

How attachment style, mentalization and preparedness for death are associated with pre-loss grief symptoms' severity: A network analysis study in caregivers of terminally ill cancer patients

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Abstract

Several psychological dimensions influence the psychological adjustment of terminally ill cancer patients' caregivers, during the end-of-life phase. The present study explored the associations between attachment styles, mentalization, preparedness for death, and the severity of pre-loss grief symptoms in 102 caregivers of terminal cancer patients. The results of the network analysis showed that insecure attachment dimensions were positively associated with several central pre-loss grief symptoms. Mentalization and preparedness for death showed negative associations with several pre-loss grief symptoms. Interestingly, bitterness showed a negative association with need for approval and a positive association with mentalization. The results provided insight into the grieving process for palliative care providers to implement effective caregiver support interventions.

Squamous Carcinoma of the Cervix: A Difficult Management of Pain

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Abstract

The IASP (International Association for the Study on Pain) defines pain: "An unpleasant sensory and emotional experience associated with current or potential tissue damage or described in terms to represent such a type of damage, pain is always subjective".

Cancer pain is a very serious and frequent manifestation of cancer; it is estimated, according to a recent systematic review, that the prevalence of cancer pain is about 33% in patients in active care and 64% in patients with metastatic or terminal disease. The clinical management of pain is consolidated by WHO guidelines revised later and which see opioids as the cornerstone of analgesic

therapy. In Italy cervical cancer is the fifth most frequent cancer in women under 50 years of age and in total 1.3% of all those diagnosed. In The world in 2020 there were 604 thousand new cases and 342 thousand deaths, representing the fourth cancer by incidence in women. It is also estimated that about 84% of cervical cancer cases currently occur in developing countries. The case described in this report indicates how currently the management of pain therapy is often, in many cases, unmanageable, bringing out ethical-professional implication. It is important that scientific research is oriented towards the identification of specific molecular targets to generate effective personalized pain therapy. Artificial intelligence, associated with scientific knowledge in genetics and using current instrumental methodologies offers great possibilities for achieving this goal.

Spiritual well-being, dignity-related distress and demoralisation at the end of life—effects of dignity therapy: a randomised controlled trial

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Abstract

Objectives

This single-centre prospective randomised controlled study aimed to investigate the effectiveness of dignity therapy on spiritual well-being, demoralisation and dignity-related distress compared with standard palliative care.

Methods

A total of 111 terminally ill hospice patients were randomly allocated to one of two groups: dignity therapy plus standard palliative care (intervention group) or standard palliative care alone (control group). The main outcomes were meaning, peace, faith, loss of meaning and purpose, distress and coping ability, existential distress, psychological distress and physical distress. Assessments were conducted at baseline, 7–10 and 15–20 days.

Results

Following randomisation, 11 dropped out before baseline assessment and 33 after post-treatment assessment. A total of 67 patients completed the study, 35 in the experimental group and 32 in the control group. Repeated measures general linear model showed significant differences between groups on peace and psychological distress over time, but not on existential distress, physical distress, meaning and purpose, distress and coping ability, meaning and faith. Specifically, patients in the dignity therapy intervention maintained similar levels of peace from baseline to follow-up, whereas patients in the control group significantly declined in peace during the same time period. Moreover, psychological distress significantly decreased from pretreatment to post-treatment in the intervention group and increased in the control group. Conclusions Dignity therapy may be an effective intervention in maintaining sense of peace for terminally ill patients. The findings of our study are of relevance in palliative care and suggest the potential clinical utility of this psychological intervention.

The role of family functioning, attachment style, and care setting on pre-loss grief symptoms and burden in caregivers of terminally cancer patients

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Abstract

Objectives. The aim of the present cross-sectional study was to investigate the associations between caregivers' attachment styles, family functioning, the care setting and pre-loss grief symptoms, the burden, and the caregivers' belief of patients' awareness of the terminal cancer diagnosis. **Methods.** A total of 101 caregivers of patients with terminal cancer in residential hospice care and home care were interviewed and completed self-report questionnaires. **Results.** Insecure attachment style and home care setting were associated with worse psychological effects in caregivers of patients with terminal cancer. Moreover, family cohesion can promote low social burden and the patient's awareness of their terminal condition. **Significance of results.** This study highlighted the importance of evaluating the caregiver's attachment style, family functioning, and the setting of care during the terminal phase of the patient's life. These findings will be useful to planning interventions to prevent burden and the pre-loss grief symptoms in the caregivers.