Paws for thought ..?
A case study of a breast cancer patient with Asperger’s Syndrome and her experience of radiotherapy
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Case History
44 year old female diagnosed with invasive ductal grade 3 carcinoma of the left breast. Treated with wide local excision, 6 cycles of FEC-T and post-operative radiotherapy to the left breast, axilla and supra-clavicular fossa, 40Gy in 15 fractions followed by a boost to the surgical bed – 10Gy in 5 fractions. Comorbidities: Asperger’s/autism, dyslexia, learning disability, polyneuropathy with non-dermatomal distribution (of unknown aetiology). The patient cannot read and has no concept of time, her mother is her main carer.

Background
In the UK there are 700,000 adults and children approximately who are diagnosed with autism(1). The National Autistic Society has a helpful set of guidance for healthcare professionals. Every autistic person has an individual set of difficulties that bring challenges for the them on a daily basis. The Society of Radiographers (SoR) has general advice for diagnostic radiographers regarding how to meet the needs of autistic patients(2). As a therapy radiographer this has been helpful in meeting the needs of a patient with Asperger’s syndrome. It would be helpful to have advice for therapy radiographers as in practice most patients will attend for a number of daily fractions.

Barriers
On their first on treatment review I realised the patients needs were not being met (see figure 1).

- **Time** - This was needed for the patient to be able to process what was being said in a conversation. The patient has no concept of time, saying ‘I will be back in a few minutes’ confused the patient.

- **Environment** – The patient complained about the noise. It wasn’t until her third week of treatment that the patient told me she was anxious sitting in the waiting area in an unfamiliar space, sounds and too many people.

Lessons learnt

- **Speak to the patients carer** – the patients mum helped in explaining time by comparing it to how long a TV advert is. We applied this whenever we had to refer to times in daily conversation. Take the time for the patient to process what has been said to them or asked of them.

- **An unfamiliar environment adds anxiety** as well as the unusual sounds the patient is not used to. A small waiting room is more language

- **Routine** – The patient got upset after a review with the Doctor as they could not understand some of the words that were used. On another occasion the patient didn’t understand phrases like ‘Top form’ and I found it tricky myself to explain this phrase to her.

- **Routine** – The patient got upset when her treatment room was changed due to the lineac being on service. They got confused in the room and were embarrassed as they got off the treatment couch. This was due to the room being a mirror image of the one they were used to being in. The change in staff made them uncomfortable too.

Developing practice

- **More knowledge of how to support patients with autism through the radiotherapy pathway**

- Given squishies to anxious patients to help with their anxiety whilst on treatment (see figure 2 and 3)

- Applied for funding for squishies to give to anxious patients

- Awareness of the barriers facing patients with autism and learning difficulties

- Develop a guide on patients with autism for therapy radiographers

Acknowledgements

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References
1. [https://www.autism.org.uk/asperger](https://www.autism.org.uk/asperger)
2. [https://www.sor.org](https://www.sor.org)
3. [https://www.nics.org.uk/guidance/cg142](https://www.nics.org.uk/guidance/cg142)