Examining the Effect of Healing Touch on Radiotherapy Symptoms

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Radiotherapy (XRT) is associated with moderate to severe fatigue, particularly during the later half of therapy.

Healing touch is an energy enhancing complementary therapy.

Healing touch may improve fatigue related to XRT.
Purposes

• Feasibility of enrollment to a blinded trial

• Acceptability of weekly therapy sessions

• Efficacy
  – To determine if women with breast cancer treated with radiation who receive healing touch report:
    • Less fatigue over the course of radiation therapy
    • Improved quality of life
  than women who receive sham therapy
Design

• Randomized clinical trial
  – Healing touch (trained provider) and sham therapy
  – Participants blinded to therapy

• Procedure
  – Baseline data collected before XRT started
  – Weekly therapy session; 45-60 min.
  – Fatigue measured weekly
  – End of treatment data collected
# Measures

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Variables</th>
<th>Format</th>
<th>Internal Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Fatigue Inventory (Mendoza et al., 1999)</td>
<td>Worst fatigue, Usual fatigue, Fatigue now, Fatigue distress, Fatigue interference</td>
<td>0 – 10 numeric rating scales</td>
<td>&gt;.88</td>
</tr>
<tr>
<td>HAD (Zigmond &amp; Snaith, 1983)</td>
<td>Anxiety, Depression</td>
<td>0 – 3 Lijert scale</td>
<td>.74 - .84, .81 - .88</td>
</tr>
<tr>
<td>FACT-Breast (Cella, 1997)</td>
<td>FACT-G total, Breast-specific</td>
<td>0 – 4 Likert scale</td>
<td>.91 - .93, .70 - .75</td>
</tr>
</tbody>
</table>
Sample

• Inclusion Criteria
  – Women with stage I or II breast cancer
  – ECOG performance status 0, 1 or 2
  – Receiving radiation alone at time of study (all had surgery and 41% chemotherapy prior to XRT)
  – > 4 weeks of XRT planned
Feasibility
62.5% enrolled in study

Acceptability
93% retention
(3/44 withdrew)
## Equivalence between Groups
### Demographic & Clinical Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Healing Touch (n = 23)</th>
<th>Sham (n = 21)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (SD)</td>
<td>52.5 (8.9)</td>
<td>50.8 (10.1)</td>
<td>NS</td>
</tr>
<tr>
<td>Race % Caucasian</td>
<td>90%</td>
<td>73.7%</td>
<td>NS</td>
</tr>
<tr>
<td>Employed full or part-time</td>
<td>60%</td>
<td>84%</td>
<td>NS</td>
</tr>
<tr>
<td>Stage of cancer % &lt; 2A</td>
<td>73.7%</td>
<td>78.9%</td>
<td>NS</td>
</tr>
<tr>
<td>Anemia @ baseline</td>
<td>5%</td>
<td>5.3%</td>
<td>NS</td>
</tr>
<tr>
<td>Erythropoietin @ baseline</td>
<td>0%</td>
<td>5.3%</td>
<td>NS</td>
</tr>
<tr>
<td>Type of Treatment</td>
<td></td>
<td></td>
<td>NS</td>
</tr>
<tr>
<td>Surgery + XRT</td>
<td>55%</td>
<td>63.2%</td>
<td></td>
</tr>
<tr>
<td>Surgery + XRT + Chemo</td>
<td>45%</td>
<td>36.8%</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin @ baseline</td>
<td>12.9 (1.65)</td>
<td>12.4 (1.45)</td>
<td>NS</td>
</tr>
</tbody>
</table>
Depression & Anxiety at Baseline

No significant difference
Analyses

• Differences between groups (2) in fatigue over time (6 - 8 weeks)
  – General linear models using generalized estimating equations (GEE) to adjust for the repeated assessments
  – Covariates: Baseline fatigue and depression scores

• Differences in QOL pre- to post-XRT
  – Same as above
Change in Usual Fatigue over Time

Significance
Group p = .07
Time p = .11
Gp x Time p = .96
Fatigue-Related Distress

Significance
Group p = .04
Time p = .11
Gp x time p = .4
Interference Because of Fatigue

Significance
Group p = .02
Time p = .19
Gp x Time p = .82
Change in QOL over Time: FACT-G Total

No significant differences
Change in QOL over Time: Breast-specific Concerns

No significant differences
Summary of Findings

• Healing touch did not reduce fatigue in women with breast cancer undergoing XRT

• Sham therapy participants reported less usual fatigue, distress and interference compared to healing touch participants.

• No significant difference on measures of quality of life between groups.
Alternate Explanations

• Lack of relationship developed between healing touch therapists and participants

• Presence of a therapist (healing touch or sham) had a therapeutic effect on fatigue.

• All participants had 45 – 60 minutes of rest each week during therapy.
Conclusions & Implications

• Conducting a blinded study of a complementary therapy is feasible and acceptable to women with breast cancer.

• Healing touch performed by rotating therapists is not recommended as a method to reduce fatigue during radiotherapy.

• Planned weekly rest during radiotherapy may afford the same degree of benefit as healing touch therapy.
Acknowledgements

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