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## **Attachment style and need for rehabilitation of patients with gynaecological cancer**

### **Background:**

The rehabilitation needs of cancer patients changes over time. It is therefore crucial to base the intervention on the patient's individual needs and goals for rehabilitation.

A person's attachment style has been shown to affect health behaviour. From this perspective it is therefore important to know the association between the patient's attachment style and rehabilitation measured by self-experienced quality of life.

### **Purpose:**

To provide new knowledge about:

- Integration of rehabilitation in a highly specialized gynaecological department.
- Development and testing of an individually adapted rehabilitation intervention.
- Needs for rehabilitation among women with gynaecological cancer.
- Association between adult attachment style of women with gynaecological cancer and their quality of life, rehabilitation needs and symptoms of depression and Post Traumatic Stress Disorder.

**Design:** Prospective, longitudinal study.

**Methods:** The study is designed as a prospective, longitudinal study. In total 150 women, aged 20-75 years, treated surgically on suspicion of endometrial, cervical or ovarian cancer are to be included. The rehabilitation intervention, that are developed include two nurse consultations and two evaluating phone calls. Data sampling includes patient questionnaires at baseline and five months following operation. Patient reported outcomes are sampled by use of validated questionnaires.

Health-related quality of life is measured by use of:

*EORTC QLQ-C30* and specific symptoms surveys as *EORTC QLQ-EN24*, *EORTC QLQ-CX24* and *EORTC QLQ-OV28*;

Attachment style and mental symptoms are measured using *Revised Adult Attachment Scale*, *Major Depression Inventory* and *Harvard Trauma Questionnaire*.

As part of the rehabilitation intervention, individual needs are explored using, *EORTC QLQ-C30* and specific symptoms surveys fulfilled at one, three and five months and discussed with the nurses.

**Results:** Inclusion of the participants is scheduled to start May 2012 and continue until 150 women are included. Study design and the primary experiences with inclusion will be discussed at the symposium.

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