

Examining the effect of demographic variables, including living alone, on psychosocial and health behaviour factors in men with cancer.

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Background

- Cancer can result in poor outcomes for a range of variables including depression, distress, quality of life (QOL), relationships
- Men with cancer often suffer worse mortality rates than women (White, 2009)
- Men with cancer who are single also experience poorer mortality rates than those who are not single (Konski *et al.*, 2006 Lai *et al.*, 1999; Saito-Nakaya *et al.*, 2008)
- Psychosocial and behaviour change interventions can improve a range of factors e.g. QOL, mood, anxiety, psychosocial function

Interventions for men with cancer; issues

- Evidence-base:
 - Systematic review of psychosocial and behaviour change interventions for men with cancer
 - No interventions in the literature targeting men who were single and lack of break-down by marital status or living arrangements
- Defining 'single'
 - Married vs not married
 - Married vs single/divorced/separates/widowed
 - Married/living with a partner vs single/divorced/separates/widowed
 - None examine solo-living
- Hidden population
 - Few men who are single or living alone identified within oncology services in Fife

Current research

- Questionnaire-based cross-sectional study
- Targets all men with a diagnosis of cancer in Fife
- Aims to...
 - Examine the effect of relationship status, living arrangements, and other demographic factors on social support and health behaviours
 - Examine mediating and moderating factors of all relationships which may include self-efficacy, distress, depression and anxiety
 - Explore the types of support people desire around these factors, including preferences for service delivery, and access to services

Method

- NHS ethics approval sought and granted
- Men identified via oncology staff and offered a 'research pack'
- Measures
 - Demographic variables
 - Hospital Anxiety and Depression Scale (HADS)
 - Distress Thermometer (DT)
 - Social provisions questionnaire
 - Measures of health behaviour (exercise, diet, smoking and alcohol intake) and self-efficacy
 - Preferences for services and desire for support around these issues

Discussion points

- Hopes to look at characteristics of vulnerable groups to inform the development of targeted interventions
- Engaging hard-to-reach populations
- Engaging health care staff in research
- Considering qualitative interviews to explore issues in more depth

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Thank you

Any Questions?

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