



Evaluating the Impact of Dignity Therapy on Quality of Life in Patients with Brain Tumour: A Pilot Study

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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).

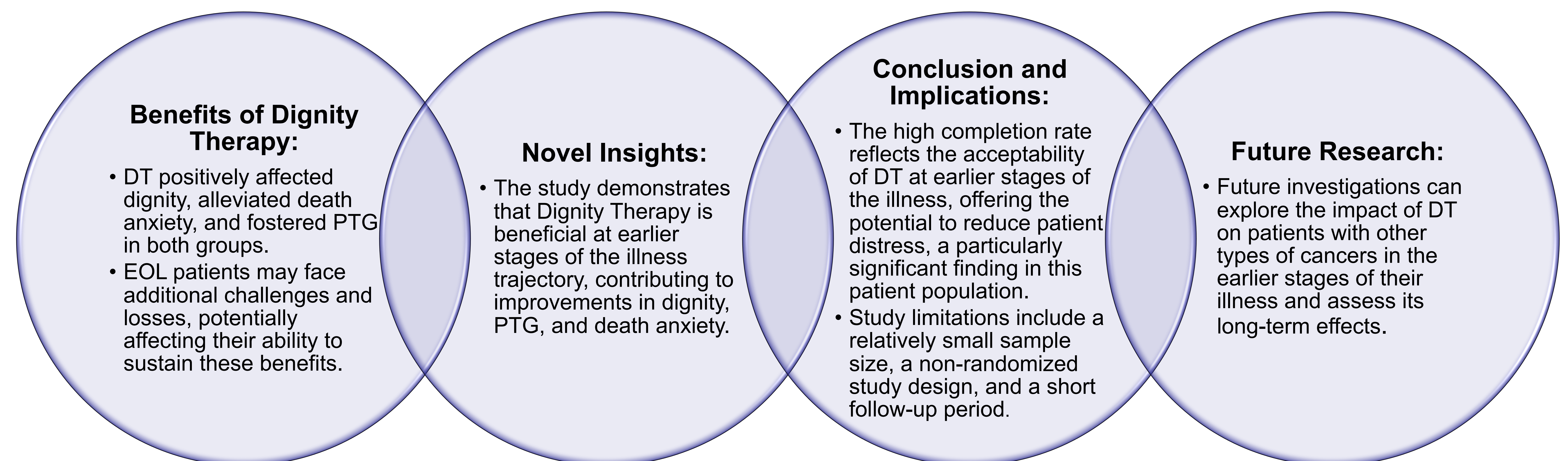
Data Analysis:

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

RESULTS

Enhancement of Dignity:	Alleviation of Death Anxiety:	Social/Family and Emotional Well-being:	Posttraumatic Growth (PTG):	Between-Group Analysis:
<ul style="list-style-type: none"> • Both groups experienced an improvement in dignity at T1 (p=0.008), which was sustained and continued to improve by T2. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 well-being slightly declined for both groups. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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



REFERENCES

- Chochinov HM, Hack T, Hassard T, Kristjanson LJ, et al.: A novel psychotherapeutic intervention for patients near the end-of life. *J Clin Oncol.* 2005; 23(24):5520–5.
- Chochinov HM, Kristjanson LJ, Breitbart W, et al.: Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: a randomised controlled trial. *Lancet Oncol.* 2013;11(4):576–87.
- Taphoorn MJB, Sizoo EM, Bottomley A: Review on quality-of-life issues in patients with primary brain tumors. *The Oncologist.* 2010;15(6):618–26.