O. Popa-Velea, X. Bacinschi: Dynamics of anxiety in cervical cancer patients undergoing radiotherapy: Preliminary results

Z. Solomon: Premature aging following war-induced trauma: Results of a three-decade longitudinal study

A. Calcedo: Capacity evaluation in Palliative Care patients
Dynamics of anxiety in cervical cancer patients undergoing radiotherapy: preliminary results

Aim
This study aimed to explore the dynamics of anxiety and its components at cervical cancer patients undergoing radiotherapy, and the impact of socio-demographic variables (age, education, and perceived social support) on anxiety.

Methods
72 women with stage III cervical cancer (mean age 42.14, SD 9.58) participated in the study. They were administered at the beginning of radiotherapy, and after one and five weeks, the IPAT Anxiety Scale and the Duke-UNC Functional Social Support Questionnaire. Additional data was collected regarding the participant’s age and education. One-way repeated measure ANOVA, post-hoc pair wise tests and linear regression were used to evaluate the statistical significance of the variations in variables’ scores.

Results
Preliminary results show that latent, manifest and total anxiety, as well as the anxiety derived from self-depreciation (Q3), low Ego strength (C), insecurity (L) and guilt (O) decreased significantly during radiotherapy (p < .001...<.002). In contrast, anxiety derived from frustration (Q4) decreased in the first week and increased afterwards (p < .01). Social support correlated significantly to anxiety scores and had also a dual evolution, increasing in the first week of therapy and decreasing later (p < .001). Sociodemographic variables had a significant influence only on Q3 and C.

Conclusion
While anxiety (as a whole) and most of its components had a favorable evolution along radiotherapy, anxiety derived from frustration and perceived social support had a bidirectional evolution. This finding can be useful for oncologists and clinical psychologists in monitoring these variables during radiotherapy of cervical cancer patients.

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Premature aging following war-induced trauma: Results of a three-decade longitudinal study

Aim
Research suggests that trauma experienced at an earlier stage of life may be implicated in premature or accelerated aging in later stages. Premature aging, in this respect, evinces in various domains, particularly in health impediments and mortality. The current study prospectively assessed the long-term impact of war and war captivity on mortality, medical assessments of morbidity, self-rated health, and subjective age among Israeli combat veterans and former prisoners of war (POWs).

Methods
Participants were evaluated at four points in time over three decades.

Results
Results revealed that war captivity and the resulting PTSD trajectories were implicated in premature aging in all domains. Ex-POWs exhibited higher mortality rates and more health impairments than comparable veterans who were not held captive when assessed both by medical professionals and via self-report measures. Differential posttraumatic stress disorder (PTSD) trajectories mediated the relationship between captivity and health.

Conclusion
Theoretical and clinical implications will be discussed.

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Capacity evaluation in Palliative Care patients

Aim
Issues surrounding capacity to consent to or refuse treatment are increasingly receiving clinical and legal attention. The increasing number of patients who receive attention in palliative care settings are forcing C&L psychiatrists to learn new methods of evaluation and treatment.

Methods
Through the use of 3 case vignettes that involve different aspects of mental health care in palliative care settings, mental capacity issues are discussed. The vignettes tackle capacity in a patient with newly developed mental illness consequent to physical illness, capacity in a patient with mental illness but without delirium and capacity in a patient with known impairment of the mind.

Results
Though the responsibility for capacity assessment rests with the clinician proposing to treat, there is clearly a role for liaison psychiatry in assisting and/or advising on complex circumstances where suspected or known mental disorders may be impacting on clinical care/decisions. The intended outcome should always be that specific clinical decisions are made in the best interests of the patient in question.

Conclusion
There are various possible dilemmas in the assessments of capacity in palliative care: capacity in newly developed mental illness consequent to physical illness; in a patient with mental illness but without delirium; in a patient with known impairment of the mind. Decisions have to be made on a case-by-case basis.

Reference

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