and their caregivers. Adult patients seen at the Department of Oncology at Rigshospitalet, Copenhagen University Hospital, who had incurable cancer and limited antineoplastic treatments options were recruited and could invite a caregiver to participate. Participants were randomized to the intervention or care as usual. In the intervention arm, home-based palliative care was initiated through an accelerated, coordinated process, and psychological intervention was provided as an integrated part of home-based SPC. The intervention was based on existential-phenomenological therapy and aimed to alleviate distress in patients and caregivers by addressing the specific issues challenging each dyad’s psychological adaptation when needs arose. Two sessions were planned within a month of randomization and followed by monthly needs assessments or needs-based sessions until early bereavement. Patients and caregivers completed questionnaires before randomization and up to six months later. Bereaved caregivers completed questionnaires up to 19 months after the patient’s death. Questionnaires included the anxiety and depression subscales of the Symptom Checklist (SCL) 92, and subscales of the Dyadic Coping Inventory (DCI) measuring communication of stress, common coping, and satisfaction with dyadic
coping. Intervention effects on caregivers’ symptoms of anxiety and depression and on the measured aspects of dyadic coping, were estimated with 95% confidence intervals (CI) in mixed effects models. We estimated direct and indirect intervention effects in path analyses to investigate whether effects of anxiety and depression were mediated by effects on dyadic coping.

From June 2013 to August 2016, 340 patients were recruited, of whom 258 (76%) participated with a caregiver. Mixed effects models found significant intervention effects on caregivers’ symptoms of anxiety throughout follow-up (estimated difference, -0.12; 95% CI, -0.22 to -0.01; Cohen’s d, -0.19), and symptoms of depression eight weeks (-0.17; 95% CI, -0.33 to -0.02; Cohen’s d, -0.26) and six months (-0.27; 95% CI, -0.49 to -0.05; Cohen’s d, -0.41) after randomization. Symptoms of depression were also significantly lowered in bereavement, two weeks (-0.28; 95% CI, -0.52 to -0.03; Cohen’s d, -0.42), and two months (-0.24; 95% CI, -0.48 to -0.01; Cohen’s d, -0.37) after the patient’s death. The intervention had no significant main effects on measures of dyadic coping, but significant effects in subgroups of dyads. Among couples, the intervention significantly increased common coping (estimated difference, 0.68; 95% CI, 0.11 to 1.24), albeit to a small extent. Further, for caregivers in couples the intervention significantly increased stress communication (0.97; 95% CI, 0.24 to 1.71), while decreasing stress communication in parents cared for by an adult child (-2.54; 95% CI, -4.19 to -0.90). Mediation analyses showed no evidence for mediation.

The Domus RCT demonstrated that SPI and dyadic psychological intervention can significantly decrease psychological distress in caregivers of patients with advanced cancer, and may affect certain aspects of dyadic coping. Increases in dyadic coping did not prove to be the mechanisms through which the Domus intervention affected caregivers’ symptoms of anxiety and depression. The findings presented underscore that caregivers should be considered targets of intervention in palliative care, and that beneficial effects of specialized palliative care with integrated psychological support can extend even into bereavement. Further, the findings suggest that interventions tailored to the individual dyad and its needs may be appropriate in specialized palliative care. However, future research should investigate whether dyads in different relationships, such as couples or parents cared for by adult children, benefit equally from the same interventions, or whether interventions need to be adapted to each dyad type.