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Background

- Cancer patients in the U.S.: 15.5 million in 2016
  23 million in 2026 [1].

- About half of cancer patients experience pain [2].

- Cancer patients seek for non-traditional pain managements [3].

- Self-Management is crucial for cancer as a chronic disease [4].
Self-Management (SM) and SM support

• Self-management is defined as the combine knowledge, ability, and confidence of patients with any chronic disease or condition who manage their symptoms, treatments, and lifestyle changes in daily life [5].

• Patients can do better SM when a multi-disciplinary team support and/or implement SM interventions.

• A multi-disciplinary team may employ the 5A approach (assessment, advice, agreement, assistance, and arrangement) [5].
Application of SM Support (5A)

- Assessment
- Advice
- Agreement
- Assistance
- Arrangement
Purpose/Method

• To evaluate quantitative and qualitative studies which have been conducted using non-traditional SM interventions for cancer pain conducted at home.

• PubMed, CINAHL (EBSCO), Scopus (Elsevier), and Cochrane Central Register of Controlled Trials (Wiley) from January 2011 to May 2018.
Results

- 16 quantitative and 2 qualitative studies

- 3 types of SM interventions: an educational and/or counseling program, complementary and alternative medicine (CAM) therapy, and exercise

- CAM and exercise intervention studies only appeared within the last 3 years.
SM interventions in quantitative studies

- 16 studies (utilized educational and/or counseling programs (n = 12), CAM therapy (n = 3), and exercise (n = 1)).

- **12 Educational and/or Counseling Programs:**
  - 10 held educational and counseling sessions and 2 held only education sessions.
  - Variability in type and duration of intervention, and study design.
SM interventions in quantitative studies

• **3 Complementary and Alternative Medicine Therapies/Auricular Acupressure**: Not all CAM therapies can be incorporated into an SM component.

• **1 Exercise**: Cantarero-Villanueva et al. (2011) tested the effects of three parts of exercise (warm up, resistance and aerobic exercise training, and cool down sessions) on cancer survivors living with pain [6].
SM interventions in qualitative studies

- **2 Educational and/or Counseling Programs:**
  - The authors explained that an SM intervention should consider individual contexts, including language differences, illness beliefs, cultural practices, literacy levels, and ways of understanding.
Discussion

- The quantitative SM interventions included in this review were varied in study design, duration, and methodology, so it is hard to compare them to one another.

- 9 of the included 16 quantitative studies reported statistically significant results: 3 CAM studies (100%), 1 exercise study (100%), and 6 educational and/or counseling studies (50%).
Discussion

- Across the 18 studies, few incorporated theories into their chosen SM intervention.

- Incorporating physiological biomarkers for pain into SM interventions may be one way to build scientific evidence about effectiveness of the intervention.
Conclusion

• The small number of CAM and exercise studies and the lack of protocols and consistent methodologies across the studies preclude that specific interventions can be the best choice among included SM interventions in the review.

• More studies and practices using the ‘5A approach’ for SM and SM support in cancer patients would be “useful.”

• Additional quantitative and qualitative SM intervention studies are warranted.

• A study utilizing an online for cancer patients is also warranted.
References


