

# Practical Recommendations for Supportive Management of Informal Caregivers of Patients Receiving Palliative Radiation Therapy

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# **INTRODUCTION**

#### **Definitions:**

- An INFORMAL CAREGIVER (IC) is any relative or friend who provides unpaid assistance to someone with an incurable illness such as patients with cancer receiving PRT (1, 2).
- An UNMET CARE NEED is defined as a resource that is required for optimal well-being but has not yet been provided (3).
- The impact of unmet IC needs results in decreased physical & mental health leading to a decreased capacity to provide care.

# Objective:

 To summarize practical recommendations for addressing unmet needs of ICs of patients undergoing PRT.

# **METHODS**

- An English-language literature search of 6 data bases was completed, published since Jan 1, 2012, based on the PICO framework.
- Limited to ICs of adults undergoing PRT.
- 3 additional data bases were searched for gray literature.
- Relevant full texts were retrieved and reviewed.

### REFERENCES

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Table 1 Supportive Care for ICs (4)	
DOMAIN AND EXAMPLE OF UNMET NEED	POSSIBLE SOLUTION
Information: Lack of preparation or training for medical tasks	Provide a range of educational options and resources so that IC can choose based on time, location and knowledge needs at that moment (e.g., online, webinar, smart phone app, inperson, support group)
Cancer Care service: Cancer care team focus is primarily on patient needs	Advertise specific services open to IC in addition to or independent of patient e.g., information about medication management, general education around the illness, treatment options and resources, decision-making support
Psychological: Stress, insomnia, anxiety, depression and burnout	Psychological resources to directly assist with IC coping and self-management as well as helping the IC to support the patient's emotional health; opportunities for peer support
Social: Self-care	Home nursing care to provide respite; initiate other community- or home-based resources to provide support external to the cancer centre and outside of work hours
Physical care: Mobility assistance, ADL management	Skill development in the form of short-term demand-oriented programs to address practical issues such as safe transfers, side effect assessment
Financial: Loss of income of both patient and IC, increased out-of-pocket costs	Accessing community resources such as transportation, Meals on Wheels, and options for income supplementation
Spiritual: Existential suffering	Provide spiritually and culturally competent counselling options for IC separate from the patient

# RESULTS

- Informal caregivers:
- Provide physical, practical, financial and emotional support
- Serve as communication brokers and decisionmakers
- Are at high risk of experiencing financial strain, emotional exhaustion and burnout
- Emphasis should be placed on screening for distress to identify intervention needs of ICs
- The provision of supportive care for ICs requires ongoing comprehensive assessment and attention via a personalized plan (See Table 1).

## **CONCLUSION**

- Patients and ICs have separate and interdependent needs to be met simultaneously (4).
- Providing IC-centered support fosters resilience, encourages healthy coping strategies, and improves confidence, which positively impacts patient care.

