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A systematic review of the evidence on symptom management of cancer-related anorexia and cachexia

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Most cancer patients experience nutrition-related symptoms, such as anorexia, and some experience severe weight loss and other symptoms associated with cachexia. The purpose of this presentation is to describe the scientific evidence and best clinical judgment regarding the symptom management of nutrition-related symptoms, especially anorexia and cachexia. Clinical trials testing the effects of nutritional counseling and supplements will be summarized; systematic reviews of pharmacological agents and nutraceuticals that target nutrition-related symptom management will be described, and the consensus findings of the second (April 2003) American Cancer Society expert panel on Nutrition and Physical Activity During and After Cancer Treatment will be discussed. All non-pharmacological and non-nutraceutical clinical trials identified and reviewed focused on increasing caloric and protein intake, but outcomes showed

no evidence of improvement in nutritional status, weight, tumor response, survival, or quality of life. Systematic reviews of pharmacological agents summarized the results of clinical trials that demonstrated improved weight, appetite, and well-being with megestrol acetate, especially in advanced cancer patients, but nutritional status was not improved. Another finding was that hydrazine sulfate was not effective in stabilizing or improving nutritional status and had adverse effects. Newer research evidence on nutraceutical agents suggests that omega-3 fatty acid supplements and nonsteroidal anti-inflammatory agents improved or stabilized nutritional status, physical functioning, and survival in malnourished, advanced cancer patients. Moreover, several physical exercise studies have demonstrated improvements in nutrition-related outcomes and quality of life. In conclusion, nutrition-related symptom management for patients with cancer is very complex. To date, single modality treatment has been studied with limited or no improvement in the nutrition-related outcomes studied. This suggests that multimodal treatments need to be studied that take into account energy metabolism, energy balance, and cytokine pathophysiology. Clinically, early nutritional assessment to identify both current and potential nutritional problems is advocated in order to treat nutrition-related symptoms as early as possible.

Workshops

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Implementation of evidence based guidelines for central venous catheters

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The learning objectives of this workshop are central venous catheter (CVC) related complications and the importance of standardisation of care guidelines for the use of CVCs. The group discussions will focus on how to implement guidelines for CVCs and how to assess knowledge of and adherence to guidelines for staff who manage CVCs.

A CVC is often required and preferred in patients with cancer to facilitate iv administration of chemotherapy. However, the use of these devices is a major risk factor for complications such as infections or thromboses. The incidence of locally catheter-related infections (CVC skin exit-site or tunnel infection) are rather high. Catheter-related bloodstream infections are of a rare occurrence but associated with an increased hospital stay and mortality. The risk of complications vary depending on the physical condition of the patient, type of CVC, connections used, location of the CVC and hygienic care.

Evidence based guidelines for the use of CVCs are available. The staff who manages CVCs are strongly advised using proper hygiene. Results from several reports distinctly show that carrying out staff educational programs, including infection control practices, decrease the risk of catheter related infection.

Workshop procedures: This workshop will be introduced with a brief lecture on CVC associated complications and how to prevent these. A model, comprising of instructions for CVC handling together with a quality control check, applied to registered nurses at the Division of Hematology, Karolinska Hospital, will also be presented. The results from this quality assurance project together with other examples collected from the literature will form the basis for discussions in smaller groups. Participants will be encouraged to reflect on strategies for guideline implementation, how to assess knowledge of and adherence to guidelines. The content of the discussions will be summarised, then presented in plenum.

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Wound care in oncology - a global approach

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Taking care of cancer patients in a global approach means that we are able to bring them comfort, security, education, control of symptoms and a better quality of life. This is only possible in a multidisciplinary team.

As a specialised nurse in stomatherapy, wound management, psycho oncology, rehabilitation, supportive and palliative care, we shall try to share our experience. The problems we have to resolve are physical, socio emotional and in relationship with the cancer or the consequences of cancer treatments (chemotherapy, radiation, surgery, recurrence and metastases). Also problems like odour, bleeding, oedema, infection, fistulas ... Cancers patients, people with fungous wounds, stomas, are suffering in their body image and their body scale

So, what can we do, as nurses, when there is any solution?