

The role of Acceptance and Commitment Therapy for Palliative Patients Quality of Life

Christopher Martin & Emeritus Professor Kenneth Pakenham, University of Queensland, Australia



Background Information

The psychosocial domain in those with life-threatening illness has been demonstrated to have an equal or greater impact on quality of life compared with the physical and spiritual domains¹. However, the clarity and efficacy of psychological interventions in improving quality of life within palliative patients is currently limited^{2,3}.

The Psychological Flexibility model within Acceptance and Commitment Therapy (ACT) targets two treatment themes that are central to existing palliative psychological interventions - life meaning and acceptance towards uncontrollable aspects of living. ACT has demonstrated efficacy across a range of health conditions such as diabetes, chronic pain, and cancer.

This study aimed to investigate the relationship between Psychological Flexibility and four palliative patient outcomes. It was hypothesised that higher psychological flexibility would be associated with increased quality of life, improved death attitudes, decreased psychological morbidity, and decreased physical pain.

Method

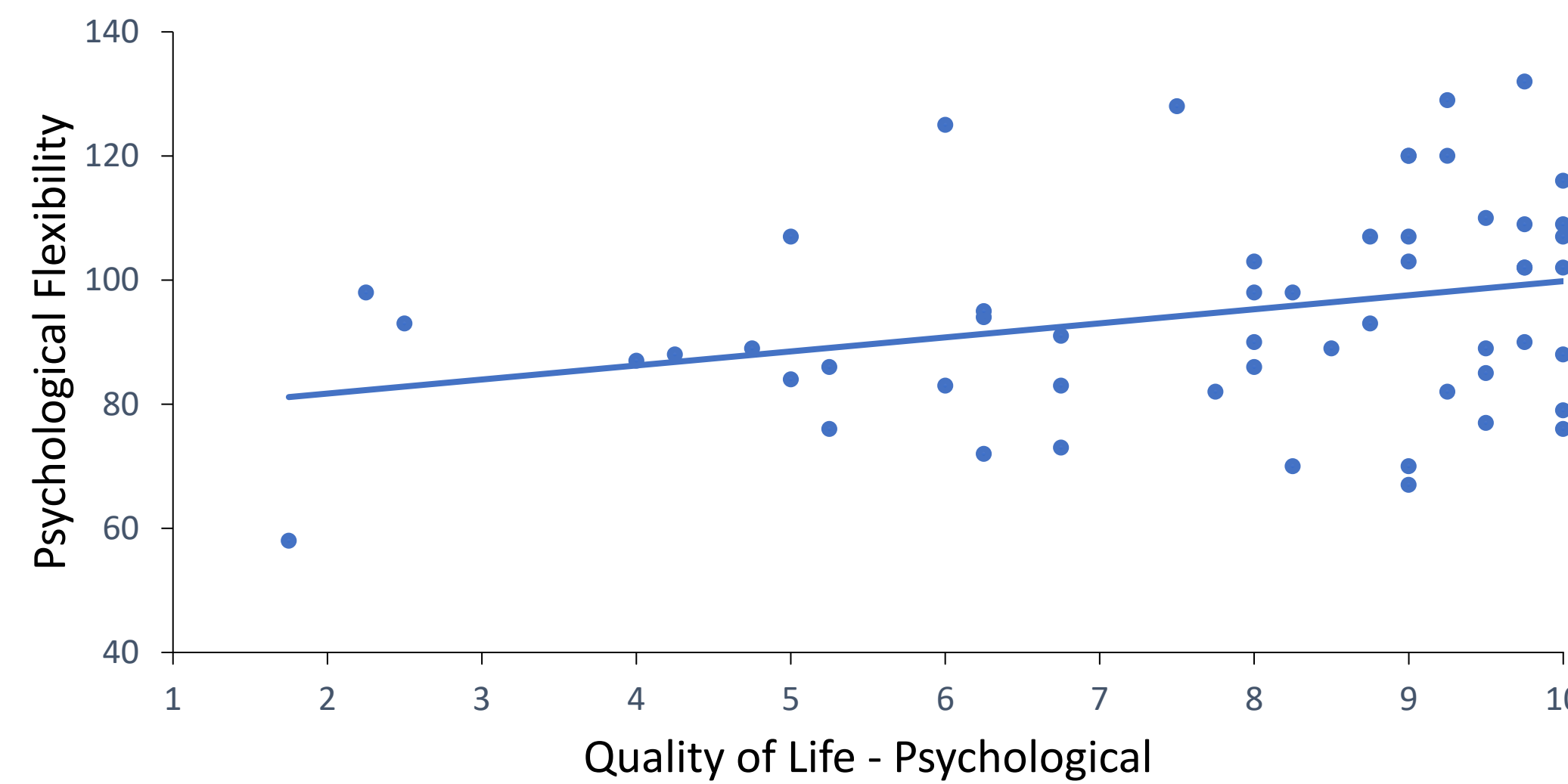
- 100 patients recruited from a regional Specialist Palliative Care Service (Sunshine Coast, Queensland, Australia).
- Short-term longitudinal survey design
- Patients completed a measure of Psychological Flexibility and 1 measure per the four palliative patient outcomes at two time points (1-month apart).
- 81% response rate for initial survey, 33% attrition for repeat survey.
- Health decline was the primary reason for attrition.

Table 1

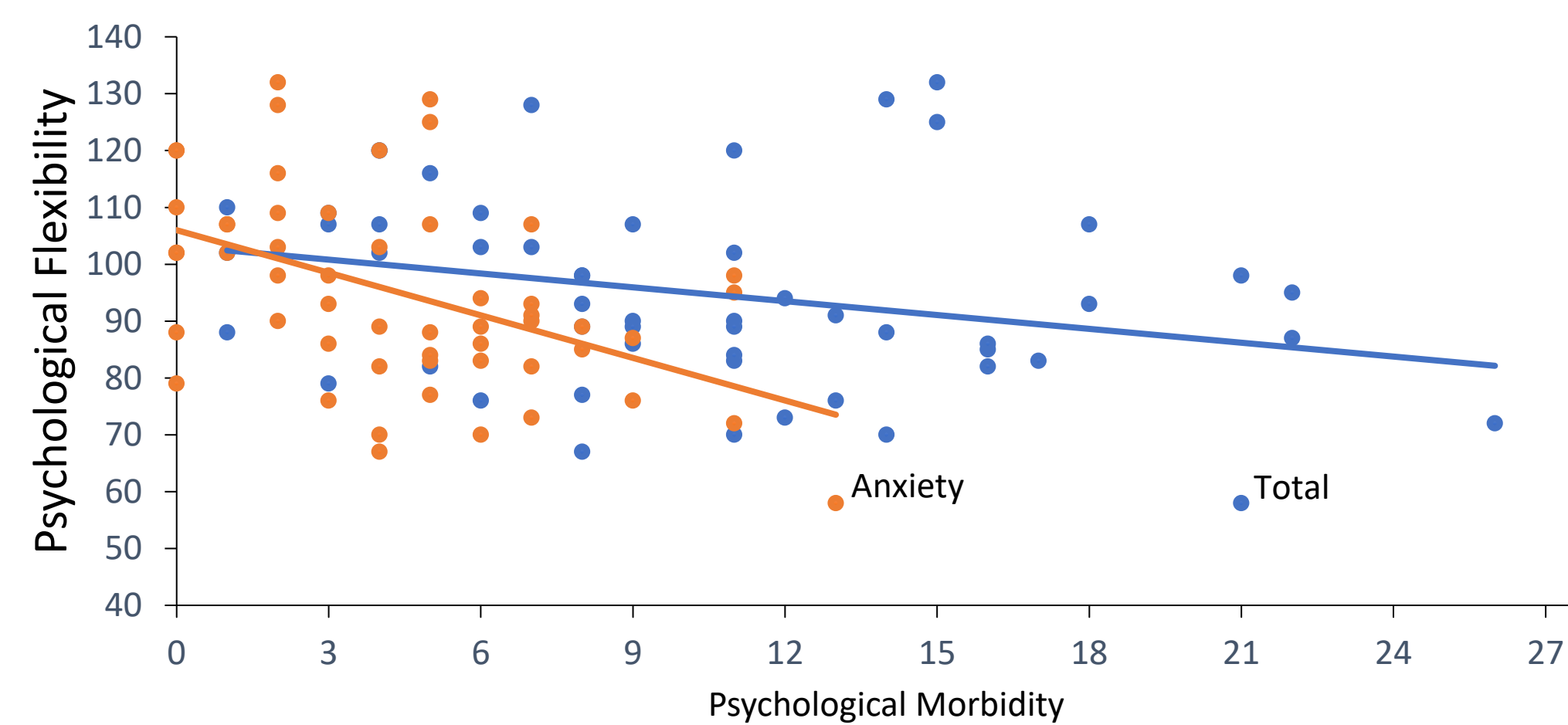
Eligibility Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Patients of the Palliative Service • Adults (18-100+) • All Diagnoses eligible • Palliative Care Outcomes Collaboration (PCOC) Score: <ul style="list-style-type: none"> ○ Phase: 1 ○ RUG-ADL: 4-10 ○ AKPS: 60 or above 	<ul style="list-style-type: none"> • Receiving curative treatment • Receiving Psychological treatment • Capacity to consent is impaired • Palliative Care Outcomes Collaboration (PCOC) Score: <ul style="list-style-type: none"> ○ Phase: 2-5 ○ RUG-ADL: 10+ ○ AKPS: 50 or below

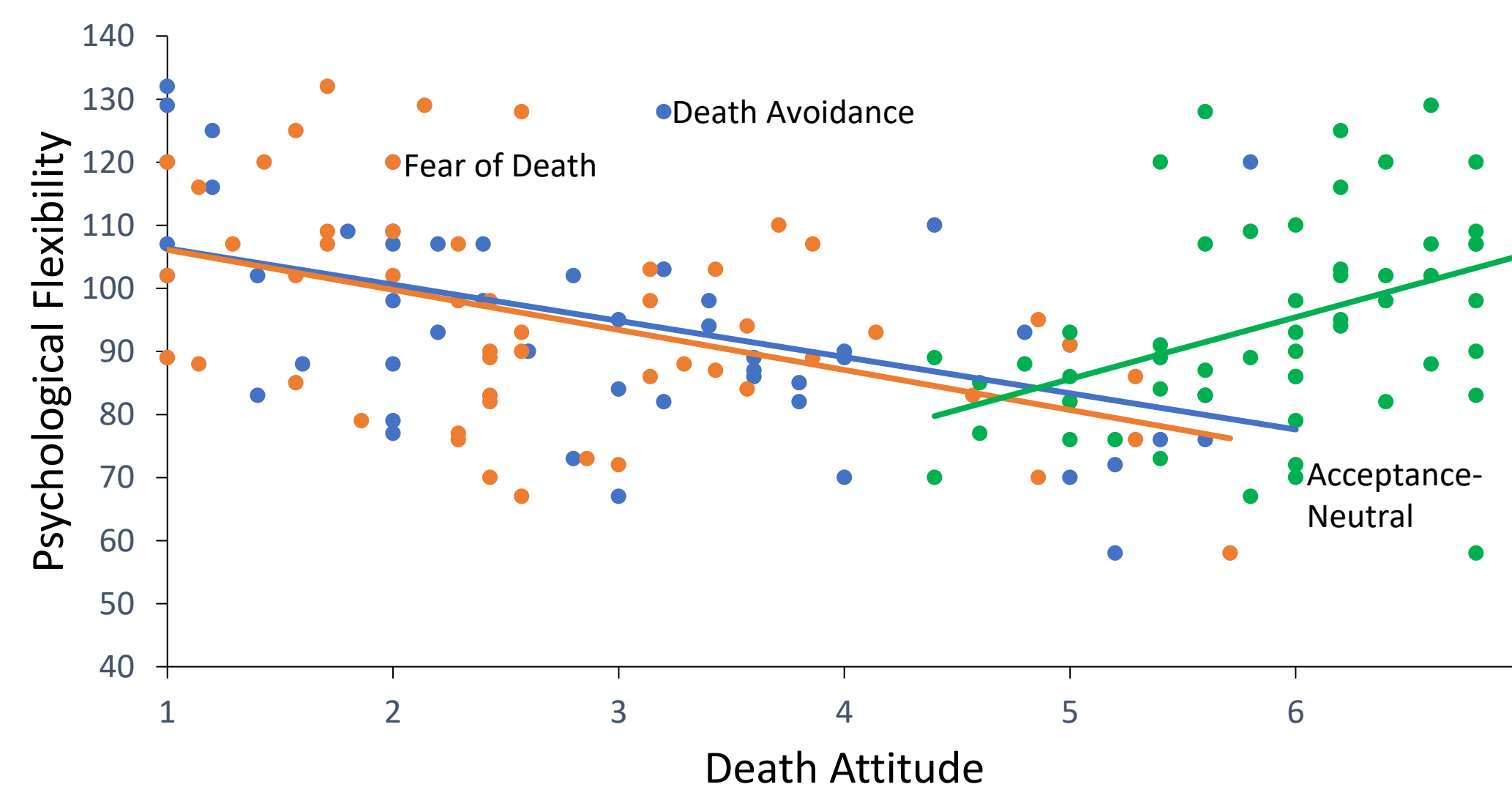
Psychological Flexibility and Quality of Life



Psychological Flexibility and Psychological Morbidity



Psychological Flexibility and Death Attitudes



Results

- Paired Sample t-tests demonstrated no significant changes between the initial and repeat survey in Psychological Flexibility or any of the four palliative outcomes.
- Hierarchical Regression analysis demonstrated higher Psychological Flexibility at the initial survey was significantly associated with repeat survey palliative outcomes of:
 - increased psychological quality of life, and an Acceptance-Neutral death attitude,
 - decreased psychological morbidity (Total & Anxiety), and Fear of death & Death avoidance death attitudes.

Discussion

The study's findings are consistent with broader ACT literature showing greater Psychological Flexibility is associated with increased quality of life and lower psychological morbidity. New evidence is provided of associations between greater Psychological Flexibility and improved death attitudes. The provision of an ACT intervention is indicated to improve Psychological Flexibility and palliative outcomes which otherwise remained stable in the short-term.

Attrition primarily due to health decline in this study is consistent with prior palliative care research⁴. For this reason, self-help intervention formats have been suggested as potentially more feasible and accessible for palliative patients⁵. Similarly, short-term interventions (e.g, ≤4-sessions) have also been recommended, and systematic reviews and meta-analyses have indicated their effectiveness⁶. A trial of a short-term self-help ACT intervention for palliative patients is underway.

References

1. Kutner, J. S., Bryant, L. L., Beaty, B. L., & Fairclough, D. L. (2007). Time course and characteristics of symptom distress and quality of life at the end of life. *Journal of Pain and Symptom Management*, 34(3), 227-236.
2. Ftanou, M., Pascoe, M. C., & Ellen, S. (2017). Psychosocial interventions for end-of-life care: An invited commentary. *Australian Psychologist*, 52, 340-345.
3. Kozlov, E., Niknejad, B., & Reid, M. C. (2018). Palliative care gaps in providing psychological treatment: A review of the current state of research in multidisciplinary palliative care. *American Journal of Hospice & Palliative Care*, 35(3), 505-510.
4. Serfaty, M., Armstrong, M., Vickerstaff, V., Davis, S., Gola, A., McNamee, P., Omar, R. Z., King, M., Tookman, A., Jones, L., & Low, J. T. S. (2019). Acceptance and Commitment Therapy for adults with advanced cancer (CanACT): A feasibility randomised controlled trial. *Psycho-Oncology*, 28(3), 488-496.
5. Proctor, B. J., Moghaddam, N. G., Evangelou, N., & das Nair, R. (2018). Telephone-supported acceptance and commitment bibliotherapy for people with multiple sclerosis and psychological distress: A pilot randomised controlled trial. *Journal of Contextual Behavioral Science*, 9, 103-109.
6. Warth, M., Kessler, J., Koehler, F., Aguilar-Raab, C., Bardenheuer, H. J., & Ditzen, B. (2019). Brief psychosocial interventions improve quality of life of patients receiving palliative care: A systematic review and meta-analysis. *Palliative Medicine*, 33(3), 332-345.