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.