

The Continuity of Psychological Assistance in Different Contexts of Care to Patients Submitted to Bone Marrow Transplantation

Marita Iglesias Aquino (HIAE, BR), Maiara Mattosinho Soares Zukauskas (HIAE, BR), Ana Merzel Kernkraut (HIAE, BR), Cristina Vogel (HIAE, BR), Ana Fernanda Yamazaki Centrone (HIAE, BR).

BACKGROUND: Bone marrow transplantation (BMT) is an aggressive procedure and entails severe side effects to the patients subjected to it. The psychological approach throughout treatment is important to provide a therapeutic space for the expression of anguish and needs related to the specific nature of each stage of the transplant (pre, intra and post). After hospital discharge, outpatient follow-up by the multidisciplinary team is necessary over a long period in which the patient is exposed to a new routine filled with peculiarities related to the treatment. Also, the patient has to adapt to a new condition while rehabilitating of bodily changes inherent to the procedure (alopecia, cachexia, loss of appetite, etc.), without being able to immediately resume the daily activities previously performed (work and social life). Feelings of fear and insecurity are common emotional manifestations in patients at this stage. The psychological support promotes a more confident coping of the new difficulties that arise and enables the building of a new meaning from these various changes.

HYPOTHESIS: To promote a satisfactory adaptation of the patient resuming post BMT routine, considering the biopsychosocial aspects fundamental for readjustment with quality of life.

METHODS: The psychological care in BMT starts with the evaluation of the patient prior to the transplant. Once identified the necessity for psychological follow-up, the patient is treated during hospitalization and, if necessary, after hospital discharge. This assistance may be done by more than one professional, since the institution has reference psychologists in each of the areas (inpatient and outpatient). In the transition from the hospital to the ambulatory, the professionals share information, aiming a better understanding of the patient's psychodynamics, thus favoring the continuity and quality of care. The follow-up to be performed by either professional considers the link established with the patient. The continuity of counseling in this new context favors the adequation of the patient's expectations to the remaining limitations and the discovery of resources for resuming a life with new challenges.

RESULTS: The psychological assistance throughout the whole process enables the patient to assign adequate meanings to the experiences inherent to the treatment, to internalize the experiences of this period and to get a new meaning of the new life after all the changes that occurred.