

Introducing Guided Imagery and Progressive Muscle Relaxation to symptom management in Patients with Breast and Prostate Cancer: a randomized control trial (preliminary findings-research)

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It is well-established that the diagnosis and treatment of cancer are stressful experiences that may be associated with high levels of psychiatric and psychosocial. Furthermore, unrelieved symptoms (i.e pain, nausea and vomiting, fatigue) is a frequent reason for hospitalization, particularly for patients undergoing complex and difficult cancer treatment regimens such as chemotherapy or bone marrow transplant, and for patients with advanced stages of the disease (Kwekkeboom et al 2008; Fortner et al 2002; Goudas et al 2000). Although adaptation and quality of life can be enhanced by giving patients information appropriately and by involving them in decision-making to the extent they wish (Fallowfield, 1997), there is clearly a need for simple, easily administered interventions to help patients to cope with the diagnosis, treatment and symptoms of cancer. Cognitive-behavioral strategies such as guided imagery and relaxation are recommended as adjuvant interventions to enhance symptom management and to increase patients’ perceptions of control over the treatment. Guided imagery involves the use of one’s imagination to create mental images that distract attention away from pain or that alter the pain sensation itself. Relaxation exercises such as deep breathing and PMR are commonly recommended for pain management and other cancer or treatment related symptoms. PMR is an essential adjunct to GI because it causes both physiological and psychological relaxation. It does this by reducing the response to stress, reducing skeletal muscle contraction, and decreasing the sensation of pain (Benson et al., 1974; McCaffery & Pasero, 1999). PMR has become such a common adjunct to GI that many articles refer to the intervention as GI when in fact it combines both GI and PMR (Fontaine, 2000; Klaus et al., 2000; Moore & Spiegel, 2000). This study is a randomized controlled trial involving the use of GI and PMR (combined) as cognitive-behavioral strategies to enhance patients control over symptoms and psychological distress. Eligible participants included patients with breast cancer and patients with prostate cancer (the most frequent types of cancer in Cyprus) divided in two groups (plus two control groups, one for breast and one for prostate cancer). Amylase *a* and cortisol levels were measured in the saliva before (1 measure) and after the interventions (GI and PMR)(4 measures after each intervention). Other factors were also measured through the use of structured questionnaires such as quality of life, pain levels, burden, nausea and vomiting frequency, hospitalization frequency, anxiety and depression.