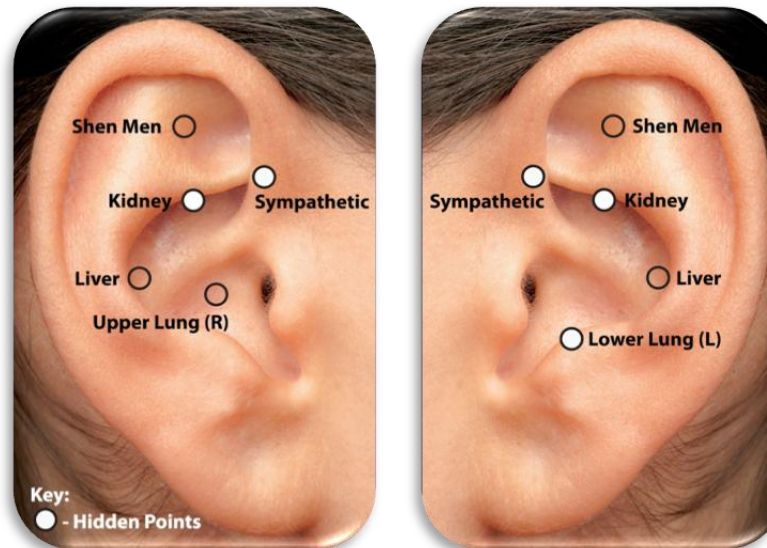


# NADA & Cancer Survivorship

Research and service development for breast cancer, prostate cancer and hospital staff



Photos courtesy of NADA UK

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# Growing service development from research



# From the seed of research...



Using acupuncture to manage hot flushes & night sweats in women taking tamoxifen for early breast cancer: two observational studies (de Valois 2007, unpublished PhD thesis)

# ... To service development

- NADA for breast cancer treatment related hot flushes & night sweats
- Commenced 2005
- Evaluated in 2015 – 10 years service
- 271 referrals
- 213 paperwork
- 145 service users evaluated



# 10-year service evaluation

- What outcomes do service users report?
- How do these compare to our research findings?
- Hypothesis: research participants do better than service users





# Results: frequency

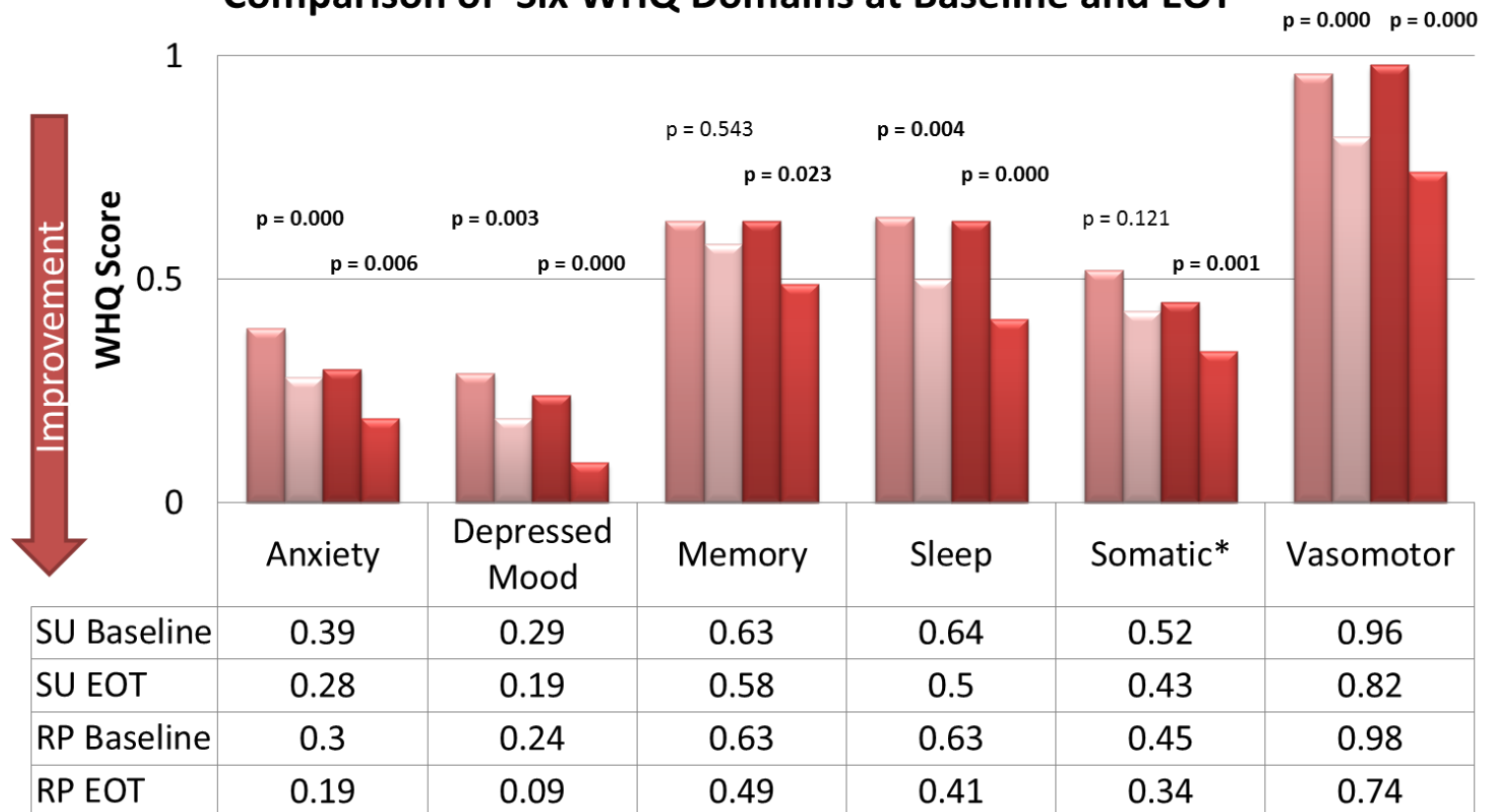
- Mean numbers of hot flushes per day:
  - 11.3 for Service Users (SU)
  - 10.5 for Research Participants (RP)
- Reductions in both groups significant at all points
- No significant differences between groups at each time point

Comparison of Mean % Reduction in Hot Flush Frequency					
Change over baseline at		N =	Mean % Reduction	95% CI Lower	95% CI Upper
EOT	SU	137	42.8	37.3	47.9
	RP	47	35.9	25.4	45.4
EOT+4	SU	116	46.8	39.1	53.4
	RP	45	37.5	25.4	47.6
EOT+18	SU	99	44.8	32.5	54.8
	RP	38	37.1	24.8	47.4

# Results: menopausal health

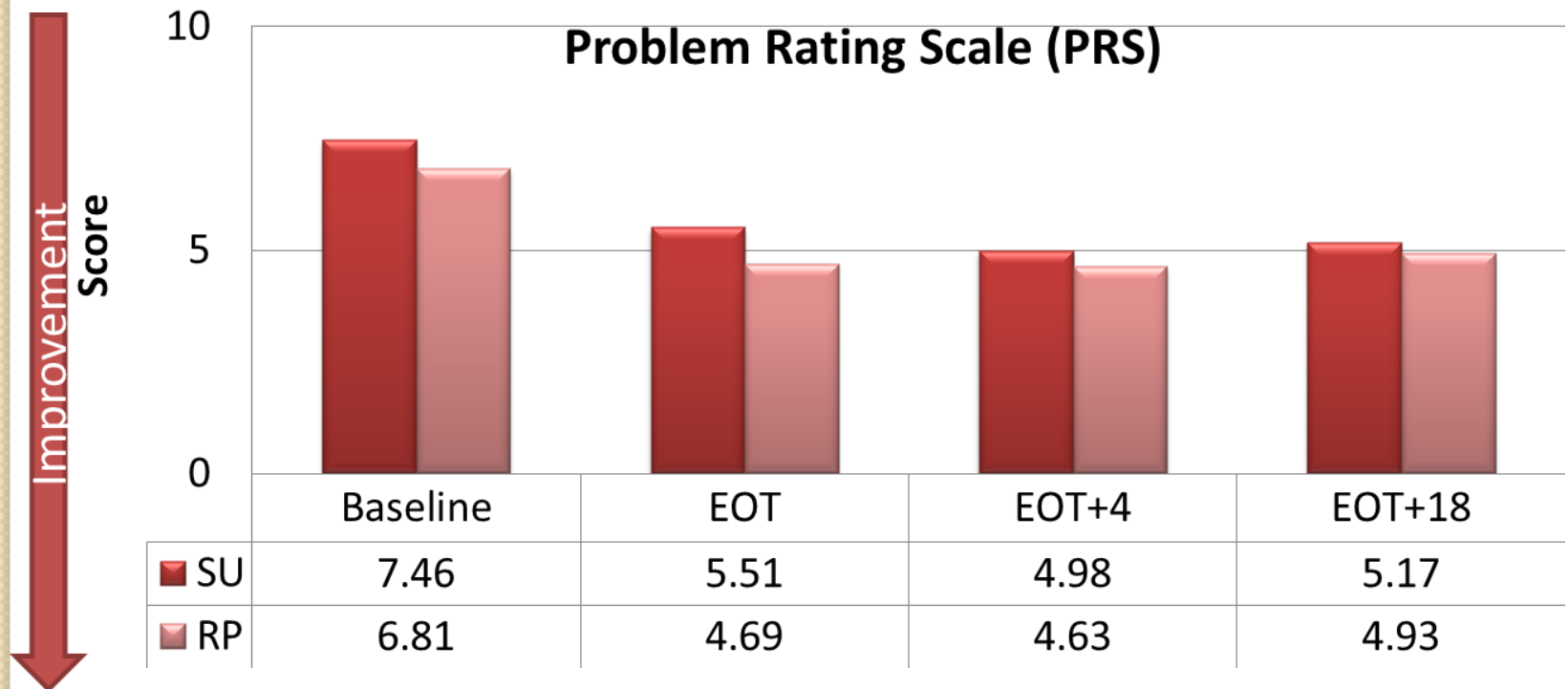
- Significant reductions for both groups in Anxiety/Fears, Depressed Mood, Sleep Problems, Vasomotor Symptoms
- Services Users: no significant improvement in Somatic Symptoms or Memory/Concentration

**Comparison of Six WHQ Domains at Baseline and EOT**



# Results: “Bothersomeness”

- PRS scores similar for both groups at all time points
- All changes within groups significant at all time points
- Clinical significance (change of 2 points) was nearly attained within each group for all measurement points over baseline





# Discussion (breast cancer)

- 8 (4.3%) of 187 Service Users did not complete treatment
- Questionnaire completion was disappointing for Service Users
- Data for SU and RP remarkably consistent at end of treatment
- Evaluation shows the outcomes for Service Users and Research Participants can be similar

# NADA for prostate cancer

- NADA specialists push for NADA for men
- Funds from a legacy donation enabled clinical outcomes study
- “Seed” project
- Focus on wellbeing rather than a specific symptom



# Key questions

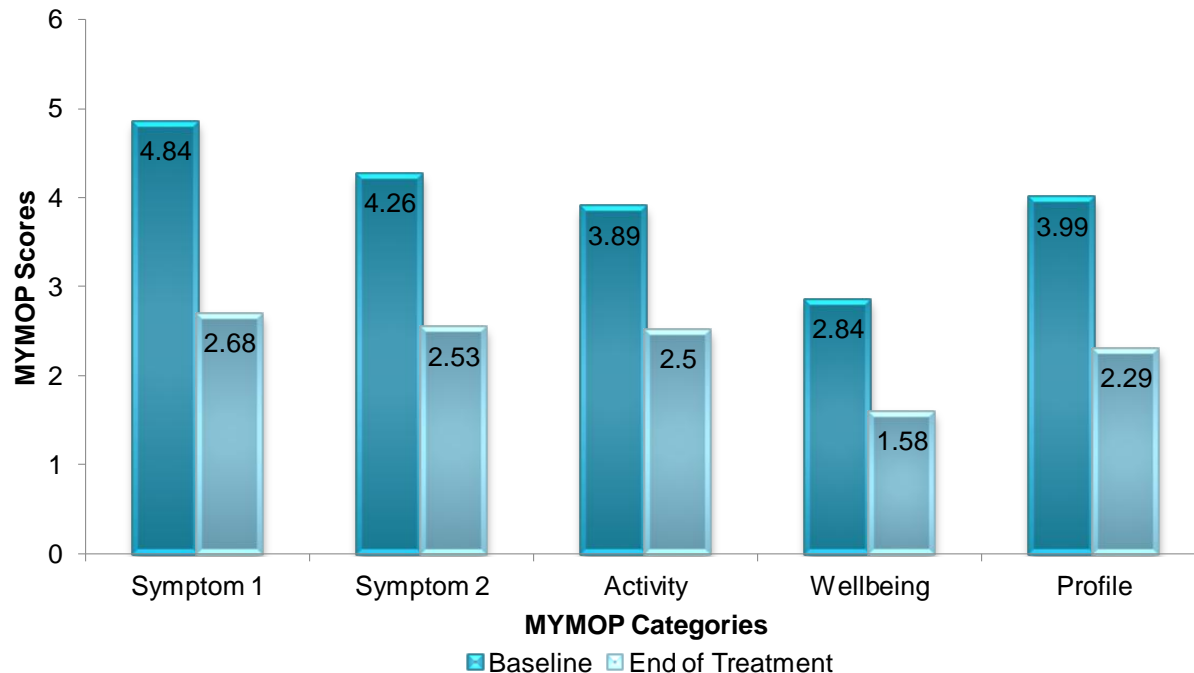
- What symptoms do prostate cancer survivors find troublesome?
- Can these be addressed using the NADA protocol
- Is NADA treatment in a group setting acceptable to prostate cancer survivors?

# Results

- 20 men enrolled
- 19 completed 8 NADA treatments
- Mean age = 68 years(range 59-79)
- Mean time since diagnosis = 4 years (range 1-11)
- Of 8 domains on the SF-36, only Vitality showed significant improvement

# MYMOP Results

- Scale 0 = “as good as could be”, 6 = “as bad a could be”
- A change of 0.5 points or more is clinically significant
- All changes in scores were significant ( $p < 0.5$ )
- $n = 19$



## Symptom 1

- Hot flushes
- Loss of bladder control
- Poor libido
- Fatigue
- Shoulder pain
- Inability to exercise

## Symptom 2

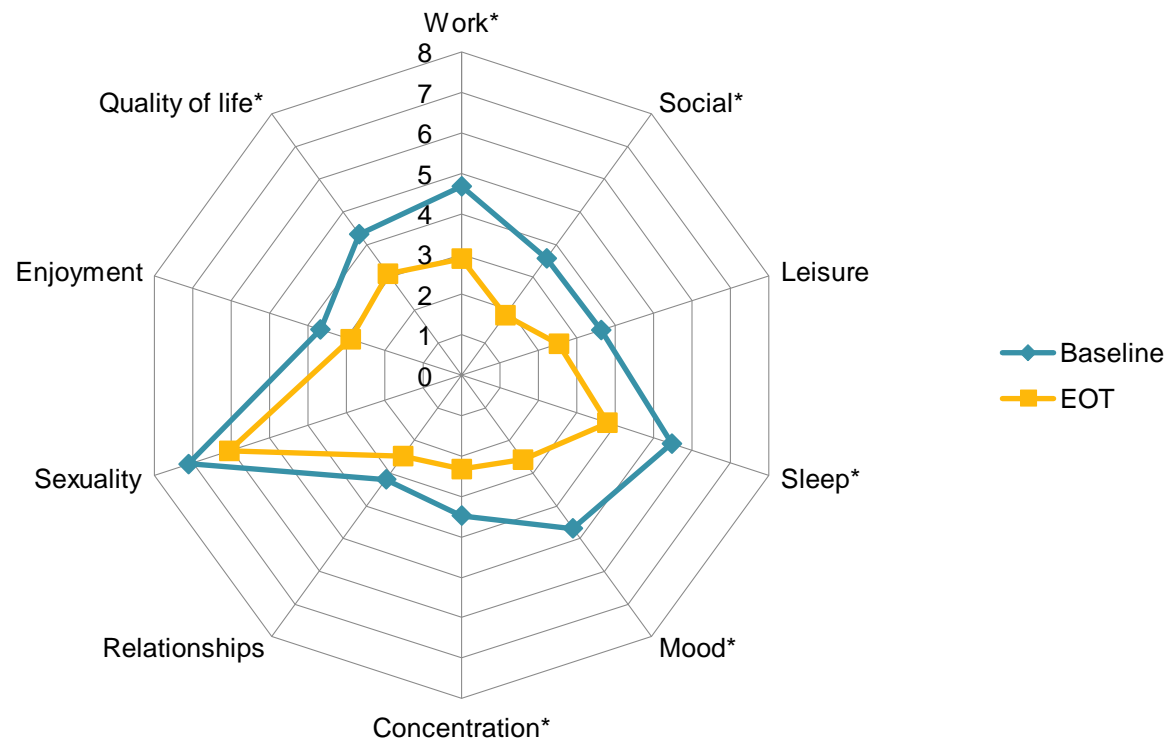
- Loss of bladder control
- Nocturia
- Bowel disorders
- Musculoskeletal pain
- Fatigue
- Poor sleep
- Loss of appetite
- Poor memory
- Dizziness
- Feeling low

# Troublesome symptoms



# Symptom Related Daily Interference Scale (SRDIS)

- Scale: 0 = “does not interfere”, 10 = “completely interferes”
- Significant changes in Work, Social, Sleep, Mood, Concentration, Quality of life



# Discussion (prostate cancer)

- Men presented with a range of symptoms
- Symptoms continue for many years after completing active cancer treatment
- NADA treatment appears to:
  - Reduce symptom burden (MYMOP)
  - Improve vitality (SF-36)
  - Reduce interference of symptoms on daily living (SRDIS)
- Most found NADA in groups acceptable

# Service development: prostate

- Commenced May 2017
- 3 groups
- 12 men treated
- Funded as part of therapists' role



# Comments at end of treatment

- *“Helped in most departments – sleep, appetite and frequency of sweats” (KS)*
- *“...Energy levels have picked up ... its easier to motivate myself” (KS)*
- *“It seemed to take a long time to kick in – but from session 6, I noticed changes” (CK)*
- *“Would definitely rate it a success” (RP)*
- *“The whole experience has been delightful ...found it extremely relaxing” (JF)*

# Service development: hospital staff

- Springs from enthusiasm and initiative of NADA specialist
- Offers NADA to staff and volunteers
- Pay £6/session
- 8 sessions offered
- Future possibility of top-ups



# Comments

- *“Slept very well and deep”*
- *“More energy and more optimistic outlook – more motivated”*
- *“Lovely - no hot flushes and sleeping well”*
- *“Definitely feel less anxious”*
- *“General wellbeing much improved”*
- *“No headaches”*



# Conclusion: research to practice



## Staff and NADA Specialists

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- Cherry Mackie
- Pam Thorpe
- Teresa Young
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Thank you!

