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POSTER

Quality of life assessment in admitted cancer patients*A. Nasca. Mures County Hospital, Oncology, Targu-Mures, Romania*

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**

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POSTER

Feasibility of a multimodal fitness and psycho-educational intervention for patients undergoing allogeneic stem cell transplant: a clinically controlled randomized pilot study*M. Jarden. Copenhagen University Hospital, Department of Hematology, Copenhagen, Denmark*

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 (VO₂max, 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.

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POSTER

A randomised controlled trial to test the effectiveness of a psycho-educational intervention in reducing the level of cancer-related fatigue*J. Armes¹, M. Hotopf², A. Richardson¹, T. Chalder², J. Addington-Hall³.**¹Kings College London, Specialist & Palliative Nursing, Florence Nightingale School of Nursing & Midwifery, London, United Kingdom;**²Kings College London, Psychological Medicine, Institute of Psychiatry, London, United Kingdom; ³University of Southampton, School of Nursing & Midwifery, Southampton, United Kingdom*

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

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POSTER

Nursing assistance and breast cancer treatment*T.C. Camargo¹, I.O. Souza². ¹National Cancer Institute, Continuing Education, Rio de Janeiro, Brazil; ²Federal University of Rio de Janeiro/Anna Nery Nursing School, Gyn/Obs, Rio de Janeiro, Brazil*

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.

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POSTER

Effects of a nurse intervention on the quality of life and physical and psychological health perception of women with breast cancer receiving chemotherapy*S. Gözümlü¹, D. Akçay². ¹Atatürk University School of Nursing, Public Health Nursing, Erzurum, Turkey; ²Marçal Çakmak Military Hospital, Erzurum, Turkey*

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