

Group therapy aids cancer survival

Cancer patients often hear that a positive mental attitude is the key to survival. Some therapists have promoted psychological exercises, such as visualizing immune cells wiping out cancer cells, as tools the mind can use to conquer disease.

Such claims are exaggerated, contends David Spiegel of Stanford University School of Medicine. Nevertheless, group therapy for female breast cancer patients that focuses on helping the women improve communication with family and physicians, deal with fears about death and provide emotional support to one another apparently also prolongs their lives, Spiegel and his colleagues report in the Oct. 14 LANCET.

The researchers found that 50 women undergoing medical treatment for metastatic breast cancer who participated in weekly group therapy sessions for one year lived significantly longer — by an average of 18 months — than 35 women who received only regular medical care. The women's health was monitored for 10 years after the group sessions concluded. Only three women were alive at the 10-year follow-up, all of whom had been in group therapy.

Numerous personality measures taken at the start of the study did not predict survival, the scientists note.

The three therapy groups in the study were led by either a psychiatrist or a social worker. Women in the groups also were taught self-hypnosis for pain control.

Reasons for the effectiveness of group sessions remain unclear, the researchers caution. However, they note, participants shared intense emotional bonds and were better able to accept their physical predicaments. In the process, they chipped away at "the social isolation that often divides cancer patients from their well-meaning but anxious family and friends," the investigators contend.

Their argument is supported by an independent 17-year study showing that women who have few close friends, and who also feel alone even when friends are present, are most likely to die from breast and lymph cancer (SN: 3/15/86, p.166).

Women who attended group sessions may also have lived longer because they were better able to comply with medical treatment, maintain a healthy diet and exercise regularly.

A question of time for neuroleptics

Psychiatrists have prescribed antipsychotic drugs, also known as neuroleptics, for more than 35 years. Yet an extensive literature search performed by Paul E. Keck Jr. of McLean Hospital in Belmont, Mass., and his co-workers yields a striking finding: No clear evidence exists on how long it takes the powerful drugs, which can cause severe movement disorders with prolonged use, to begin to ease psychotic symptoms.

The researchers found only five controlled studies since 1960 that examine neuroleptic effects over time with people whose psychotic symptoms flare up for short periods, usually lasting no more than one month. Shorter studies charted moderate improvement within hours or days, while longer studies observed little change in the first few days and marked improvement only after several weeks of treatment, the researchers report in the October AMERICAN JOURNAL OF PSYCHIATRY. But placebo pills were nearly as effective as neuroleptics in the early stages of both shorter and longer studies. And sedatives such as Valium worked as well as neuroleptics in the initial stages of treatment.

Experimenter and patient expectations about the time it takes neuroleptics to work may have contributed to the contrasting findings of shorter and longer studies, according to Keck and his colleagues.

Little is known about the time it typically takes for neuroleptics to exert their effects on people with long-lasting psychotic symptoms, the scientists add.

Homeless in poor mental, physical health

Residents of most large U.S. cities see them almost daily, the sad-faced men and women without homes, the bearded man in a ragged coat mumbling to himself or the toothless woman begging for change at a subway. Recent studies reveal, not surprisingly, that homeless people suffer more physical and mental health problems than the general population. But the extent of their problems has surprised even the researchers.

People living outside have more problems than those living in shelters, according to a study by Lillian Gelberg of the University of California, Los Angeles' Division of Family Medicine. In 1985, Gelberg and six medical students left their white lab coats at home and sought out the homeless at beaches, parking lots and soup kitchens. The researchers examined 111 shelter residents, 212 at nonresidential centers for the homeless and 206 people living outdoors, and took blood from 454.

They discovered that two-thirds of their sample had physical symptoms serious enough to require immediate medical care. About half suffered from a chronic disease, a third were underweight or malnourished, and half had serious vision problems. The homeless proved poor judges of their own health. Nearly two-thirds of those with high blood pressure didn't know it. Those living outside had more foot problems, acute skin injuries and signs of protein malnutrition and were more likely to report alcohol and drug abuse. Gelberg and Lawrence S. Linn describe their findings in the Oct. 13 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

On the opposite coast, psychiatrist William R. Breakey and epidemiologist Pamela J. Fischer of the Johns Hopkins University School of Medicine in Baltimore found similar problems when they and colleagues interviewed 528 homeless men and women randomly selected from local missions, shelters and jails. Thorough physical examinations of 203 of the group revealed that women had an average of 9.2 health problems serious enough to require a physician's care; the men averaged 8.3. Nearly 80 percent of the women and 91 percent of the men had a psychiatric disorder, either active or in remission. Seventy-five percent of the men and 38 percent of the women reported problems with alcohol or drug abuse, according to a report in the Sept. 8 JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

"It seems very likely that disorders that existed before people were homeless had a role in making the person more vulnerable," Breakey says.

Nutritionally inadequate diets may contribute to the poor health of homeless adults, according to a study led by nutritionist Elisabeth Luder of the Mount Sinai School of Medicine in New York City. Luder and co-workers asked 55 homeless people waiting to visit a medical team at St. Vincent's Hospital and Medical Center of New York about their diets. Though 93 percent said they got enough to eat, Luder's team rated their diets inadequate, containing low levels of calcium, iron, B vitamins and zinc and high levels of sodium, saturated fat and cholesterol. Of 17 who gave blood samples, 16 had a total serum-cholesterol level greater than 200 milligrams per deciliter. And 25 percent of the subjects had enough body fat to rank among the top 5 percent of the U.S. population.

Luder says many soup kitchens serve nutritionally adequate meals but their patrons apparently don't choose balanced diets. Luder's study, described in the September-October PUBLIC HEALTH REPORTS, didn't include people living outdoors.

Gelberg says the Los Angeles survey demonstrates "we can't ignore people living outdoors. In L.A., there were 3,000 shelter beds for over 36,000 homeless people. By focusing on shelters, you're ignoring people who have more serious physical health problems."