1548 POSTER

Hair loss induced by chemotherapy

H.P. Hansen. *Institute of Public Health, Faculty of Health, University of Southern Denmark, Odense C, Denmark*

Material and methods: The presentation is part of a greater study of Danish women, cancer and rehabilitation from an anthropological and nursing perspective. The data was generated by ethnographic fieldwork (participant-observation and interviews). The sample consisted of fifty women joining three residential rehabilitation courses in Denmark. Twenty-four of these women had experienced hair loss. Twenty of these women were interviewed after joining a course, regarding problems and needs for rehabilitation in relation to hair loss, experiences with the intervention and the effect of the course. Five of these women were interviewed twice. Additionally, a self-help group of five women were interviewed four times in one year.

Results: Wigs and makeup were used by most of the women throughout the period of hair loss. Through the analysis of data the most significant results were that the women established a positive contiguity between hair and femininity, sexuality, well-being and life in general and strongly equated hair loss with non-femininity, non-sexuality, sickness and death. Especially head hair, eyebrows and eyelashes were contiguous with everything else in the everyday life of the women both in relation to their bodies, sexuality and death.

Conclusions: Hair loss induced by chemotherapy was experienced as extremely distressing for the women. Through wigs and makeup the women sought to re-establish their former relationship with their bodies, where self and body were in harmony. By so doing, they tried to reinstate a life as lived prior to illness and surgery. The women shared interpretations of sexuality and femininity with other healthy women. In Western societies many women try to measure up to an ideal of self-confidence and femininity and in doing this, they have to confirm themselves through the use of clothing, makeup, fitness, food. But for the women with cancer there is much more at stake. They strive for more than mere self-confidence. They are not just sick, they may be dying. Wigs and makeup can be understood as steps towards ensuring that rehabilitation is successful. But it can also be understood as creating and maintaining an illusion, "as if" no differences between women with cancer and women without cancer ever existed.

1549 POSTER

Applying maximum physical capacity tests to cancer patients undergoing chemotherapy. Attitudes and experiences

M. Quist[1], L. Knutsen[1], L. Adamsen[1], J. Midtgaard[1], M. Rørth[2]. [1]*Copenhagen University Hospital, The University Hospital's Centre for Nursing and C, Copenhagen, Denmark;* [2]*Copenhagen University Hospital, Department of Oncology, Copenhagen, Denmark*

Over the past few years there has been a growing interest in the field of physical exercise in rehabilitation of cancer patients followed by requirements of objective physical measurements (VO_2max and 1RM) in determining dose-response levels to different cancer diagnoses. Despite a recent increase in the number of studies on physical exercise interventions on cancer patients, little is known about how cancer patients undergoing chemotherapy experience maximum physical capacity tests. The aim of this study was to assess the patients' experiences to maximum physical capacity tests concurrently undergoing chemotherapy.

At the end of the intervention, cancer patients became significantly safer in performing maximum physical capacity tests. The tests motivated patients by self-perceived competitiveness and, by setting a standard, served as a motivating element for peak performance.

In conclusion, the findings of this study showed that the majority of patients experienced the maximum physical capacity tests as an autonomous motivating element of physical exercise. The results highlight that the concern/uncertainty about performing maximum physical capacity tests expressed by health professionals, do not coincide with the patients' own experiences.

1550 POSTER

The nursing contribution in the rehabilitation of cervical cancer patients after radical hysterectomy

K. Laporda[1], A. Adramerina[2], M. Roufou[2]. [1]*Theagenio Cancer Hospital, Gynaecologic Oncology, Thessaloniki, Greece;* [2]*Theagenio Cancer Hospital, Nursing Service, Thessaloniki, Greece*

Background: Cervical cancer is the most common type of cancer among women around the world. This type of cancer is mostly incident in women between 40 and 55 years of age. There have been studied and thoroughly investigated the psychosocial impact of hysterectomy in women patients. These studies have shown that cervical cancer induces significant anxiety for its future development. Hysterectomy constitutes a further psychological charge since body changes are connected with an organ which plays a significant symbolic and psychological role in patient's life. The aim of this study is to review the research data concerning the contribution of nursing personnel in the supply of a full and effective health care, and in the same time to highlight the need to improve the awareness and knowledge about cervical cancer consequences and to support patients in psychological and emotional level.

Material and methods: The methodology followed includes updated bibliographic search on the subject in international literature.

Results: The interventions in cervical cancer are specific and patients feel amputated. The disorders in the relationships with the patient's family, the expression of anxiety and depression, the reduction of libido due to femininity loss feelings and her attractiveness, are fears that induce repercussions in the psychism of patients and affect their life quality. In the other hand, when accessing health care for cervical cancer, women place importance on having good communication with the medical personnel, being respected as a person with emotions and having their many questions answered. The right psychological approach increases the survival rate, contributes to the acceptance of the patient's body changes, promotes the rehabilitation of the relationships between the patient and her mate and also the support of the family environment, which meet severe anxiety and fear for future disease development.

Conclusions: The complete education and informing of patients that are subject to hysterectomy are necessary prerequisite of a whole nursing care. Nursing personnel could contribute, so much to the reduction of complications, as long as in the psychological support of the patients, but only with adequate knowledge and proper education.

1551 POSTER

Coping and living with prostate cancer – results of the ARC psycho-educative programme group

U. Courtney[1], M. Daly[1], J. Goss[2], P. Fox[3], A. Gribbin[4], J. McCaffrey[5]. [1]*ARC Cancer Support Centre, ARC House, Dublin, Ireland;* [2]*Blackrock Clinic, Oncology Unit, Dublin, Ireland;* [3]*University College Dublin, Dept Nursing and Midwifery, Dublin, Ireland;* [4]*Mater Private Hospital, Radiotherapy Dept, Dublin, Ireland;* [5]*Mater Private, Medical Oncology, Dublin, Ireland*

Patients react to a cancer diagnosis with a variety of emotions including shock, anger, guilt, denial, anxiety and depression. Psychosocial oncology focuses on how the physical manifestations of cancer impact upon the cognitive, behavioural, social and spiritual components of the lives of patients with cancer. Psychosocial interventions aim to alleviate the emotional and social impact of cancer on patients and their families. Information is a basic form of support. Correct and adequate information is essential to helping patient and family adapt to a diagnosis of cancer and develop coping skills. Studies suggest that patients who receive good information are more satisfied with their care and demonstrate lowered levels of anxiety and depression. The role of support groups has been well documented in cancer support. Psycho-educative group support helps people who have similar problems to act as role models to one another, especially in the use of adaptive coping responses. This paper describes the perceived benefits of a psycho-educative support programme for men diagnosed with prostate cancer. The programme is divided into four main areas dealing with the physical, psychological and social aspects of prostate cancers in an Irish context. The limitations of the programme are described and the discussion addresses the need for further patient education in centres throughout Ireland.

1552 POSTER

Preventing carer burnout with stress management support

U. Courtney, M. Scarff. *ARC Cancer Support Centre, ARC House, Dublin, Ireland*

Family carers react to a cancer diagnosis with a variety of emotions including shock, anger, guilt, denial, anxiety and depression. Psychosocial oncology focuses on how the physical manifestations of cancer impact upon the cognitive, behavioural, social and spiritual components of the lives of patients with cancer. Psychosocial interventions aim to alleviate the emotional and social impact of cancer on patients and their families. Information is a basic form of support. Correct and adequate information is essential to helping patient and family adapt to a diagnosis of cancer and develop coping skills. Studies suggest that patients who receive good information are more satisfied with their care and demonstrate lowered levels of anxiety and depression. The role of support groups has been well documented in cancer support. Psychosocial group support helps people who have similar problems to act as role models to one another, especially in the use of adaptive coping responses. This paper describes the perceived benefits of a psychosocial support programme using stress management techniques with family carers of people with cancer. This pilot programme teaches family carers how to look after their own needs while meeting the needs of their loved one. All areas of the cancer experience are explored including rehabilitation issues as well as issues around loss and death. This paper demonstrates the very positive results in developing coping responses and group support by the use of stress management techniques including relaxation and visualisation.

Poster session
Prevention and early detection

1553 POSTER

Iranian women's beliefs toward breast cancer screening: a qualitative survey

N. Mehdrad[1], A. Kaviani[2], I. Ghaderi[3], E. Fakhrejahani[3], M. Ebrahimi[3], F. Jarvandi[3], A. Sadjadian[3]. [1]*Iranian Center for Breast Cancer, Breast Disease Research Group, Tehran, Iran;* [2]*Tehran University of Medical Sciences, Surgery, Tehran, Iran;* [3]*Iranian Center for Breast Cancer, Breast Disease Research Group, Tehran, Iran*

Background: Breast cancer is the most common diagnosed cancer among women. In Iran, breast cancer patients are younger than their western counterparts. Although the cause of breast cancer remains elusive the early detection of patients seems crucial. Since knowledge and beliefs of the women toward the disease have an important role in early detection, this study as a part of a larger qualitative study was conducted to explore the general overview of Iranian women's beliefs about breast cancer screening.
Materials and Methods: In this qualitative study 70 women living in Tehran were enrolled through cluster randomization. The mean age of participants was 36 years (20 to 52) and except one all were married. They were divided into 11 focus groups for discussion. A guide questionnaire was extracted from individual interview sessions that had already been done with health professionals, medical specialists, social experts and religious authorities. Then focus group discussions were done by a female physician using this questionnaire. All discussions were tape- recorded and were transcribed to elucidate the major content themes encountered in the discussions. Grounded Theory method used to analyze the data.
Results: Most of the participants didn't have enough knowledge about cancer prevention methods in general; except for breast self examination which they had already been instructed in and as a matter of fact most of them mentioned that they did it properly. Their awareness about mammography was also biased. They believed that only obviously diseased women should undergo specified imaging methods. Therefore, they preferred not to do it in healthy condition provided that it is advised by a specialist. Likewise the majority of them were not willing to seek a doctor's opinion just for prevention. Their carelessness about breast cancer prevention may be partly due to their strong delusive belief that any type of cancers would not be cured, so early detection of these kinds of diseases would not effect the mortal outcome and is not a matter of concern to them.
Conclusions: Our study showed that health beliefs regarding breast cancer influence women's behavior toward breast cancer screening, especially in a developing country without a well established program for it. Besides, a considerable defect in women's beliefs regarding breast cancer screening was noted. Based on these findings; we suggest a larger quantitative study in order to clarify the subject more clearly.

1554 POSTER

Patient delay in seeking breast evaluation for self-discovered breast symptoms among Thai women

P. Juntasopeepun[1], C. Ferrans[2]. [1]*Chiang Mai University, Faculty of Nursing, Chiang Mai, Thailand;* [2]*University of Illinois at Chicago, Medical-Surgical Nursing, Chicago, USA*

Breast cancer is one of the most important women's health problems in Thailand. It is widely known that early detection and treatment of breast cancer enhances survival. Unfortunately, a considerable proportion of new breast cancer patients are diagnosed at an advanced stage, resulting from delay in seeking diagnosis and treatment. Increasing numbers of research studies have shown that a woman's decision to seek medical attention for breast symptoms is made within multiple networks of personal, social, cultural, and health care environmental factors.
The purpose of this study is to identify factors that influence Thai women in seeking breast evaluations after discovering symptoms. A descriptive, cross-sectional design was used in this study. A convenience sample of 150 Thai patients with breast symptoms was recruited from an outpatient breast clinic at a regional hospital in northern Thailand. Negative binomial regression was used to assess for determinants of patient delay in seeking breast evaluations. Results revealed that delay ranged from 0 to 1461 days (4 years). The median delay time was 8 days. Approximately half of the women (51.3%) waited 10 days before seeking professional evaluations. Patient delay within one month was experienced by 22.7% of patients. Only 10% of patients delayed longer than three months. The results indicate that women who perceived their breast symptom as serious sought professional help earlier than others. Fears related to breast symptoms was positively related to their delay time. Breast symptoms associated with pain was found to have a significant effect on a shorter delay. Women who practiced self-treatment after discovering their symptoms delayed in seeking medical attention significantly longer. Those who perceived greater role demands in interfering with care seeking significantly waited longer. Finally, women who frequently sought medical care for any reason waited shorter periods of time before seeking care for their self-discovered symptom.
The findings point to factors of delay behavior that need to be addressed in health education programs with a view toward optimizing the early detection of breast cancer and diminishing delay in seeking treatment. These determinants are important because they are potentially susceptible to change through educational strategies. Future research is needed to develop and test interventions based on the study's findings, which have implications for health care policy in Thailand.

1555 POSTER

How do women reason about choosing not to participate in population-based cervical cancer screening in Sweden?

K. Blomberg[1,2], C. Tishelman[1,3], B.-M. Ternestedt[2,4]. [1]*Karolinska Institutet, Dept of Nursing, Stockholm, Sweden;* [2]*Örebro University, Dept of Caring Sciences, Örebro, Sweden;* [3]*Stockholms Sjukhem Foundation, Research & Development Unit, Stockholm, Sweden;* [4]*Ersta Sköndal University College, Stockholm, Sweden*

Objective: The aim of the study is to investigate the manner in which women who choose not to participate in a population-based cervical cancer screening program (PCCSP) reason about their decision.
Method: All women between 23 and 60 years of age, residing in Stockholm county council receive an invitation from the regional Oncological Center (OC) to attend PCCSP at regular intervals. Women who actively contacted OC to report that they do not wish to participate in PCCSP were the subjects for the study. Data was collected through unstructured telephone interviews with 11 women and fax messages from 86 women. Data analysis is inspired by interpretive description.
Results: Preliminary analysis indicates that two salient themes are related to the division of responsibility for health maintenance between the individual and society, as well as the manner in which women described being able to 'know' one's own body. Descriptions include not wanting to know if one has cancer, previous negative experiences in relation to screening that led to feeling self-exposed and insulted, beliefs that a healthy lifestyle could protect one from cancer and a standpoint that the screening program represents undesired societal control of private issues. A relationship with one's own gynaecologist was described as important and as one reason for not attending PCCSP. Reasoning was also influenced by conceptualizations of sexuality.
Conclusion: Cervical cancer screening can be viewed as a relatively simple routine check-up, but for the individual woman it may also involve a sensitive situation, with both the risk of a life-threatening sickness and an intimate physical examination. In order to improve PCCSP, it is important to highlight different perspectives on screening, and perspectives from women who have chosen not to attend are essential.

1556 POSTER

Nurse's role in prevention of lymphatic edema in patients with breast cancer

A. Lehtsaar, E. Nõgesmäe, A. Saag, K. Saar, S. Tiido, V. Viirsalu. *Haematology And Oncology Clinic Of Tartu Universit, TARTU, Estonia*

Background: The lymphatic edema is one of the most common complications after breast surgery affecting up to 20% of women. Appearance of the lymphatic edema in the limb promotes inflammation, causes pain, and dysfunction of the limb. Preventing lymphatic edema is easier than to treat it. Until now the patient are educated and counseled by their physician during regular check-up and by the workers of the Estonian Cancer Association. In order to find out whether the instructions given by the nurse in preventing and recognizing the lymphatic edema are relevant and understandable to patients, we performed an inquiry among patients with breast cancer.
Materials and Methods: The instructional booklet was developed for patients with breast cancer to prevent lymphatic edema and distributed