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A NEW PROPOSED PROTOCOL TO EVALUATE ANXIETY, DEPRESSION AND THE NEEDS OF CANCER PATIENTS

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Aims: To examine the perceived needs by patients and radiotherapists using a modified by us version of the Camberwell Assessment of Need (CAN).

Methods: We eliminated 4/22 areas of the CAN scale -ideated for psychotic patients- in order to adapt it to oncological subjects (naming it CANo). Each of the scale areas values: the existence of a specific need; the help received from care-givers; the help coming from social services; the completeness of the help received. CANo was administrated to 30 solid cancer subjects consecutively admitted in 2007 to the Radiotherapy Department of Novara Hospital (Italy), and to their respective treating radiotherapists. Patients with cognitive impairment were excluded. Patients were also administrated the following protocol: HADS (Hospital anxiety and depression scale); Paykel's list of stressful events; MBTI (Mayer-Briggs Type Indicator); EORTC QLQ-C30.

Results: Anxiety and depression occurred at any level in 15/30 of cases. There was a significant correlation (Spearman coefficient: SC) between the numbers of needs on CANo scale and anxiety (SC:0.4; p=0.002) or depression (SC:0.48; p=0.006) levels. Higher scores in all functional EORTC scales corresponded to lower needs detected by CANo. Patient needs were perceived less important by patients themselves than their physicians (mean satisfied need scores: 1.87 vs. 3; unsatisfied need scores: 0.63 vs. 1.03). The staff overestimated patient physical health needs (7/30 vs 3/30), psychological distress (20/30 vs 5/30), relationship difficulties (9/30 vs 2/30), received information correctness (7/30 vs 2/30).

Conclusions: The CANo scale may be useful to detect oncological patient needs and to improve the quality of care.