1540 POSTER

Quality of life assessment in admitted cancer patients

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Aim of investigation: This study emphasized the main symptoms, which affect the quality of life of cancer patients admitted in Tg. Mures Oncology Hospital for chemotherapy and palliative care.

Method: The study include 45 patients admitted for chemotherapy and 45 patients for palliative care. They were assessed with QLQ-C30 self report questionnaire in 1st, 7th and 14th day of admission regarding pain, nausea, vomiting, gastrointestinal disorders, dyspnea, anxiety, appetite loss, depression, constipation.

Results: The assessment of the 45 cancer patients admitted for chemotherapy (21 female and 24 male, with different localization of cancer) shown that the most frequent symptoms were asthenia (37.77%), insomnia (35.55%), pain (31.11%), anxiety (24.44%) and depression (15.55%). In cancer patients admitted for palliative care (15 female and 30 male) the most frequent symptom was pain (90%), followed by asthenia (73.33%), anxiety (60%), depression (55.55%) and insomnia (51.11%).

Conclusions: The most frequent symptoms are the same in both categories of patients (chemotherapy and palliative care), but is different the number of patients affected. The most frequent symptoms in patients admitted for chemotherapy were asthenia, insomnia and pain. Regarding the patients admitted for palliative care, the most frequent symptom was pain, followed by asthenia, depression and insomnia. This information can be useful to determine the real needs of patients and establish policies of management and treatment, because the quality of life of these patients is very affected.

Working in a multidisciplinary team, one of the responsibilities of the nurse is to identify the needs and symptoms of cancer patients. Effective therapy and symptom control improves their quality of life.

Poster session

Nursing interventions

1541 POSTER

Feasibility of a multimodal fitness and psycho-educational intervention for patients undergoing allogeneic stem cell transplant: a clinically controlled randomized pilot study

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Background: A first time study incorporating a multimodal fitness and psycho-educational program to patients undergoing allogeneic stem cell transplant. The main focus of the pilot study is to evaluate the *feasibility*, *safety* and *effectiveness* of a 4–6 week intervention consisting of a fitness program with progressive stationary bicycle-, muscle strength-, flexibility- and relaxation training and a cognitive based supportive and educational intervention. The aim is to prevent loss of physical condition and improve overall wellbeing in the early stages of treatment.

Material and methods: 6 – 10 adult patients (18 – 65 years) are randomized to either an intervention or control group using the clinical international trial management system (CITMAS). Through triangulation of qualitative and quantitative methods, patients are interviewed, tested for physical fitness (VO_2max, muscle strength and physical functioning), quality of life (EORTC, HADS, Fact-An and Mini-mac) and disease related parameters (graft vs. host disease, infection, length of neutropenic and thrombopenic periods, number of platelet and red blood cell transfusions and length of hospital stay) before admission and at discharge. Patients keep a training journal and register side effects during their hospital stay.

Results and conclusion: will be available at the time of the conference.

1542 POSTER

A randomised controlled trial to test the effectiveness of a psycho-educational intervention in reducing the level of cancer-related fatigue

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Background: Cancer-related fatigue (CRF) is a common but complex problem with prevalence rates of 48–99%. At present few proven management strategies exist to alleviate it.

Aim: The purpose of this randomised controlled trial (RCT) was to evaluate the effectiveness of a brief psycho-educational intervention in reducing the level of, and distress associated with, CRF in people who were receiving cytotoxic treatment.

Materials and Methods: A parallel groups RCT methodology was adopted whereby patients were randomly allocated to receive usual care or the intervention. The intervention aimed to alter fatigue-related thoughts and behaviour. This was characterised by: information provision and education about CRF; regulation and modification of activity-rest-sleep patterns; goal setting and graded task management; and identification and modification of negative thoughts about CRF. The intervention was delivered in an individual format on 3 occasions over a 9–12 week period. Outcome was evaluated using self-rated measures of fatigue (VAS-Fatigue, MFI-20, EORTC QLQc30–Fatigue, FOM), quality of life (EORTC QLQc30), and mood (HADS, EORTC QLQc30–Emotional Functioning, FOM). Assessment took place at baseline (T1), end of chemotherapy (T2), one month after chemotherapy (T3) (main outcome), and 9 months following recruitment (T4). Data were analysed on an intention-to-treat basis using unpaired *t*-tests and multiple regression. Missing data were imputed and sensitivity analyses performed.

Results: 55 patients were randomised. At T3 2 had dropped out, 5 were too ill to participate and 4 had died. Thus results are presented for the remaining 44 patients. At this time the experimental group reported significantly less global fatigue (VAS) ($t = -15.9$, 95% $CI = 2.0-29.8$, $P = 0.03$), physical fatigue (MFI) ($t = 2.4$, 95% $CI = 0–4.8$, $P = 0.05$) and fatigue (EORTC QLQ) ($t = 15.2$, 95% $CI = -0.3-30.6$, $P = 0.05$). In addition the experimental group reported increased physical functioning (EORTC QLQ) ($t = -19.7$, 95% $CI = -30.2-9.2$, $P < 0.00$). These effects remained once baseline scores and confounding variables were statistically controlled for. No decrease in CRF-related distress was found.

Conclusion: The psycho-educational intervention was an effective treatment one month after chemotherapy for people with CRF

1543 POSTER

Nursing assistance and breast cancer treatment

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Taking care of women with breast cancer at the Cancer Hospital III [Hospital do Câncer III HC III/INCA] has shown that health care is systematized according to the model which stages the disease and its histopathological features. The nurse's role in such model has been guided by what is expected to happen, based on the specialized literature which also stresses the pathological aspects. Bearing in mind Orem's theory of self-care and Paterson and Zderad's humanistic theory, it is possible to take into consideration the individuality of the client being cared for by the nurse, with the support of a frame of reference which avoids the biomedical model. At the HC III, the nurse takes care of the woman from her diagnosis on, resorting to systematized strategies of individual (Nursing visit) and group (operative) approaches. This study has sought to detect positive and negative aspects of the strategies of individual and group care in breast cancer treatment; and, developing an inductive model of analysis, to build a flowchart with the approach strategy to be used by the nurse with the client being taken care of. The study started from the workflow of Nursing care, making use of participating observation of groups and visits. Empirical categories of such observations in the spaces where nurses act were worked out. The analysis enabled the determination that the choice of the approach strategy to be used is related to the treatment step the client is going through. With the acknowledgement of the different needs that may crop up, for the person undergoing breast cancer treatment, a scientific and humane nursing care is given, resorting to two complementary modes of assisting.

1544 POSTER

Effects of a nurse intervention on the quality of life and physical and psychological health perception of women with breast cancer receiving chemotherapy

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The course of chemotherapy, cancer patients may experience many physical side effects such as fatigue, nausea and vomiting, sexual dysfunction, alopecia psychological symptoms such as depression, anxiety, and hopelessness. These side effects may negatively impact the quality of life for the patient with cancer. Patient may felt psychological and physiological stress while receiving treatment for cancer and experiencing the side effects from its treatments. Patients with cancer who have undergone chemotherapy require a great deal of direct and indirect care, including teaching, various modes of support, monitoring, as well as help managing the side effects of treatment and symptoms of their cancer. Education and support to facilitate comfort are crucial aspects of home care.

This one group, before-after study was designed to determine the effect on the quality of life and physical and psychological health perception of planned education on control of side effects of chemotherapy and home visit in women with breast cancer.

The research included 30 women with breast cancer, living in city center, readable, receiving secondary chemotherapy in between December 15th 2003 and September 1st, 2004, at in a university hospital in Erzurum, Turkey.

Before and after test measurements were obtained on the Quality of Life Scale (QoLS). The perceived physical and psychological health status was measured on a visual analogue scale that ranged from one (poor) to five (excellent). Before test was fill out before 2nd chemotherapy, after test was fill out one week of the 3rd chemotherapy by patient.

Individualized a semi-structured education for patient receiving chemotherapy was provided as verbal at outpatient chemotherapy unit. To support verbally information through utilization literature and expert opinion the structured patient education brochure was developed by the researchers in the light of literature, and it was given patient. The brochure was included in information related to explanation how to cope with and how to control of side effects of chemotherapy such as fatigue, nausea, vomit, alopecia, infection and bleeding control, oral mucosa problems, diarrhea/constipation and availability of support groups. Patients were visited by researcher at home after approximately 2 weeks from the education. In this visits, the women were offered the opportunity to talk about experienced side effects and controls. The women were also answered questions.

There was a significant difference between before and after scores on the QoLS. Patients' quality of life scores significantly improved except sexual function, a subscale of QoLS after the planned education and home visit ($p < 0.05$). No effect of the nursing intervention was found for physical health perception but nursing intervention proved to have a positive effect psychological health perception ($p < 0.05$).

Although the findings in this article are based only on a small sample, this study indicates that a planned education program and home visit that is effective in improving quality of life and perceived psychological health in women with breast cancer receiving chemotherapy.

1545 POSTER

Added value of specific nurse care in a one-stop breast unit

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Background: One-stop units for rapid diagnosis of screened breast lesions have been explored regarding their medical and financial efficacy. There remains poor knowledge regarding the way patients attending such clinics consider it. We therefore evaluated patients' satisfaction with the one-stop clinic with special focus to the specific nursing program of the clinic.

Methods: A median of 33 new patients with breast cancer abnormalities are seen during a dedicated day once a week at the one-stop breast diagnosis clinic of our institution. A multidisciplinary medical team takes care of them during that day, which comprises four breast specialists (surgeon, oncologist, cytopathologist, radiologist). The aim of the clinic is to establish diagnosis within the day for more than 80% of attending patients. 50% of the attendants will leave the clinic with a diagnosis of breast cancer. We therefore have developed a specific care program for these patients during their one-day stay at the clinic. Nurses identify themselves at the beginning of the day as reference for the patients and will give them throughout the day, regular and repeated group and individualized information regarding physicians they will meet, diagnostic procedures, and eventual therapeutic procedures. Patients are followed all over the day and seen between each procedure. At the end of the day, final diagnoses are discussed individually with patients before they leave the clinic.

Three months after the venue to the clinic, EORTC Sat35 anonymous questionnaires have been sent to 299 patients seen during months of October and November 2004.

Results: 113 patients have answered the questionnaire. 90% were overall either satisfied or very satisfied with the one-stop clinic. Answers to the questions are coted 1 (bad), 2 (medium), 3 (good), 4 (very good), 5 (excellent). Median scores regarding humanity of nurses and quality of aid relation were 4.2, 4.3 and 4.0. Patients considered nurses had paid attention to their person and their comfort (median scores 4.1 and 4.1). Although scores regarding quality and amount of information given by nurses were quite good, patients may however expect a little more from them (scores 3.8, 3.8 and 4.0). Furthermore, patients may expect more time dedicated to them by the nurse during the day (score 3.8).

Conclusion: Outpatient hospital fashion-based nurse care during procedures of a one-stop breast clinic seem to provide added value to the patients, of which they are overall very satisfied.

1546 POSTER

Healthcare advocacy: organizational strategies and successes

K.J. Stanley. *Oncology Nursing Society, USA, Pittsburgh, PA, USA*

Organizational advocacy for oncology patients and providers demands an increasingly sophisticated approach. Professional health policy advocates, grass-roots organization, the appointment of state health-policy liaisons, computer software that generates personal letters to appropriate members of the legislature on specific issues, one-on-one visits to legislators and their health policy aides, and sponsorship of congressional briefings have successfully demonstrated the Oncology Nursing Society's impact on cancer care public policy. However, a rapidly changing healthcare system and budgetary concerns are jeopardizing cancer care for an aging population and require new strategies to sustain quality care. A focused, tighter strategic approach could include identification of key members of the House and Senate with whom to partner at both the local and national levels, Oncology Nursing Society sponsored events in the home districts of legislators who have been honored by the Society for their commitment to cancer care issues, and consistent visibility in their Washington, DC and home offices. Multiple projects at the state (local) level are underway. Targeted outcomes include increased support for cancer care issues including the nursing shortage, increased membership in the House and Senate Nursing Caucuses, increased requests for oncology nursing expertise and commentary on cancer care legislation, and stronger alliances between individual members of the Oncology Nursing Society and members of the legislature.

Poster session

Coping and rehabilitation

1547 POSTER

The internet in help of the laryngectomized patient

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The laryngectomized person is a challenge for any Health Professional. Changes in the body image, difficulties or impossibility to communicate orally, alimentary restrictions and prolonged and frequent hospital internments are some of the many problems which affect these patients.

Despite the diversity of the problems – physical, psychic, social and economical – we must not forget that we are talking about People, with individual peculiarities, for what the availability to listen to the patient/family is fundamental for the analysis of every case in a personalized and holistic way, in search of solutions for each specific situation.

It was with this intention that, in the Department of Otorhinolaryngology of the Hospitais da Universidade de Coimbra (Hospitals of the University of Coimbra) – HUC – it was created a Help Office for the Laryngectomized, where a multidisciplinary team develops crucial activities, in order for the patient/family to feel supported in facing a new reality, promoting a better quality of life.

One of the underlying purposes for the creation of this Office is to improve the communication channels between the patient/family/Health Technicians and the Hospital, for a better readiness in solving problems of these patients/families.

Therefore came up the idea of creating an internet website that may be used by the patient/family, as well as by the Family Nurses.

By means of this website, we intend to introduce the HUC's Help Office for the Laryngectomized and the assistance that, through it, may be requested; answer the most frequently asked questions whether by patients/families or Health Professionals who are in contact with them; and to provide answers in real time to objective requests that aim at the resolution of patient/family problems, through a video-conference system.

With the achievement of such goals, we intend to improve the quality of life of laryngectomized patients, through a partnership with the Family Nurses, so that patients and families will be allowed a Care of excellence in their residence area, without having to go to the hospital. For that purpose, we are undergoing an auscultation of the needs and difficulties of the Family Nurses so they may be able to find, in this website, structuring and effective information/formation for the promotion of quality of life of the patient/family.