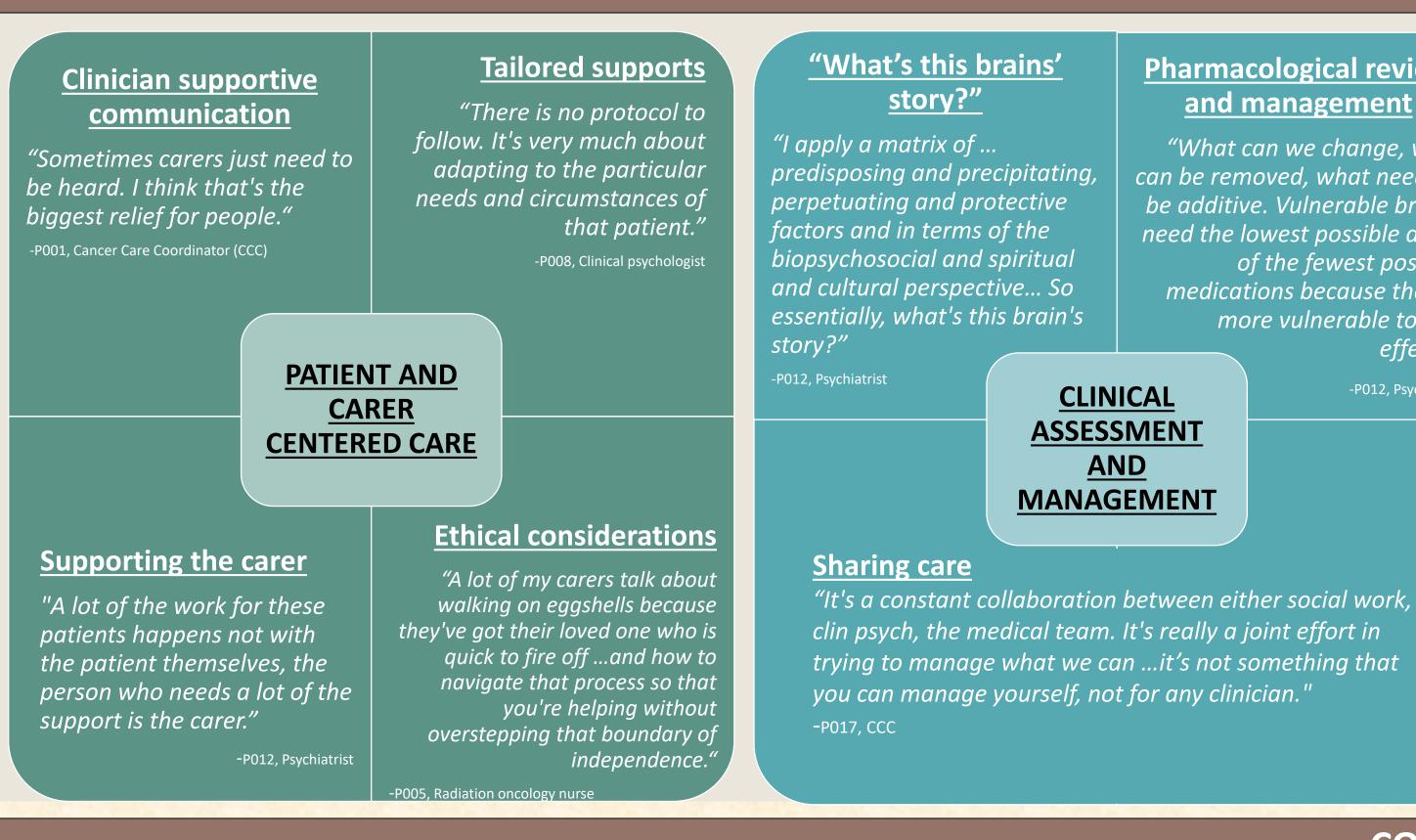


Health Professionals' Views of Managing Brain Tumour Related Personality and Behaviour Changes

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BACKGROUND

- People with a primary brain tumour can experience personality and behaviour changes. \bullet
- Brain tumour related personality and behaviour changes (BTrPBc) are complex to manage.
- Informal carers require assistance to support patients with BTrPBc.



- Interventions for BTrPBc should be formulation-led and tailored to support *both* the patient and the carer.
- Health professional initiated conversations about possible BTrPBc and supportive communication to normalise and validate patient and carer experience is important.
- Described interventions fit within a stepped care approach; however, further exploration in clinical practice and testing is needed to refine this proposed model.

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To explore support neuro-oncology health professionals provide for the management of personality and behaviour changes in adults with a primary brain tumour.

METHODS

- Semi-structured interviews with n= 22 health professionals practicing in neuro-oncology across Australia
- Interviews were audio-recorded, transcribed, and analysed using thematic analysis.

RESULTS

Pharmacological review and management

"What can we change, what can be removed, what needs to be additive. Vulnerable brain's need the lowest possible doses of the fewest possible medications because they're more vulnerable to side effects.

-P012, Psychiatris

Education and information

"I think giving people that really specific formulation of where the tumour is and how that might impact their personality is really, really helpful.'

P019, Clinical psychologist

Lifestyle factors and stress management

"I talk about overwhelm and preventing that stress response, so it doesn't flood your brain with stress chemicals that then make it all a bit harder.

-P009, Neuropsychologis

want to be?

-P009, Neuropsychologist

Acceptance of changes

...acceptance that it's neurological and it's anatomical, then it helps with the coping a little bit." P010, Radiation oncologist

"That's the tumour talking"

"If you can sometimes take that conversation and go 'let's just put it into that's the tumour talking so that you can still maintain that closeness with them and separate the behaviour from the patient and the behaviour is because of the tumour."

BRIEF

INTERVENTIONS

-P005, Radiation oncology nurse

CONCLUSION

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AIM



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Managing cognitive resources

"We talk a lot about being able to plan out a week and prioritise activity and to build awareness of what I call 'brain fuel,' ...Is this a task that right now is important with who you

Modifying environments

"But rather than saying it was the behaviour that could be modified, it was more modifying the environment to ensure that the behaviour was easier to manage.

-P001, CCC

TARGETED **INTERVENTIONS**

"Enriching the relationship"

"When you assess the patient, you have to assess the carer. You can't separate the two because if you do, the wheels will fall off. They are one and you have to look after both of them.'

-P013, CCC