





when it matters MOST

Mahiya S. Habib, Melissa B. Korman, Claire Moroney, Elie Isenberg-Grzeda, Margaret I. Fitch, Arjun Sahgal, Mary Jane Esplen, Denise Bilodeau, & Janet Ellis

### **BACKGROUND**

- Brain tumours often lead to significant suffering and changes in self-identity early in the disease.
- Dignity Therapy is a two-session intervention designed for end-of-life (EOL) patients to restore self-identity, enhance meaning, and alleviate distress.
- This study aims to explore the influence of Dignity Therapy in patients with incurable brain tumours at earlier stages of their illness and during the end-of-life phase.

### **METHODS**

### Participants:

 39 out of 43 participants successfully completed Dignity Therapy within two distinct groups: EOL (n=20) and non-EOL (n=19).

### Data Collection:

 Participants completed questionnaires before the intervention, one week after (T1), and five weeks after (T2).

### Data Analysis:

- The impact of Dignity Therapy and intergroup distinctions were assessed using the Wilcoxon rank sum test.
- Longitudinal changes between groups were examined using Generalized Estimation Equations.

### RESULTS

## Enhancement of Dignity:

 Both groups experienced an improvement in dignity at T1 (p=0.008), which was sustained and continued to improve by T2.

# Alleviation of Death Anxiety:

- Throughout the study, both groups reported low levels of death anxiety, with slightly higher levels in the EOL group.
- Death anxiety decreased in both groups at T1 (p=0.033) and continued to show improvements from baseline by T2.

# Social/Family and Emotional Wellbeing:

- The EOL group reported higher levels of social/family (p=0.079, p=0.065) and emotional well-being (p=0.047, p=0.003) at baseline and T1 compared to the non-EOL group.
- While social/family well-being slightly improved for the non-EOL group by T2, emotional wellbeing slightly declined for both groups.

# Posttraumatic Growth (PTG):

- At the beginning, the EOL group reported low PTG, and the impact of DT was limited.
- Conversely, the non-EOL group had moderate/high PTG at baseline, which increased at both T1 and T2.

### Between-Group Analysis:

• Analyses indicated no significant differences in outcomes between the two groups, suggesting that DT benefits the non-EOL group as much as the EOL group.

### DISCUSSION

### **Benefits of Dignity Therapy:**

- DT positively affected dignity, alleviated death anxiety, and fostered PTG in both groups.
- EOL patients may face additional challenges and losses, potentially affecting their ability to sustain these benefits.

### **Novel Insights:**

 The study demonstrates that Dignity Therapy is beneficial at earlier stages of the illness trajectory, contributing to improvements in dignity, PTG, and death anxiety.

### Conclusion and Implications:

- The high completion rate reflects the acceptability of DT at earlier stages of the illness, offering the potential to reduce patient distress, a particularly significant finding in this patient population.
- Study limitations include a relatively small sample size, a non-randomized study design, and a short follow-up period.

#### Future Research:

 Future investigations can explore the impact of DT on patients with other types of cancers in the earlier stages of their illness and assess its long-term effects.

#### REFERENCES

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