of protecting vulnerable skin and promoting healing during radiotherapy treatment.

1533 POSTER

Self-reported adverse health conditions (AHCs) among Norwegian men with prostate cancer (PC) who are members of The National Cancer Prostate Association (PROFO)

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Objective: To characterise men with PC who are members of PROFO and to describe their experience of AHCs.

Methods: A questionnaire was anonymously mailed to 600 men who are members of PROFO. The questionnaire had 34 multiple choice questions, demographics, the patient's acknowledge about his PC and AHCs. A reminder was sent after 3 weeks.

Results: The survey yielded a response rate of 62% (n = 370). The median age was 67 years (range 48–88) with significantly difference to the median age of PC patients recorded to the Cancer Registry of Norway. At the diagnosis 72% of PROFO members had localised disease and for 49% ≤2 years had elapsed since diagnosis. PROFO members were better educated than men above the age of 50 years in the general population.

In spite of the above AHCs most PROFO members described their overall health as satisfactory.

Conclusion: Health-care workers should be aware of PC patient's considerable amount of AHCs which may remain undetected if not specifically asked for.

Results from questionnaire surveys as the present may improve information to be given to new patients. Furthermore, PROFO should increase attempts to reduce the shown differences between PROFO members and the majority of Norwegian PC patients.

	Androgen deprivation		
Adverse health conditions	Yes	No	Total
Impotence	75%	75%	75%
Urinary leakage	20%	38%	26%
Frequent urination	52%	37%	48%
Defecation problems	28%	9%	22%
Hot flushes	64%	11%	48%
Muscle weakness	40%	11%	31%
Joint pain	34%	8%	26%
Fatigue	56%	22%	45%
Sadness	29%	19%	26%

1534 POSTER

Questionnaire on chemotherapy effects: a prospective study

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Objective: To asses the effectiveness of antiemetic treatment prescribed in our hospital to prevent of acute sickness as well as the influence on performance status (PS) and nutrition, in patients (pts) undergoing chemotherapy treatment.

Methods: This is a one week observational and prospective study. The questionnaires were filled down by patients who were treated with chemotherapy at our center. The questionnaire included information related to: number of vomits during the treatment and 24hrs after treatment, influence on PS and nutrition. Pharmacotherapeutic data was daily collected from the pharmacy informatic service (informatics net). Chemotherapy protocols were classified in four groups, according to ASCO guidelines, depending on the emetic effect (low, medium, high and very high). Performance status and influence on nutrition were assessed by punctuation: much, quite, poor/nothing. SPSS vr.10 program was used for the statistic analysis.

Results: 164 pts were included in the study. Patients characteristics: gender 102 (62.2%) men, 62 (37.8%) women, median age 59.1 years. Seventy (42.7%) pts filled down and returned the questionnaire. Chemotherapy treatments were classified as follows: low emetic effect 9.8%, moderate 42.1%, high 35.4% and very high 21.8%. Ondasentron and dexametasone doses were on average: 3 mgrs and 2 mgrs for the lowest emetic group, 11.6 and 11.3 mgrs for the medium, 13.5 and 17.5 mgrs for the high and 12.8 and 15.4 mgrs for the highest emetic group respectively. There weren't significant differences between ondasentron doses on medium, high and very high groups. 37.5% of the patients with the most emetic treatment, vomited the day of the administration and 28.6% did in the following day. Women vomited more than men (25.9% versus 2.6%) as well as did the younger patients (46.7 years versus 59.2 years). More than 50% of the patients receive high or very high emetic chemotherapy treatment. 85% of patients who answer the questionnaire didn't vomit during the study.

Conclusions: Alteration on nutrition is not related to the emetic effect of chemotherapy because 87.7% of the patients related few discomfort the day of treatment. Also PS is poor affected by chemotherapy, 78.5% of patients assure any trouble. Classifying treatments in four groups depending on the emetic effect, allow us to detect that patients with more emetic treatment, have poor vomit control. According to other author's bibliography, women and younger patients have less control on vomiting. However, in our study this group of pts (young and women) were treated with the high or very high chemotherapy group.

1535 POSTER

Understanding factors contributing to nausea in advanced cancer: clinical and patient perspectives

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Background: Significant advances have been made in the management of chemotherapy related nausea and vomiting. Less attention has been given to understanding nausea experienced by people with advanced cancer.

Aim: The purpose of this multi-method study was to identify clinical and psychosocial factors that are associated with advanced cancer patients' reports of nausea, to facilitate a more effective and evidence based approach to identifying factors contributing to nausea in advanced cancer.

Method: Stage one of this study involved systematic review of the literature and qualitative interviews. A protocol outlining search strategies, inclusion criteria and data extraction procedures were developed to guide systematic review of literature. 15 articles were identified as being eligible for review. The articles were reviewed by two investigators to rate the quality of evidence about contributing factors. In addition, a total of seventeen participants including four Registered Nurses, six palliative care clinicians and seven patients with advanced cancer participated in semi-structured interviews to explore perceptions and observations of the experience of nausea and factors contributing to nausea. Interviews were transcribed verbatim, and thematic analysis undertaken to identify common themes around factors contributing to nausea, as perceived or observed by clinicians and patients. Findings from the systematic review and the qualitative interviews were compared to identify areas of congruence and divergence, with areas of divergence being discussed by the investigators to determine the strength and relevance of the divergent theme.

Findings: An evidence based description of categories of factors contributing to nausea was developed. These categories included: co-morbidities; obstructive; CNS; chemical; psychological; other symptoms; environmental; dietary; activity levels. Within each of these categories, the specific clinical or psychosocial factor contributing to the experience of nausea was defined. The findings from this stage have been used to inform the development of the clinical assessment tool that is currently being evaluated in Stage 2 of this project.

Conclusion: Nausea in advanced cancer is a complex multi-faceted problem that is not well described in current research. The findings from this project will enable the development of more targeted assessment and intervention processes for patients experiencing nausea associated with advanced cancer.

1536 POSTER

Development of an assessment instrument for chemotherapy associated dysgeusia and its implications for patients

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Background: In our daily practice we see many patients (pts) treated with chemotherapy, who may respond to it but experience disturbing dysgeusia (D) (taste disturbance). This symptom is rarely reported in the pt's file or presented in the results of clinical trials. D can impact on our pts joy of eating, appetite, nutritional status and quality of life. No established assessment instrument for D is available for daily practice or research.

Purpose: To assess and understand better how pts undergoing chemotherapy experience D and its implications. To develop an assessment tool for measuring D in a clinical trial.

Material and Methods: Items were generated by 1) reviewing publications on cancer-related D, 2) obtaining expert opinions from the multidisciplinary team, and 3) interviews local experts performed. The pilot questionnaire included 2 D visual-analogue scales (VAS, 0 = best, 10 = worst]), 3 categorical question (Q) sets on D qualities, 5 open Q describing D overall, during chemotherapy, and altered food habits, 2 categorical and 1 open Q on distress and overall impact of D, 3 open Q on D impacting eating habits, appetite, nutritional intake, body weight and relationships, 1 Q on pts perception on the causality of D, 1 Q on pts' strategies to deal positively with D, and 1 Q on pts wish for physicians' opinion on D. Pts who experienced D with any tumour entity, stage of disease and chemotherapy were approached.

Results: Twenty-eight pts were included. The test-retest correlation of the two VAS (mean 5.6, 5.5) was high (Pearson. 52, p = 0.006, n = 26). 9 pts tasted salt better, 16 less, 2 neutral, and 1 none; with sweet 8, 13, 2, 1; with sour 11, 7, 9, 0; and with bitter 8, 9, 8, 0; respectively. D was extremely disturbing in 3 pts, very in 12, moderate in 7, minimal in 5, (n = 27); and it had extreme impact on life in 1, very in 6, moderate in 14, and minimal in 7; respectively. 20/28 (71%) felt D had impact on eating-habits. 27/28 pts related D to chemotherapy. The qualitative and other categorical results will be presented at the conference.

Conclusion: Due to distributing the questionnaire to the pts, the awareness of D in cancer pts has been raised in nurses and medical doctors. Pts experience D individually with different kinds of food tasting differently or even bad. D had important implications on quality of life and eating. The adapted questionnaire is now used in a clinical trial on the prophylaxis of D.

1537 POSTER

No change of health related quality of life in the Norwegian general population across an 8 year period

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Purpose: Interpretation of quality of life (QoL) data in cancer populations is facilitated by comparison with the general population. Representative Norwegian population data on the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ – C30) were collected in 1996. The present study examines the stability of QoL data by a new population postal survey performed in 2004.

Material and methods: A randomly selected Norwegian population sample of 7000 people aged 19 to 79 years and from all geographic areas of the country was approached by mail. They received a questionnaire including the EORTC QLQ – C30, Version 3 and questions regarding demographic data and health similar to the previous survey. The survey was performed anonymously, and no reminder was sent.

Results: The survey yielded a response rate of 36% (n = 2497), median age was 55 years (range 19–79) and 55% were females. Missing data were few (1.4%), and the internal consistency was highly satisfactory.

Table 1. Comparisons between the 1996 and 2003 surveys

Scale	1996 Mean	2003 Mean	Cronbach's alpha
Physical	89.9	87.2	0.79
Emotional	82.8	83.1	0.85
Cognitive	86.5	86.2	0.63
Role	83.3	83.4	0.89
Social	85.8	86.4	0.86
QoL	75.3	74.4	0.90
Fatigue	28.8	30.0	0.88
Pain	20.5	19.6	0.87
Nausea/vomiting	4.0	3.5	0.63

*adjusted for age and gender differences

The trends from the previous survey were confirmed: Women reported lower functional mean scores and global QoL (HRQOL) (72.4–86.6) than men (76.7–89.7), and also more symptoms and problems. This was relatively consistent across ages, as was declining functional status with increasing age. None of the differences were in the range of clinical significance (>10 change by points of a 0–100 scale)

Conclusion: Despite an unsatisfactory response rate, all scores were comparable to a prior survey. This shows that both data sets provide representative reference data for use in clinic and research. Furthermore, our results indicate that societal development do not exert a major influence on the perception of QoL, at least not during an 8-year period.

1538 POSTER

Comparison between antiemetic strategies for hyperemesis induced by antineoplasic chemotherapy, the role of nursing assistance

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Aims: of the study was to define the role of nursing in supportive care of nausea and emesis related to chemotherapy.

Methods: Two lots of lung cancer patients (Pt) has received chemotherapy with carboplatin plus etoposid for advanced disease. First lot (A = 20 Pt) in outpatients servic, the second lot (B = 22 Pt) received the some chemotherapy by hospitalisation. The main characteristics for the two lots where similar: median age about 56 years, net predominance of males (17 in lot A, 19 in lot B). Percent of Pt from urban environment was 80 in lot A and 10 in hospitalisation. Performance status (PS) = 2 for 15 Pt (lot A), 17 Pt (lot B), PS = 1 was equal 5 for both lots.

Antiemetic protocol: ondansetron 4 mg at 6 hours two times by day plus dexamethasone 4 mg in the some schedulein lot A, methoclopramid 10 mg at 6 hours plus dexamethasone plus meprobamat 500 mg plus nizatidinum 50 mg in lot B. In lot B Pt received a psicological preparation before chemotherapy realised by nurse disc ution which try to reduce anxiety. The mesurement of anxiety was performed by using HAD scale.

Results: In lot A 40% of Pt. have nausea and 20% emesis. In lot B 30% of Pt have nausea and 15% emesis. The anxiety score was more elevated in lot a (10 Pt) compared with lot B (5 Pt). Toxicity of treatment was represented by somnolence, rash of the face, sweating 20% of Pt in both lots.

Conclusion: The combination metoclopramid, dexamethasone, nizatidinum, meprobamat could by an alternative to setrons for emesis induced by cytostatic chemotherapy. The psychological assistance of nurse is very important for a good management of nausea and emesis by redusing anxiety.

1539 POSTER

Expanded program for oncology nursing consultancy

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At the Institute of Oncology Ljubljana, the Oncology Nursing Consultancy has been running since 1998. The main reason for its opening was the vision of further development of nursing, supporting the idea that one of the key factors in high quality and comprehensive nursing care of a patient with cancer is a well planned patient education program.

In recent years, the strategy of health management of patients has been undergoing rapid changes: shortened hospital stay, higher number of patients treated at the outpatient departments or in the day hospital units. The nurses, working at the Institute of Oncology are strongly aware that a hasty management of patients can increase the risk that the patients, particularly those treated at the outpatient departments or in the day hospital unit, are often under informed.

Patients with cancer are specifically exposed to numerous negative symptoms and toxic effects of cancer treatments, which significantly affect the quality of their lives. In order to provide the patients, treated at outpatient departments or in the day hospital unit, with continual and high quality nursing care, we decided to expand the Program for Oncology Nursing Consultancy.

In 2005, a working group of 12 oncology nurses developed a plan to expand the program for oncology nursing consultancy that comprises patient education in 9 nursing domains: stoma and incontinence management, nutrition management, medico-social management, pain management, prevention and management of systemic treatment toxicities, prevention and management of radiation treatment toxicities, pre and post surgery preparation and support, infection prevention in home environment, and palliative care. The plan to expand the Program for Oncology Nursing Consultancy determines: aims of patient education, personnel management, multidisciplinary approach to the management of patients, individual and group work, development of written information for patients and their relatives, elaboration of standard learning contents, work schedule, identification of patients' needs by using questionnaires.

The same year, a research was performed at the Institute of Oncology Ljubljana with the aim of identifying the patients' educational needs and interests, their previous experiences and their views on our information service. The results of research confirmed that the goals, set by the plan to expand the Program on Oncology Nursing Consultancy truly reflected the needs and wishes of the patients at the Institute of Oncology.