

Money Woes: A Frequent Side Effect of Cancer

BY CAROLINE HELWICK

NEW ORLEANS — A survey of cancer patients confirms that financial hardship is part of the disease package. Investigators found that 28% of patients, mostly those with advanced disease, were in danger of losing their homes, and financial hardships were strongly associated with mental health issues.

Responses from 428 consecutive cancer outpatients revealed that 64% had limited or very limited financial resources as a result of their disease. Only 38% reported no financial hardship. Sharla Wells-Di Gregorio, Ph.D., reported at the annual conference of the American Psychosocial Oncology Society.

"We were completely unprepared to see patients losing their homes, and others presenting with stage IV disease as a result of financial issues Many patients reported that they avoided going to the doctor for months, or years in some cases, because they didn't have insurance and could not afford it," said Dr. Wells-Di Gregorio, a clinical psychologist with the center for palliative care at the Ohio State University in Columbus.

Exacerbating cost-of-care issues, only 8% of the patients were employed full time; 65% were not working because of medical disability, and 7% worked part time. Prior to developing cancer, 89% had a stable employment history, and 93% said they were satisfied with their jobs.

The investigators had hypothesized that patients who experienced moderate to severe financial difficulties would exhibit higher rates of major depressive disorder and generalized anxiety disorder than would patients who reported no financial difficulties, along with more depressive symptoms, pain, pain catastrophizing (out-of-proportion perception of pain), and symptom distress.

Half of the patients surveyed were female, 83% were white, 53% were married, and the average patient had at least a high school education. More than half had metastases, and two-thirds were undergoing chemotherapy or radiotherapy at the time of the survey at one Ohio cancer center.

Measures included the Center for Epidemiologic Studies Depression Scale (CES-D), the Brief Pain Inventory (BPI), the Pain Catastrophizing Scale (PCS), and the Memorial Symptom Assessment Scale (MSAS). Patients also completed an interview to determine whether they had major depression or generalized anxiety.

"These financial difficulties also put the patients at greater risk for depression, anxiety, pain, and symptom distress," Dr. Wells-Di Gregorio reported, based on their scores on the validated instruments.

Criteria for depression were met by 43% of patients who reported financial issues, compared with 23% of patients without money problems ($P = .02$); criteria for anxiety were met by 36% and 15%, respectively ($P = .001$).

Those with financial difficulties had

significantly higher pain severity scores on the BPI ($P = .001$), significantly more physical symptoms on the MSAS ($P = .039$), and significantly more psychological symptoms on the MSAS ($P = .001$). Pain catastrophizing scores were not significantly different.

Dr. Wells-Di Gregorio noted that previous studies have shown that 20% of cancer patients with health insurance use all or most of their savings to pay for care, and 10% borrow money from relatives. Out-of-pocket expenses for insured women with breast cancer account for 26%-98% of their monthly income, depending on whether their income was more than \$60,000 or less than \$30,000, she said. Among those without insurance, 50% use up all their savings to help pay medical expenses, 40% are unable to pay for basic necessities, 25% decline or delay treatment, and 6% file for bankruptcy. Furthermore, 6% of patients lose coverage as a result of having cancer, and 10% are unable to purchase it after a diagnosis. "While these numbers don't sound high, based on national figures we are talking about 88,000 [6% of 1.5 million new cases] and 720,000 patients [6% of 12 million survivors]... a year," Dr. Wells-Di Gregorio said.

"And in addition to physical and financial disability, patients suffer emotional disability," she added. "They become fearful of losing their jobs. Due to common beliefs about disability and welfare, they begin to feel financially incompetent and stigmatized." ■

Disclosures: None was reported.

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Kmart Offers Free Folic Acid

Kmart stores around the country are offering to fill folic acid prescriptions free through April. The move is part of partnership with the March of Dimes to educate women about healthy pregnancies. The offer is limited to the 0.4-mg, 0.8-mg, and 1-mg strengths.

Group Cites Maternal Care 'Crisis'

The human rights group Amnesty International has called on the United States to create an Office of Maternal Care to deal with troubling trends in maternal death in this country. In a report, "Deadly Delivery: The Maternal Health Care Crisis in the USA," the group says that the high rate of cesarean sections across the United States and variable quality of care contribute to increased pregnancy complications. For example, the report says that although the use of compression stockings has reduced blood clots after cesarean sections in countries such as the United Kingdom, they aren't used consistently here. "Too many unnecessary C-sections are being performed; that is clear," Rachel Ward, Amnesty International USA research and policy director, said in a statement. "And the government's failure to meet its own goals after 12 years suggests a new approach is necessary." The Amnesty International report is available online at www.amnestyusa.org/dignity/pdf/DeadlyDelivery.pdf.

Bill Would Ban Future Gag Rule

Rep. Nita Lowey (D-N.Y.) and a small group of Democratic lawmakers are seeking to enact federal legislation that would prevent a future president from reinstating the Mexico City Policy, also known as the global gag rule. President Obama repealed the policy through executive order last year. Under the previous administration, the rule prevented federally funded, nongovernmental organizations operating outside the United States from providing abortions or abortion counseling—even if those activities were supported separately from the government grants. The new bill (H.R. 4879), introduced last month, says that no organization would be ineligible for U.S. funding simply because it used outside funding to provide certain health and counseling services. Similar legislation (S. 311) was introduced in the Senate last year but has not been passed.

Pro-Choice Groups Target Stupak

Rep. Bart Stupak (D-Mich.), who was much in the news for brokering a compromise that allowed him and some other antiabortion Democrats to support the health care reform bill, is now being targeted by some supporters of abortion rights. Pro-Choice America PAC and the Planned Parenthood Action Fund recently announced plans to

mount a primary challenge against Rep. Stupak in this year's election. "The voters in Michigan's 1st District are looking for an alternative to Bart Stupak," Nancy Keenan, president of NARAL Pro-Choice America, said in a statement. "For years, he has attacked women's freedom and privacy and, for the last several months, seized the national spotlight as he held health care reform hostage to his antichoice political views. The clock is ticking on Mr. Stupak's '15 minutes of fame.'" The groups have endorsed abortion-rights supporter Connie Saltonstall, a mediator who serves as board president of Hospice of Northwest Michigan. Michigan's primary election will be held Aug. 3.

Parents Don't Want to Talk About Sex

Even though parents realize it's important to talk to their children about sex, they just don't do it, according to a new study. The analysis of focus groups discussions among 131 parents of children ages 10-12 found that the parents typically perceived significant threats to their children from sex but hadn't spoken to their children on the topic. They also said that their children were regularly exposed to sexual content in the media, but many of the parents in the focus groups said they felt that their children were just too young have a talk with about intercourse. Some participants also said they didn't want to plant ideas in their children's heads if they weren't already thinking about sex. Other parents said they simply felt uncomfortable having the conversation with their children. The qualitative findings were published in the March issue of Perspectives on Sexual and Reproductive Health (Perspect. Sex. Reprod. Health 2010;42:56-63). The study was funded by the Office of Population Affairs in the Department of Health and Human Services.

Many Use Internet for Health Info

More than half (51%) of adults aged 18-64 years use the Internet to look up health information over the course of a year, but only a handful communicate with their providers by e-mail or another Internet route, according to a survey by the National Center for Health Statistics. About 3% of adults reported using online chat groups to learn about health topics. The survey showed women more likely than men to use the Internet to research health issues and to join chat groups. Almost 5% of adults said that they had communicated with a health provider online in the past year, while 6% requested a prescription refill online and 3% made an office appointment online. The analysis included data from 7,192 adults surveyed from January to June 2009.

—Mary Ellen Schneider