Illness Perceptions in patients with lung cancer

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The aim of this research is to gain a more detailed insight into the illness perceptions of patients with lung cancer. With this insight it is our aim to improve biopsychosocial care for these patients. Research question: What are the illness...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Respiratory and mediastinal neoplasms malignant and unspecified
Study type	Observational non invasive

Summary

ID

NL-OMON36076

Source
ToetsingOnline

Brief title
Illness perceptions in lung cancer

Condition

- Respiratory and mediastinal neoplasms malignant and unspecified
- Respiratory tract neoplasms

Synonym
lung cancer, non-small cell lung carcinoma

Research involving
Human

Sponsors and support

Primary sponsor: Leids Universitair Medisch Centrum
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: drawings, illness perceptions, lung cancer, Quality of life

Outcome measures

Primary outcome

Primary outcomes are the drawings, the answers to the interview and the BIPQ.

The recorded biomedical characteristics are independent variables.

Secondary outcome

Secondary outcomes are the recorded changes in the drawings, the theme*s

identified in patients* answers and the correlation between patients*

characteristics and the outcomes.

Study description

Background summary

Lung cancer is one of the most common types of cancer. In the Netherlands there are 10,000 new cases a year. With 9500 deaths annually, lung cancer is responsible for the highest mortality of all malignancies. Although the incidence in men has stabilised, the incidence in women is still rising. Current medicine is still unable to cure most of the patients, which accounts for the high mortality rate. This makes psychosocial care extra important to offer patients the best possible quality of life. Recent studies have pointed out the importance of psychosocial interventions in patients with lung cancer.

In the Self Regulation Model (SRM), Leventhal described the process with which people react to a perceived health threat. First, the individual forms an image of his complaints and the disease, the illness perception. These perceptions influence the coping of the individual with this disease, which again influences appraisal, expectations and evaluation of the perceived health threat. This model shows the influence of illness perceptions on the way patients feel and act. These perceptions are important to consider in good biopsychosocial care aimed at the highest possible quality of life. There has been some research about illness perceptions in lung cancer patients, but not extensively. Research found that patients experience their disease as worrisome, chronic and severe. Dutch patients appear to feel low levels of control over their disease.

Research into illness perceptions often uses the Illness Perception Questionnaire. A revised version was published in 2002. Broadbent et. al. have published a shortened form of this questionnaire, the Brief Illness Perceptions Questionnaire. (B-IPQ) From this, a numerical score of the patient*s illness perceptions can be derived. This research uses the BIPQ, because it is validated as an effective tool to study illness perceptions and is not as long and time-consuming as the extended version.

These questionnaires only give a global impression of patient*s perceptions. To gain more insight into the details of patient*s thought, additional methods of research are necessary.

A relatively new development in the research into illness perceptions is the use of drawings. These can give a visual representation of the patient*s perspective and give more insight than a questionnaire because patients are able to give their own interpretation and are not bound to closed questions. The drawings are also clinically relevant. In patients with heart failure there is a correlation between the degree of change in their drawings and the clinical indicators of disease. The drawings were a better predictor of clinical outcomes than were biomedical measurements. This shows that this type of research can be a valuable addition to the insights in patients* disease. Similar results were found with headaches, vestibular schwannomas and post-partum haemorrhages.

Study objective

The aim of this research is to gain a more detailed insight into the illness perceptions of patients with lung cancer. With this insight it is our aim to improve biopsychosocial care for these patients.
Research question: What are the illness perceptions of patients with lung cancer?

Study design

This is a cross-sectional research consisting of four components:
Biomedical characteristics: tumorstage and Karnofsky score, treatment, age, sex, education and employment
Two drawings of the lungs, one healthy and one with disease
The Brief Illness Perceptions Questionnaire
An interview led by the answers to the BIPQ
The BIPQ is a short questionnaire consisting of nine questions. Patients will be asked to fill out this form. After patients have filled out the questionnaire, the researcher asks them to elucidate on these answers. In patients* answers, themes are immediately identified and recorded.

The two drawings of the lungs are compared and the drawn changes are recorded and categorised. The answers of the interview are also classified in different themes. The occurrence of these themes is recorded.
With this data, specific illness perceptions can be found. Also, the correlation between biomedical, socio-economic and biopsychosocial characteristics will be analysed.

Study burden and risks

Time: participation will take about one hour for each patient.
Physical risks: None involved
Emotional burden: Patients are asked to talk about their disease, which may be distressing to them.
Patients often find it relieving to be able to talk about their emotions to someone who listens to them. This research gives them this chance. Patients who do not want to talk about their disease will not take part in this research.
This minimises the emotional burdens on the patients.
Without talking about the disease, there can be no research into illness perceptions. In the long run, a better knowledge of patients understanding of their disease will benefit treatment for all patients.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

- Patients with NSCLC, any stadium
- Patients have had at least one appointment with their physician after diagnosis and are about to enter treatment or have already begun treatment procedures.
- Patients are physically able to make a drawing and conduct an interview of an hour
- Patients speak sufficient Dutch or English to conduct the interview

Exclusion criteria

- patients with medical education

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Other

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-04-2011
Enrollment:	30
Type:	Actual

Ethics review

Approved WMO

Date:	15-03-2011
Application type:	First submission
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL35736.058.11