Cancer Pain

Spiegel and Bloom (1983) assigned 54 women with chronic cancer pain from breast carcinoma to either standard care (n = 24) or weekly expressive-supportive group therapy for up to 12 months (n = 30). The women randomized to the group therapy condition were assigned to groups that either did or did not have self-hypnosis training as a part of their treatment. The hypnosis intervention was directed toward enhancing patient competence and mastery in managing pain and stress related to cancer. Hypnotic training included suggestions to “filter out the hurt” of any sensations by imagining competing sensations in affected areas. Patients were also given instructions for using self-hypnosis outside of the group-therapy sessions. Both treatment groups demonstrated significantly less pain and suffering than the control sample. Hypnosis was not the main focus of the expressive-supportive group-therapy sessions, however, patients who received hypnosis in addition to group therapy reported significantly (p < .05) less increase in pain over time (as cancer progressed) compared to patients who did not receive the hypnosis intervention.

Elkins et al. (2004) conducted a prospective, randomized study of 39 advanced-stage (Stage III or IV) cancer patients with malignant bone disease. Patients were randomized to receive either weekly sessions of supportive attention or a hypnosis intervention. Patients assigned to the hypnosis intervention received at least four weekly sessions in which a hypnotic induction was completed following a standard transcript. The transcript included suggestions for relaxation, comfort, mental imagery for dissociation and pain control, and instruction in self-hypnosis. In addition, patients in the hypnosis intervention were provided with an audiocassette tape recording of a hypnotic induction and instructed in home practice of hypnosis. The hypnosis intervention group demonstrated an overall decrease in pain (p < .0001) for all sessions combined. The mean rating of the effectiveness of self-hypnosis practice outside the sessions was 6.5 on a 0-to-10 scale.

Elkins et al. Page 2


The use of hypnosis with cancer patients.

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Hypnosis has proven to be extremely valuable in the treatment of cancer patients. Specific applications include: establishing rapport between the patient and members of the medical health team; control of pain with self-regulation of pain perception through the use of glove anesthesia, time distortion, amnesia, transference of pain to a different body part, or dissociation of the painful part from the rest of the body; controlling symptoms, such as, nausea,
anticipatory emesis, learned food aversions, etc.; psychotherapy for anxiety, depression, guilt, anger, hostility, frustration, isolation, and a diminished sense of self-esteem; visualization for health improvement; and, dealing with death anxiety and other related issues. Hypnosis has unique advantages for patients including improvement of self-esteem, involvement in self-care, return of locus of control, lack of unpleasant side effects, and continued efficacy despite continued use.

PMID: 1549747 [PubMed – indexed for MEDLINE]

[Psychological and immunological defenses in cancer--the two aspects of one problem].
[Article in Russian]

Bukhtoiarov OV, Kozhevnikov VS, Shishkov AA, Seledtsov VI, Kozlov VA.

Abstract
The study group included 17 cancer patients, aged 25-55, (stage III-IV), mostly suffering melanoma. All of them received hypnosuggestive therapy to correct psycho-emotional disorders. Significant decrease in anxiety-related indices (p < 0.001) due to therapy pointed to rehabilitation of psychological defenses. Clinical rehabilitation was manifested by improved quality of life (p < 0.01), better habits and adaptation (p < 0.01). The modulating effect on the macrophageal and phagocytic components of the immune system (p < 0.05) was matched by a significant correlation between psychological defense indices and those of immunological status. Our data have contributed to the existing knowledge about relationships of mind and immunity in cancer patients.

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A Randomized Clinical Trial of a Brief Hypnosis Intervention to Control Side Effects in Breast Surgery Patients


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Abstract

Background Breast cancer surgery is associated with side effects, including postsurgical pain, nausea, and fatigue. We carried out a randomized clinical trial to test the hypotheses that a brief presurgery hypnosis intervention would decrease intraoperative anesthesia and analgesic use and side effects associated with breast cancer surgery and that it would be cost effective.

Methods We randomly assigned 200 patients who were scheduled to undergo excisional breast biopsy or lumpectomy (mean age 48.5 years) to a 15–minute presurgery hypnosis session conducted by a psychologist or nondirective empathic listening (attention control). Patients were not blinded to group assignment. Intraoperative anesthesia use (i.e., of the analgesics lidocaine and fentanyl and the sedatives propofol and midazolam) was assessed. Patient–
reported pain and other side effects as measured on a visual analog scale (0–100) were assessed at discharge, as was use of analgesics in the recovery room. Institutional costs and time in the operating room were assessed via chart review.

**Results** Patients in the hypnosis group required less propofol (means = 64.01 versus 96.64 µg; difference = 32.63; 95% confidence interval [CI] = 3.95 to 61.30) and lidocaine (means = 24.23 versus 31.09 mL; difference = 6.86; 95% CI = 3.05 to 10.68) than patients in the control group. Patients in the hypnosis group also reported less pain intensity (means = 22.43 versus 39.05; difference = 17.66; 95% CI = 9.92 to 25.80), nausea (means = 6.57 versus 25.49; difference = 18.92; 95% CI = 12.98 to 24.87), fatigue (means = 29.47 versus 54.20; difference = 24.73; 95% CI = 16.64 to 32.83), discomfort (means = 23.01 versus 43.20; difference = 20.19; 95% CI = 12.36 to 28.02), and emotional upset (means = 8.67 versus 33.46; difference = 24.79; 95% CI = 18.56 to 31.03). No statistically significant differences were seen in the use of fentanyl, midazolam, or recovery room analgesics. Institutional costs for surgical breast cancer procedures were $8561 per patient at Mount Sinai School of Medicine. Patients in the hypnosis group cost the institution $772.71 less per patient than those in the control group (95% CI = 75.10 to 1469.89), mainly due to reduced surgical time.

**Conclusions** Hypnosis was superior to attention control regarding propofol and lidocaine use; pain, nausea, fatigue, discomfort, and emotional upset at discharge; and institutional cost. Overall, the present data support the use of hypnosis with breast cancer surgery patients.

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**A randomized, wait-list controlled clinical trial: the effect of a mindfulness meditation-based stress reduction program on mood and symptoms of stress in cancer outpatients.**

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**Abstract**

**OBJECTIVE:**
The objective of this study was to assess the effects of participation in a mindfulness meditation-based stress reduction program on mood disturbance and symptoms of stress in cancer outpatients.

**METHODS:**
A randomized, wait-list controlled design was used. A convenience sample of eligible cancer patients enrolled after giving informed consent and were randomly assigned to either an immediate treatment condition or a wait-list control condition. Patients completed the Profile of Mood States and the Symptoms
of Stress Inventory both before and after the intervention. The intervention consisted of a weekly meditation group lasting 1.5 hours for 7 weeks plus home meditation practice.

RESULTS:
Ninety patients (mean age, 51 years) completed the study. The group was heterogeneous in type and stage of cancer. Patients’ mean preintervention scores on dependent measures were equivalent between groups. After the intervention, patients in the treatment group had significantly lower scores on Total Mood Disturbance and subscales of Depression, Anxiety, Anger, and Confusion and more Vigor than control subjects. The treatment group also had fewer overall Symptoms of Stress; fewer Cardiopulmonary and Gastrointestinal symptoms; less Emotional Irritability, Depression, and Cognitive Disorganization; and fewer Habitual Patterns of stress. Overall reduction in Total Mood Disturbance was 65%, with a 31% reduction in Symptoms of Stress.

CONCLUSIONS:
This program was effective in decreasing mood disturbance and stress symptoms in both male and female patients with a wide variety of cancer diagnoses, stages of illness, and ages.