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POSTER

**Hair loss induced by chemotherapy**

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**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.

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POSTER

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

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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<sub>2</sub>max 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.

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POSTER

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

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**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.

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POSTER

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

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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.

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POSTER

**Preventing carer burnout with stress management support**

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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