Palliative care services should have higher priority, says NICE

Zosia Kmietowicz *London*

Supportive care and information services for people with cancer and their families should be developed by health planners with the same priority and detail as diagnostic and treatment services, say new guidelines for England and Wales.

Patients with cancer should have access to a range of services from the moment their cancer is diagnosed to help them cope with their illness and its treatment, say recommendations from the National Institute for Clinical Excellence (NICE). They should receive important news from senior staff who have been

trained in effective communication, and they should have access to a key worker, if appropriate, to act as a guide to the services offered by each cancer network.

As well as high quality written information about cancer and treatments, patients should be assessed at critical stages through their illness and have access to counselling services to help deal with any anxieties.

Commissioners and providers of NHS cancer services in England and Wales should also ensure that patients with advanced cancer have access to medical and nursing services 24

hours a day, seven days a week, and that GPs and nurses who care for patients in their home have access to specialist advice at all times.

A survey of cancer patients published in 2002 showed that, although many people are satisfied with their care, many more say they did not receive the information or support they needed. Over 230 000 people in England and Wales are diagnosed with cancer each year, and a quarter of all deaths are due to cancer.

Alison Richardson, professor of cancer and palliative nursing care and leader of the guidance

development team, said: "Anyone who has experienced cancer understands the importance of supportive and palliative care provided by a very wide range of health and social care professionals. The evidence shows that in addition to receiving the best treatments for their cancer, patients want to be treated as individuals, with dignity and respect, and to have their voices heard in decisions about treatment and care." □

Improving Supportive and Palliative Care for Adults with Cancer is available at www.nice.org.uk

Cognitive behaviour therapy can reduce hypochondriasis

Scott Gottlieb *New York*

Short term, individualised cognitive behaviour therapy can have long term benefits in reducing the symptoms of hypochondriasis in patients who are willing to try a psychological approach to treatment, a study has shown.

Until now no specific treatment has been shown to be effective against hypochondriasis, defined as a persistent fear of or belief in having a serious undiagnosed illness. Occurring in an estimated 5% of patients, the condition has been considered refractory to psychological and drug treatment.

In the study Dr Arthur Barsky and Dr David Ahern, from the department of psychiatry at the Brigham and Women's Hospital, Boston, Massachusetts, conducted a randomised trial between 1997 and 2001 to assess

Well known hypochondriacs Samuel Johnson (left), Woody Allen (centre), and Michael Jackson. Cognitive behaviour therapy might help such sufferers

the efficacy of cognitive behaviour therapy for hypochondriasis (*JAMA* 2004;291:1464-70).

A total of 102 individuals were assigned to receive cognitive behaviour therapy and 85 to usual medical care. The clinical characteristics of the two groups were similar at baseline.

Cognitive behaviour therapy was administered to each participant in six sessions of 90 minutes at weekly intervals. Each session was tightly scripted and addressed factors previously shown to cause patients to exaggerate somatic symptoms and misattribute them to serious disease, such as their beliefs about the causes of symptoms and their mood.

In each session participants were given educational information about their symptom amplification and took part in a discussion to personalise the material. The researchers thought it essential that patients' ongoing medical management should be co-ordinated with the therapy to alter their understanding of symptoms, and disease so a standard consultation letter was sent to each patient's doctor.

The letter contained five suggestions to augment the therapy. These included making coping with somatic symptoms, rather than their elimination, the goal of medical management; severing the link between visiting the

doctor and symptom status by scheduling regular appointments; and providing only limited reassurance.

At follow up at 12 months patients in the cognitive behaviour therapy group had greater reductions in hypochondriasis scores than the patients in the control group. Among patients in the therapy group the hypochondriacal thought frequency score reduced from 2.09 (95% confidence interval 1.98 to 2.21) at baseline to 1.62 (1.51 to 1.73) at follow up, compared with a reduction from 2.29 (2.16 to 2.41) to 2.02 (1.90 to 2.14) in the control group. □