Proffered Papers

Age and gender specific issues

1104 ORAL

Quality of life of elderly people with cancer at time of diagnosis

B.A. Esbensen[1], O. Roer[2], K. Østerlind[2], I.R. Hallberg[3]. [1] *Herlev Hospital, Oncology Clinic & The Swedish Institute for Health Sciences, Herlev & Lund, Denmark & Sweden;* [2] *Herlev Hospital, Oncology Clinic, Herlev, Denmark;* [3] *The Vårdal Institute, The Swedish Institute for Health Sciences, Lund, Sweden*

Background. In the years to come an increasing number of elderly people will experience a cancer diagnosis. Health care staff need medical knowledge specific to the given cancer disease but also of Quality of Life (QOL) characteristics and related topics in order to handle these patients in a sufficient professionals. Unfortunately, how elderly people live with a cancer diagnosis and how their QOL is, having until now attracted limited research activities.

Purpose. The purpose of this study was to describe the QOL of elderly people with cancer. From time of the diagnosis and in relation to demographic and socio-economic data, type of diagnosis, treatment, social network and support, activities of daily living, and hope.

Material and Method. Newly diagnosed cancer patients n=101, 65+ were included in the study and were recruited from hospitals in the County of Copenhagen, Denmark. People with lung, breast, colon and ovarian cancer participated in the study. Structural interviews from a questionnaire specifically set-up to this study were conducted. The questionnaire made use of such internationally recognised and approved instruments as EORTC, ISSI, Nowothny's Hope Scale, IADL and PADL. In addition the questionnaire was supplemented by questions related to the support the patients receive from the Health Care System. Data was analysed by descriptive and analytical statistical methods.

Results and conclusion. The total population was divided into four age groups with the purpose to find age-related differences/explanations. The study showed that elderly people with cancer in general had no age-related differences on socio-economic data. However, there were no differences to QOL measured with the EORTC instrument. The poster presentation will focus on the factors influencing QOL of elderly people with cancer at time of diagnosis, which are e.g. social network, contact with children and grandchildren, financial situation and hope.

1105 ORAL

Older patients' experiences of colorectal cancer: functional status and service use following treatment

C. Bailey[1], J. Corner[1], J. Addington-Hall[2], D. Kumar[3], J. Haviland[4]. [1] *University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom;* [2] *GKT School of Medicine, Dept. of Palliative Care and Policy, London, United Kingdom;* [3] *St. George's Hospital, Colorectal Surgery Unit, London, United Kingdom;* [4] *Institute of Cancer Research, Dept. of Epidemiology, Sutton, United Kingdom*

Background. Cancer disproportionately affects people aged sixty-five and over, and the elderly have been described as bearing the brunt of the cancer burden. Age and ageing are therefore an important part of the context for the delivery of care and treatment for people with cancer. We conducted a 3-year multicentre study to determine the effect of age and functional status on treatment decisions in older patients with colorectal cancer. In this paper, we present an analysis of changes in functional status and use of services in the 6 months between pre- to post-treatment interviews.

Material and methods. 337 patients with colorectal adenocarcinoma aged 58-95 years were interviewed before treatment using the OARS Multidimensional Functional Assessment Questionnaire, the Rotterdam Symptom Checklist, and a severity of morbidity score. 229 patients were re-interviewed 6 months later (or 2 months after adjuvant chemotherapy). Study end-points were defined as post-treatment functional status, symptom distress, severity of morbidity, and frequency of service use.

Pre- and post-treatment data were compared using matched analyses. Logistic regression was used to assess associations between age and the main outcome measures. Frequency of service use after treatment was compared between age groups using the χ^2 test. Patients aged <75 years were defined as 'young-old', and patients aged ≥ 75 years as 'middle/old-old'.

Results. 6 months after treatment younger patients experienced significant reductions in morbidity, psychological distress, and improved quality of life. Older patients experienced increased impairment in mental health and activity level. Impairment in physical health reduced in both age groups, whereas impairment in self-care capacity increased in both age groups. Increasing age was associated with greater severity of morbidity after treatment and greater impairment in social resources.

More patients received nursing care at home after treatment than before; more also received help with personal care, housework, and meal preparation. Nursing care at home was provided almost entirely by public agencies. In all other cases, however, the majority of help with services at home was provided by families. Older patients were more likely to say that they needed/were still receiving help at home when they were interviewed after treatment.

Conclusions. Patients in this study experienced both positive and negative outcomes following treatment. However, the months at home after treatment are demanding, and this is particularly so as age increases. Families play an essential role in supporting patients in the period after hospital treatment. This raises important questions about how much preparation families receive, or feel they need to support them. A collaborative approach is needed to design services that complement the contribution of partners and family to post-hospital care.

1106 ORAL

Survey of current UK practice in vaginal dilatation associated with pelvic radiotherapy

I. White[1], S. Faithfull[2]. [1] *City University, St.Bartholomew School of Nursing & Midwifery, London, United Kingdom;* [2] *University of Surrey, EIHMS, Guildford, United Kingdom*

Background: This study evaluated existing practice for the preventative management of vaginal stenosis and fibrosis associated with pelvic radiotherapy through a UK-wide survey of gynaecology oncology nurses and radiotherapy centres.

Material and Methods: A postal questionnaire was sent to all UK radiotherapy departments (n=64) and members of the National Forum of Gynaecological Oncology Nurses (n=160).

The 38-item questionnaire enquired about specialist practice in the use of vaginal dilators and advice for psychosexual health during and post pelvic radiotherapy treatment. The questionnaire was piloted with a group (n=10) of clinical experts in sexual health, gynaecological oncology and radiotherapy for content and face validity. The data was entered into SPSS and analysed using descriptive statistics and additional comments were analysed through content analysis.

Results: Findings from the study represent advice given in relation to the following practice domains:

- Sexual Health Assessment Approaches
- Provision of Patient Information and Education
- Components of Vaginal Dilator Technique
- Evaluation of Patient Compliance

This study provides initial information as to the extent of inconsistency and diversity in this aspect of supportive care in radiotherapy and as a basis for further empirical research.

Conclusions: An important first step in the development of more effective interventions and support for women receiving pelvic radiotherapy is to describe current practice and usual care for these women within existing radiotherapy and cancer services. The results from this survey have identified best practice and will inform the development of national guidelines as an evidence base for this intervention. Such practice standardisation is also an essential first step in being able to conduct multi-centre studies of the prevention of vaginal stenosis associated with pelvic radiotherapy through the appropriate use of vaginal dilatation.

1107 ORAL

Choices and decisions for men with prostate cancer. results of a psycho-educative group for men with prostate cancers

U. Courtney. *ARC Cancer Support Centre, Dublin, Ireland*

Patients react to a cancer diagnosis with a variety of emotions including shock, anger, guilt, denial, anxiety and depression. Psychosocial oncology focuses on how the physical manifestations of cancer impact upon the cognitive, behavioural, social and spiritual components of the lives of patients with cancer. Psychosocial interventions aim to alleviate the emotional and social impact of cancer on patients and their families. Information is a basic form of support. Correct and adequate information is essential to helping patient and family adapt to a diagnosis of cancer and develop coping skills. Studies suggest that patients who receive good information are more satisfied with their care and demonstrate lowered levels of anxiety and depression. The role of support groups has been well documented in cancer support. Psycho-educative group support helps people who have similar problems to act as role models to one another, especially in the use of adaptive coping responses. This paper describes the perceived benefits of a psycho-educative support programme for men diagnosed with prostate cancer. The programme is divided into four main areas dealing with the physical, psychological and social aspects of prostate cancers in an Irish context. The limitations of the programme are described and the discussion addresses the need for further patient education in centres throughout Ireland.

1108 ORAL

Children, grief and school

R. Vaerholm, T.G. Sellevold. *Norwegian Cancer Society, Region West, Førde, Norway*

Background: A cancer illness implies a dramatic change in the life situation of both the patient and the family. When parents are sick, children's daily lives can become disrupted by worries and anxiety. It's important that school and kindergarden personnel are competent to meet these children and their reactions. Based on our work with families, schools and support systems in the comunities, we saw the need for increased competence so that children in grief would be seen and taken care of. We, therefore, in 2000 started a project in the county of Sogn and Fjordane.

The project started a course to increase competence and to promote multi professional collaboration. It also contributed to schools and communities revising existing plans of action or in making plans for children in grief or crisis. The project included nine courses, lasted for two and a half years and was held several places in the county.

- **Goal:** That schools and kindergardens are better equipped to take care of children in grief and crisis.
- **Target group:** Personnel in schools and kindergardens, health personnel and other resouce persons in the community.
- **Method:** Course packs for a two day seminar focusing on children and young people living with grief and crisis.
  - twelve hour course over two days
  - lectures, group work, panel discussions
  - subject: crisis and grief reactions in children, coping, a plan of alert.

Evaluation: The evaluations show that the participants have received professional input and concrete help in their work with children and young people suffering from grief and crisis. Several schools are now developing plans of action.

1109 ORAL

Young cancer patients between 15-21 years get their own youth section at an adult hospital department. The first in Denmark.

N. Hove, S. Thykjær. *Aarhus Kommunehospital, Oncology Dep., Aarhus, Denmark*

Background: The background for the project "Young people with cancer" takes its starting ponit in the nursing and treatment of the young cancer patients and their relatives.Department D 1 ta Aarhus University Hospital has treated this group of young patients since 1995. The nurse Nuka Hove worked with the problem " Care for the young cancer patient at an adult hospital department" at the FutherEducation in Oncology (West) in Denmark in 1997 /1998.The implementation of her work put focus on the 15 to 21 - year old and their relatives. A television documentary in the autumn 1999 where young cancer patients and staff from the Department of Oncology D 1 participated also put focus on this patient group. In connection with the budget for year 2000 Aarhus County decided to spend 0.5 mio.DKK a year for 2 years to improve conditions for young patients with cancer.

Methods: To create an enviroment for the young patients based on wishes and needs expressed by the young patients themselves. To educate relevant groups of staff to manage treatment and nursing of the young cancer patients considering that this patient group has specific needs concerning care, information and possibilities of action. To develope communication tools in connection with treatment and nursing of the young patients, their parents and other members of their network.To prepare the young people for the changes in life after the treatment period.To offer out-patient nurse consultations in connection with control visits.To develope education material for the young patients.To communicate the methods developed to a broader group of health staff.

Conclusion: The project has been a succes.Aarhus County have decided that the department for the young cancer patients between 15-21 years must be a permanent department.The education of the staff has been a success and the rest of the staff in the department is now getting education. We can see the result of our work through the better and different care we offer the young patients and their parents.Besides we have successfully developed commucation tools such as network talks and structure meetings, wich has upgrated our care.We have also made a video about a typical stay in our department, a video that helps our patients to realise what they are going to face during the stay in our department.

1110 ORAL

Older people with cancer: issues in clinical practice and research

N. Kearney[1], Z. Chouliara[1], M. Miller[1], A. Molassiotis[2]. [1] *University of Stirling, Cancer Care Research Team, Stirling, United Kingdom;* [2] *University of Nottingham, School of Nursing, Nottingham, United Kingdom*

Cancer is a disease of greater incidence and morbidity in the elderly [1]. The experience of a cancer diagnosis and treatment may superimpose on problems commonly associated with ageing. Although older adults may possess strengths and skills arising from life experience, these are challenged by the unique burden of cancer. Despite that, several studies have identified inadequacies in the care and treatment received by older patients with cancer, as opposed to their younger counterparts [2]. These inadequacies often result to an over or under – diagnosis, ineffective symptom management and lower survival rates in older patients with cancer [3]. Inadequate treatment and care have been related to a general negative bias towards elderly people by oncology health professionals. Lack of evidence on older peoples' perspectives regarding their cancer diagnosis and treatment may result to paternalistic assumptions, concerning these patients' wishes, made by health professionals on the basis of their own value-laden attitudes about older people. For this, future research is required to identify and recognise the special needs of older people with cancer by focusing on the following. Firstly, older people frequently present with comorbid chronic conditions and certain cognitive and physical limitations. Future research should take into account the above limitations and their contribution to perceptions about cancer and its treatment. Secondly, older people are frequently thought of as a single group. However, the reality is that they include widely divergent individuals in lifestyles, attitudes and coping strategies. This heterogeneity should also be taken into consideration. Research sensitive to the above issues will result in a better understanding of the elderly patients' perspective and will facilitate provision of patient-focused, evidence-based treatment and care for older people with cancer.

References

[1] Ferrell BR (1999) The marriage: geriatrics and oncology. Geriatric *Nursing 20(5): 238-240.*

[2] Bain M. Harvey J. Muir C. (1996) "Cancer in older persons in Scotland" Health Bulletin 54(5): 375-389.

[3] Balducci L, Lyman GH (1997) Cancer in the elderly: epidemiologic and clinical implications. Clinics in Geriatric Medicine 13(1): 1-14.