

Benefits And Effects Of Educational E-Intervention For Cancer Patients

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ABSTRACT: The purpose of this trial was to evaluate the effect of a Web-based, self-report assessment and educational intervention on symptom distress during cancer therapy. This review aimed to quantify the benefit of patient-based educational interventions in the management of cancer pain. We undertook a systematic review and meta-analysis of experimentally randomised and non-randomised controlled clinical trials. We found equivocal evidence for the effect of education on self-efficacy, but no significant benefit on medication adherence or on reducing interference with daily activities. Patient-based educational interventions can result in modest but significant benefits in the management of cancer pain, and are probably underused alongside more traditional analgesic approaches. Mental and behavioral health promotion, prevention, treatment and management-oriented interventions that are delivered via the internet or other electronic technologies, with or without human support, often referred to as “e-Interventions”, can overcome many barriers of access that are commonly encountered in our healthcare system. This online support intervention showed improved QoL outcomes in participants as compared to those in a control group who did not access the intervention. However, the intervention focused on psycho-education and support rather than skills in coping with the experience of cancer diagnosis, treatment and recovery.

KEYWORDS: Online intervention, behavioral intervention, QOL, Psycho-social intervention, meta-analysis, Cancer diagnosis, treatment & recovery.

INTRODUCTION:

There is considerable evidence suggesting that cancer patients suffer from substantial and long-term psychological distress associated with different forms of cancer and its medical treatment and motivate for better treatment, quality of life and provide Psychological intervention through effectively online intervention for cancer patients. The current study involves a randomised controlled trial (RCT) assessing the effectiveness of three online interventions: (i) access to an online intervention program (My Road Ahead-only); (ii) access to the online intervention plus to a moderated online forum (My Road Ahead-plus-forum); and (iii) access to the online form only (forum-only). This study design was chosen to evaluate the online intervention in comparison to a more basic level of care (some peer support) and to separate the effect of the online intervention and the peer support forum on treatment outcomes. Past RCTs have used a variety of control conditions from wait-list control groups, care as usual, or some basic information provision. Education and Information-seeking behavior is a strategy that many people use as a means of coping with, and reducing stress, throughout their cancer experience. The importance of providing education and information to people with cancer and many of the problems encountered with its provision have been well documented. Individuals frequently express dissatisfaction with the information given to them and experience difficulty in retaining and processing information. Lack of information may well lead to increased problems with anxiety and coping. (1) The discharge training and counseling services given to patients in the intervention group had a positive impact on the self-care ability of these

patients and on alleviating the problems they encountered. a nurse-led educational intervention to provide information during a discharge interview and to investigate the effects of the intervention on informational needs and satisfaction with information in patients. Duration of recovery time and impact on quality of life. The educational intervention had significant effect on the informational needs or the level of satisfaction with information.(2) Emerging evidence indicates that the information needs of cancer patients change according to their stage in their cancer journey. It has been found that information needs related to treatment and cancer diagnosis would be highest among those patients who had recently been diagnosed, while preferences for information regarding prognosis and rehabilitation would increase for patients at the post-treatment stage of their cancer journey. The purpose of the study was to evaluate changes in general self-efficacy, health related quality of life (HRQoL), and stress among patients with cancer following a multidisciplinary educational intervention. Adopting the identified facilitators would help OUR country strengthen their health systems and ensure high-quality care for all.

METHODS:

For those afflicted with cancer, the use of patient-facing technologies, also known as e-Health tools, offer similar opportunities to improve care. Telemedicine, mobile health, and internet-based technologies can all break down barriers in access to care to enable patients to monitor, track, manage, and communicate symptoms, side-effects, and quality of life. At the same time, social media can facilitate access to social support and information about cancer and treatment.

Telemedicine: Telemedicine is best described as the use of telecommunications and information technologies to share and maintain patient health information and to provide clinical care and health education to patients and professionals when distance separates the participants. The principal benefit of telemedicine involves its ability to reduce or eliminate geographic and spatial barriers to care by connecting patients and providers through advanced telecommunication technologies offering bi-directional audio

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or video interaction. One of the most prominent applications of telemedicine is to facilitate communication and information sharing among providers. Via synchronous interactive teleconferencing, multi-disciplinary care teams can meet to review and discuss a patient's medical record, including radiology and pathology reports, to suggest a diagnosis or offer a second opinion. Telemedicine has been directly used by cancer patients on a more limited basis. Unlike diabetes and heart disease, the use of telemedicine in oncology does not typically focus on physiologic vital sign monitoring or clinical data capture. Rather, patient-facing telemedicine applications in oncology involve patient-provider consultations, treatment, symptom, or side-effect monitoring, and counseling.

Mobile Health: Mobile health (m-Health) is one of the fastest growing sectors of the healthcare industry. Today, individuals are increasingly likely to use their mobile devices for health purposes. Nearly one third (31%) of cell phone owners have used their phone to look of health information. Mobile health itself encompasses a variety of technologies, such as medical devices designed for home use, smartphone and tablet applications, wireless sensors, and short message service (SMS or text-messaging) applications. Mobile health has been relatively underutilized in cancer care. While research has indicated that rural, lower-income women are more likely to express interest in receiving mammogram reminders and cancer prevention text messages than higher income women, our review of the literature did not identify any studies that used mobile health technologies to do so.⁷⁶ SMS messaging has been used to successfully reduce the number of clinic visits for breast cancer patients texting wound drain output following breast reconstruction surgery.⁷⁷ Text-messaging has also helped promote preventative behaviors, such as using sun screen⁷⁸ and smoking cessation. Based on a review of the iPhone, Blackberry, and Android application stores and other sources, cancer-related Smartphone applications designed for patient use can be categorized by four primary functions: a) Resources for information and learning, b) Resources for decision making c) Resources for social support d) Resources for lifestyle management.

Internet-based Technologies: A review of the literature has identified important patient-centric, web-based technologies that can be used for cancer care. In addition to patient web portals (PWPs), the internet has enabled the development and use of comprehensive information management systems for cancer patients. Patient web portals interface with existing clinical information systems, such as electronic health records (EHRs) or picture archiving and communication systems (PACS), to offer patients and providers a comprehensive view of the patient's medical history over the internet.

Social Media: In recent years, social media is in many ways the foundation of the new online landscape. Social media has both democratized access to information, and fragmented its larger mass audience into closely aligned smaller groups who share common characteristics and interests. In doing so, social media supports communication on an emotional or rational level, which relates to a person's social or life contexts where it is often most

effective. Patients have increasingly begun to turn to the internet and social media to learn, manage, and receive support for their health. Patients can use social media to meet a variety of needs. Social media enables patients to share their experiences, reach out for information and opinions, and engage with peers and providers. Social media works to fill in the gaps, connect patients to resources outside of the provider's office, and meet psychosocial and emotional components of care. Some examples of social networking sites for cancer include: Cancer Care (<http://www.cancercare.org/>), The American Cancer Society (<http://www.cancer.org/index>), I Had Cancer (<http://www.ihadcancer.com/>), The Association of Cancer Online Resources (<http://www.acor.org/>).

CONCLUSION:

Mental and behavioral health promotion, prevention, treatment and management-oriented interventions that are delivered via the internet or other electronic technologies, with or without human support, often referred to as "e-Interventions", can overcome many barriers of access that are commonly encountered in our healthcare system. Whilst the use of e-Interventions has grown in both the mental health and general health setting it has received limited attention in the cancer setting. There are significant information gaps regarding the long-term effects, risks and limitations of, and user satisfaction with, such interventions. Offer of convenient and cost-effective way to support desirable health behaviors for preventive health care is very necessary. Data collected for last 20 years A sample design is a definite plan for obtaining a sample from a given population. It refers to the technique or the procedure the researcher would adopt in selecting items for the sample. Sample design may as well lay down the number of items to be included in the sample i.e., the size of the sample. Sample design is determined before data are collected. DATA SOURCES: MeSH headings for PCa, ethnic minorities, and interventions were searched in MEDLINE, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, CINAHL, and PsychINFO. Outcomes were reported by intervention type (educational seminar, printed material, telephone based, video and web-based and others). Statistical analysis will be done as and when required

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