Anxiety Scores of Women Participating in High Risk Breast Cancer Outpatient Group Visits

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Introduction

• Patients at high risk of hereditary breast cancer have specific needs, requiring a unique approach to care. BRCA mutation carriers experience high levels of distress and high needs for information.

• The purpose of this ongoing study is to offer group visits to women at the Duke Breast Risk Assessment Clinic to enhance psychosocial support and knowledge surrounding high risk breast cancer status.

Methods

Design: Pre- and Post- Test design
Setting: Breast Risk Assessment Clinic
Target Population: Women seen at the Breast Risk Assessment Clinic who were identified as increased risk for breast cancer.
IRB approval- exempt: consent by survey completion

Intervention:
• A 60-minute group visit offered in order to provide facilitated education and support in a setting with peers.
• During the initial check-in, participants completed the STAI survey and a topics of interest survey.
• In-depth discussion, facilitated by an NP, included breast health, awareness and cancer signs, risk factors, impact of exercise, nutrition, and genetics, and surveillance modalities.
• At the end of the session, the STAI survey was completed a second time.

Data Collection Tool: Spielberger State-Strait Anxiety Inventory (short version, Six-Item STAI).

Results

Data Analysis:

STAI Pre and Post Mean Ratings by Domain

Tests used: Paired T-test; performed with Microsoft Excel
Significance level: 0.05
Insignificant Domains: Content (statistically insignificant increase); Upset (statistically insignificant decrease)

Implications for Clinical Practice:
• High risk breast cancer patients, or previvors, are a specific population with unique needs. This includes acknowledging the emotional distress, uncertainty and anxiety the status carries.
• Group visits can alleviate worry, anxiety, and fear.
• This model is not only proving to be effective in patient care and outcomes, but also preferable compared to individual appointments.

Acknowledgments

1) Duke University School of Nursing Statistics Lab; Christian Douglas, PhD
2) Duke Cancer Center Breast Risk Assessment Clinic
3) Hannah Reynolds, ABSN RN candidate

References