Conclusions: According to our evaluation, patients who can receive treatment at home, improves their quality of life, strengthens the coping skills and increasing their level of satisfaction since. Furthermore there is a need to involve community social and nursing services in order to build a supportive system that can reduce the feeling of loneliness and isolation

1583 POSTER

Helping children to understand . . . (a guide for parents with cancer)

M. Bicho. *Hospital Distrital de Faro, Serviço de Oncologia – Hospital de Dia, Faro, Portugal*

Summary: Cancer has an unquestionable emotional impact on patients and family and this impact seems to *be more visible* in families with small children. Families have to go through an **adaptation** process when faced with the problems of the disease. This process must be planned so that family members can adjust to the new situation. Children realise that something is "going on", though they may wrongly interiorise their doubts and fears as the representation of the disease has different meanings depending on the stage in the child's development. According to VICENTE "representations of words are the essential element of the association of ideas. Representations of words have their origin in children's perception of the language of others....but as their individual development progresses its quality changes, acquiring more elaborate meanings and making room for symbolic representation" *(*1994: 72). Healthcare professionals can help define strategies that will minimise the suffering of these families and help them get through this difficult period of their lives. Based on the above quotation, and combining daily health care experience, we can safely say how important it is to know **what to say, how to say it and when to say it** when telling a child what is happening to his or her family member and to know how to help the family **deal with** this new situation. It is also important for them to **share** emotions, concerns and fears and thus strengthen family ties. We have drafted a **GUIDE** dealing with these aspects to complement the education of these families.

1584 ORAL

Complementary and alternative therapy use among people undergoing cancer treatment

J. Harewood[1], J. Corner[1], J. Maher[2], G. Lewith[3], S. Maslin-Prothero[4], T. Young[2], L. Roffe[1]. [1]*University of Southampton, School of Nursing and Midwifery, Southampton, United Kingdom;* [2]*Mount Vernon Hospital, Lynda Jackson Macmillan Centre, Northwood, United Kingdom;* [3]*University of Southampton, Complementary Medicine Research Unit, Southampton, United Kingdom;* [4]*Keele University, School of Nursing and Midwifery, Stoke on Trent, United Kingdom*

Aim: This study was funded by the Department of Health to generate new understanding about the ways in which patients with cancer use Complementary and Alternative Medicines (CAM) as an adjunct to their conventional cancer treatment, and to identify the perceived value or otherwise of using CAM.

Method: A survey of 304 recently diagnosed patients attending two cancer centres was conducted over a 3-month period to determine CAM use before and since diagnosis. Quota sampling was used to reflect national cancer incidence. A sub-sample of 40 patients participated in semi-structured interviews.

Results: CAM use before diagnosis was reported by 33% of patients. Following diagnosis, CAM use was reported by 28% of patients. Of the 100 CAM users before cancer diagnosis, 57 had also used CAM since their diagnosis. Twenty nine CAM users since diagnosis had not used CAM before. Patients who used CAM were more likely to be younger ($p < 0.001$ for trend) and female ($p < 0.001$), with a higher educational level ($p < 0.003$ for trend). Forty five percent of CAM users since diagnosis had breast cancer, compared with only 17% of non-CAM users. Almost all CAM users since diagnosis found CAM helpful and no-one reported that they were unhelpful. There were no apparent differences in CAM use according to socio-demographic characteristics, or recruitment clinic. The pattern of CAM use reported by patients varied considerably. Data indicate that there may be important factors over and above individual beliefs and motivations, influencing CAM use.

Conclusion: This study is the first to reveal how CAM use may alter following a diagnosis of cancer. Factors such the clinical team, the availability of CAM within cancer treatment settings, information about CAM and safety considerations, may be important influences on CAM use among patients undergoing cancer treatment.

1585 ORAL

Exercise during cytostatic treatment: group cohesion and quality of life

J. Midtgaard[1], R. Stelter[2], M. Rørth[3], L. Adamsen[1]. [1]*Copenhagen University Hospital, Centre for Nursing and Care Research, Copenhagen, Denmark;* [2]*University of Copenhagen, Institute of Exercise and Sport Sciences, Copenhagen, Denmark;* [3]*Copenhagen University Hospital, Department of Oncology, Copenhagen, Denmark*

Background: A series of studies have shown that physical activity improves cancer patients' functional capacity and Quality of Life (QOL). Few of these studies have included exercise carried out in a group setting, and the patient's experience with the in-group processes remains unexplored. This study selected for investigation an intervention that combined exercise and group organisation.

Intervention: The intervention consisted of a group-based intervention that combined physical activity (warm-up: ball games and aerobics, heavy resistance training and cycling on stationary bicycles) with three additional components: body awareness exercises, relaxation, and massage. The objective of this study was to examine patients' experiences with group cohesion during the intervention and changes in social and emotional aspects of QOL outcomes.

Material and Methods: The study used a method triangulation component design. Seven qualitative semi-structured group interviews were conducted post-intervention. Quantitative assessments ($n = 55$) of selected QOL dimensions (EORTC QLQ-C30, SF-36) were made at baseline (test 1) and repeated after six weeks (test 2). Group interviewing was selected to ensure detailed and precise characterizations of group cohesion, while the questionnaires assisted in gaining a quantitative pre-/post-test evaluation of the intervention on standardized and well-validated cancer and health specific outcomes in the individual patient.

Results: The interviews revealed that the group setting motivated the individuals to pursue personal endeavours beyond their physical limitations. Training was carried out in an atmosphere characterized by a special "esprit de corps", and reciprocal upward comparison. Patients agreed that their mandate was primarily about abstraction of and distraction from their illness, and reported that they felt like sport teams. Questionnaire data showed significant improvements in relation to emotional functioning ($t(54) = -2.055$, $P < 0.05$), social function ($t(54) = -3.042$, $P < 0.01$); and mental health ($t(54) = -2.418$, $P < 0.05$).

Conclusion: The focus on the qualitative aspects of group exercise is a contribution to the understanding of the mechanisms behind cancer patients' motivation to stay active during and after treatment. This study identified a conceptualization of group cohesion that forms a valuable basis for a larger randomized controlled trial to conclude whether the observed changes hide a causal link.

1586 ORAL

Hospital follow-up for breast cancer: the search for recurrent disease

K. Beaver, K. Luker. *University of Manchester, School of Nursing, Midwifery & Social Work, Manchester, United Kingdom*

Background: Following completion of breast cancer treatment, patients are traditionally asked to return to hospital outpatient clinics for 'follow-up'. Recent policy documents question the value of this traditional approach and the impact of routine surveillance procedures on survival and quality of life. As a result, reductions in duration of follow-up have been proposed. However, there is little research into the nature and content of follow-up care. What happens during follow-up consultations? This presentation reports on a study that examined the nature and content of hospital follow-up for women treated for breast cancer in a UK hospital.

Methods: This study primarily took an ethnographic approach that involved observation, recording and timing of 104 consultations between patients and health professionals. In addition, in-depth interviews were conducted with medical and nursing staff involved in the provision of follow-up care for women with breast cancer ($n = 14$). Patients who had been observed were asked to complete a questionnaire about their clinic visit.

Results: Hospital follow-up was focused on searching for recurrent disease (through clinical examination and routine mammograms) and providing reassurance that cancer had not returned. However, no recurrences were detected during the 104 consultations observed in this study. Health professionals did not expect to find recurrences on clinical examination but patients perceived that the clinical examination was the primary means of detecting recurrent disease. Consultations were brief (mean 6 mins), although patients over-estimated duration. There was little opportunity for patients to discuss information needs or psycho-social concerns as clinics were heavily focused on medical signs and symptoms of recurrence.

Conclusion: The traditional approach to follow-up care for women with breast cancer is historically based and does not empower patients to take