

## Finding My Way: An interim analysis of predictors of adherence to a self-help program for cancer-related distress

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## Background



- Online self-help interventions hold promise for overcoming access barriers to conventional psychotherapy for cancer distress
- Key limitation in the provision of online interventions generally is low **adherence**
  - refers to the *amount of intervention* that an individual has engaged with or completed
  - *Non-completion* in online interventions typically ranges 30-60%
  - Can skew interpretations of efficacy if not clearly measured and reported
  - Evidence for adherence as a moderator of intervention outcomes (higher adherence → better outcomes)
- However **few clear predictors** of adherence to online interventions are identified in the literature

## Objectives



- *Finding My Way* is an online psychological intervention aiming to **decrease distress** and **improve coping and health-related quality of life** in the immediate post-diagnosis period.
- Aimed at **early stage** adult cancer patients (any cancer type) currently receiving active treatment with **curative intent**
- Participation occurs **entirely online** and is **self-directed**; six modules are delivered consecutively once a week over six weeks
- Current phase III multi-site RCT aims to evaluate efficacy of *Finding My Way* compared to an online attention-control
- This sub-study aimed to employ **mixed-methods analysis** to measure interim **rates and predictors of adherence** to *Finding My Way* (N = 60) and to qualitatively identify **motivators** of and **barriers** to adherence (N = 13)

## Measures



### Adherence:

- **Activity level:** number of modules accessed, number of pages viewed
- **Frequency:** number of days logged in, number of logins
- **Duration:** total login time

### Potential predictors (measured at baseline):

- **Demographic:** age, sex, marital status, employment status, area of residence, education level
- **Medical/illness:** cancer type, time since diagnosis, type of treatment received (surgery/chemotherapy/radiotherapy), health service use
- **Psychosocial:** general distress, cancer-specific distress, health-related quality of life, coping styles, information seeking preferences, social support, difficulties in emotion regulation

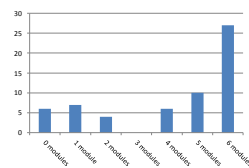
## Results:

### Quantitative analysis (N = 60)



Demographics (%)	
Gender	92% female
Age	M = 53.52 years (SD = 10.85)
Marital status	75.0% partnered
Residence	73.3% urban
Education	63 % completed tertiary education
Employment	61.7 % employed

### Adherence: Number of modules accessed



Overall adherence high:  
72% participants completed 4 or more modules

## Results:

### Predictors of adherence (N = 60)



Group comparisons of low adherers (accessed < 3 modules) vs high adherers (accessed > 3 modules):

- Groups differed significantly in all continuous adherence measures
- High adherers more likely to belong to **control group** and to have **higher social support**

### Multivariate analysis of continuous measures (multiple regression analyses):

- **Module completion** uniquely predicted by higher social support and control group membership
- **Number of days logged in** uniquely predicted by higher social support, lower blunting style and higher health service use
- **Number of logins** uniquely predicted by lower blunting style, higher health service use, and control group membership
- **Total login time** uniquely predicted by higher health service use and higher social support
- **Number of pages viewed** uniquely predicted by higher social support

## Results:

## Qualitative analysis (N= 13)



Motivators	
<b>Intervention-related (77%)</b> <ul style="list-style-type: none"> <li>Email/phone reminders (38%)</li> <li>Satisfaction with content (38%)</li> <li>Easy to use (31%)</li> <li>Flexibility (23%)</li> <li>Unguided format (15%)</li> <li>Compliance with research protocol (31%)</li> </ul>	<b>Computer-related (31%)</b> <ul style="list-style-type: none"> <li>Convenience of computer access (31%)</li> <li>iPad access (23%)</li> </ul> <b>Personal (31%)</b> <ul style="list-style-type: none"> <li>Social support (31%)</li> <li>Adequate time (15%)</li> </ul> <b>Psychological (15%)</b> <ul style="list-style-type: none"> <li>Perceived need for therapy (8%)</li> <li>Sense of control over program use/program focus on participant (8%)</li> </ul>

"I found it really useful so that's why I continued religiously along, along the whole course"

"It was something I actually had some control over during my treatment"

## Results:

## Qualitative analysis (N= 13)



Barriers	
<b>Illness-related (85%)</b> <ul style="list-style-type: none"> <li>Treatment side effects (e.g. tired, unwell, nauseous, memory and concentration difficulties)(85%)</li> </ul> <b>Personal / timing (54%)</b> <ul style="list-style-type: none"> <li>Intervention too late (38%)</li> <li>Too busy (23%)</li> <li>Intervention too early (15%)</li> </ul>	<b>Intervention-related (38%)</b> <ul style="list-style-type: none"> <li>Module length (23%)</li> <li>Amount of content overwhelming (15%)</li> <li>Content repetitive (15%)</li> <li>Content irrelevant (15%)</li> <li>Unguided format (15%)</li> </ul> <b>Computer-related (38%)</b> <ul style="list-style-type: none"> <li>Lack of adequate computer access (15%)</li> <li>Other (23%)</li> </ul> <b>Psychological (31%)</b> <ul style="list-style-type: none"> <li>Avoidance (23%)</li> <li>Already coping well (23%)</li> <li>Expectations did not fit (15%)</li> <li>Feeling overwhelmed (15%)</li> </ul>

"The length of the modules...it was longer than what I had the energy for"

## Conclusions



- This study successfully examined **levels and predictors of adherence to Finding My Way**
- Overall adherence to *Finding My Way* was **high**
- Preliminary support found for association between adherence and
  - Blunting information seeking style:** reflecting tendency to distract from aversive experience
  - Social support:** reflects literature linking higher social support with face-to-face therapy, medical interventions and health self-management
  - Health service use:** possible link with health beliefs (treatment efficacy) and poorer adjustment to illness?
- Qualitative component provided additional understanding of **motivators and barriers** to adherence
- Further research warranted on a broader range of **psychological predictors of adherence** including qualitative data from male participants

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## Investigator Team

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