1704 ORAL

Rehabilitation of cancer patients: Occupational Psychosocial Monitoring

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Background: Working life is an important part of psychosocial rehabilitation of cancer patients. On the other hand bullying and harassment (B&H) at working place are considered to be the main occupational psychosocial stress factors. The aim of the present study was to estimate how many victims of B&H at working place maybe among cancer patients who are working during the treatment and remission.
Methods: The study is based on available information about occupational experience of 18464 cancer patients with onset in period 1986–2003. The Occupational Psychosocial Monitoring Questionnaire was used to detect the cause and level of victimization.
Results: The subjects were 9625 males and 8839 females industrial workers, school teachers and healthcare personal. Findings reveal that 54% of persons (9970) with relapse in cancer treatment and recurrence of the disease perceived themselves as victims of B&H. 81,%5 of victims were females. The average duration of the conflict at working place was 2,8 months. All victims were diagnosed with recurrence of cancer within the period from 2,6 months to 1,2 years after victimization due to B&H at work. The main form of cancer in victims-females is breast cancer (76,4%) and ovarian cancer (21,5%),in victims-males prostate cancer (62,6%) and brain tumors (36,2%).
Conclusions: Emotional distress can promote a recurrence of the disease in cancer survivors who are working. The "typical" victims from the present study (37%) those, who are overwhelmingly eager to please others and generally puts other put others' needs and feelings before their own. Some victims (19%) reported that they have got recurrence of the disease instead of getting angry and prolonged fear of unexpected lost of work. B&H at working place due to overload, maybe one the single greatest cause of emotion distress which can promote a relapse in cancer treatment and recurrence of disease. To work or not to work? This is the question for cancer patients and nurses.

1705 ORAL

NGO initiatives for cancer rehabilitation: obstacles in resource poor settings [community initiative to bridge gaps]

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Issues: Cancer Rehabilitation services is not developed concept in resource-Poor nations, due to poor economics and lack of expertise. On contrary European nations have well organized set-up for rehabilitation. With limited resources we wanted to explore this unheard field of rehabilitation services for cancer affected in rural villages.
Aims: In rural/tribal areas of India cancer [Ca] patients lack rehabilitation support which is restricted only to bigger city hospitals. Our 12 year NGO is training youth volunteers & traditional faith halers in marginalized communities to provide rehabilitation support.
Methodology: Around 24000 cases of Ca-patients will be in rural/tribal areas by end of 2010. But hospitals lack dedicated Rehabilitation programs. Our whole state has only two Cancer-specialty hospitals. This vast population of post Onco-therapy patients returning to villages after therapy in cities urgently needs Rehabilitation programs to suit their economic, social, cultural background. Since April 2003 Our NGO clinic offers free advise/guidance on Rehabilitation to these cancer patients. Till today with 25 trained volunteers I had screened 850 such patients. Average age 58.9 years, M:F ratio 68:32. They comprised cases of Lung-Ca [30%], breast-Ca [20%], Oral-Ca [36%], Colorectal-Ca [10%], CNS SOL [4%]. Our support services were devised in accordance with need of Patients in consultation with family & stretched over 14 months period. After this patients & his family's responses to rehabilitation efforts were assessed with Quality of life scale & psychological evaluation. This presentation demonstrates project in developmental stages & basic operational facts. It initially started as practically oriented guidance center run by NGO volunteers & later gradually developed in well organized group offering free rehabilitation services in villages. It comprises NGO volunteers, community leaders, local physicians, traditional faith healers.
Results: Our need-based-Performa highlights variability of psychological & Socio-medical aspects of rehabilitation efforts. How these are affected by religious, economic, educational & accessibility factors. Study population needed physical approaches [in 10] & psychological approaches [in 74%] while remaining needed combination of both for rehabilitation.
Conclusion: We plan to document, evaluate this in large cases, but resource restriction didn't allow this. We plan networking of NGO's at 13th-ECCO Venue where we will interact with experts from Europe on rehabilitation. With expertise and knowledge gained from seniors at 13-ECCO, we aim better study-design, technical support and collaborative efforts. I do not claim "We transformed whole community of Cancer-patients but we had certainly taken initiative by this approach".

1706 ORAL

'Nothing can be done; these are the words they tell me': exploring the experience of weight loss in people with advanced cancer

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Background and aim: Weight loss is one of the commonest symptoms experienced by patients with advanced cancer, with prevalence reported to be between 39% and 82% [1]. Management has focused primarily on the use of nutritional and pharmacological interventions, which have been found of limited value in arresting or reversing the symptom [2]. Whilst there is evidence that weight loss can be of concern to patients, little is known about why it can be experienced as distressing or how people might be helped to live with the symptom. This paper reports a study of the experience of and the concerns about weight loss described by patients with advanced cancer and their caregivers. Its purpose is to examine the potential for mitigating weight loss related distress.
Method: The research was an in-depth exploration using a case study design. The cases were two community palliative care teams working in the South of England in 2003. Multiple methods of data collection included interviews to gather detailed information from 30 patients, 23 carers and 14 nurse specialists. These semi-structured interviews focused on the experience of weight loss, its meaning and management. Interview recordings were transcribed and analysed using both content and thematic approaches. The findings enabled the development of a model of the experience of living with weight loss and advanced cancer.
Findings: Distress was experienced when advanced cancer became visible through weight loss. Visible weight loss symbolised proximity to death, loss of control and both physical and emotional weakness. Despite this, weight loss was not routinely assessed by palliative care nurse specialists, who, like others in the patient's social network, respected a weight loss taboo in the belief that little could be done to help people live with the symptom.
Conclusion: This study has developed a new understanding of the experience of the weight loss that can accompany advanced cancer. The work is of importance because it leads to the proposition that weight loss related distress might be mitigated, if nurses adopt a proactive approach to the management of the symptom that breaks through the weight loss taboo.

References

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Special Lecture

1707 INVITED

Nursing interventions and supportive care for the prevention and treatment of oral mucositis associated with cancer treatment

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Although there have been numerous advances in cancer care including growth factor support for bone marrow suppression and improved supportive care, limited progress has been made in mucositis prevention and treatment. Mucositis continues to challenge health care professionals striving to provide optimal therapy to individuals with cancer because it remains a dose-limiting side effect and it increases healthcare costs. In addition, it impairs quality of life as supported by the fact that individuals who have experienced mucositis have identified it as one of the most severe problems they encountered.
Improved outcomes are dependent on an enhanced understanding of the complex pathophysiology involved, utilization of valid and reliable measures to evaluate changes in the oral cavity, and the integration of evidence-based interventions into care.
Sonis and colleagues have developed a proposed phased model for increased understanding of the pathophysiology involved in mucositis as an inflammatory process. The hypothetical model which addresses the development and healing of mucositis based on clinical and laboratory findings provides for the identification of potential therapeutic treatment options based on phase of mucositis.

Various rates of mucositis are identified in the literature. Several factors contribute to this difference including inconsistent use of valid and reliable measures to articulate oral cavity changes seen with mucotoxic cancer therapy. Consistent use of instruments now available will facilitate clearer identification of the severity of the problem and contribute to advances in the evaluation of treatment options. The intensity of mucositis also varies greatly from mild discomfort during eating to widespread mucous membrane breakdown and severe pain requiring systemic opioid therapy. When the mucous membranes which provide the first line of defense against the organisms found in the oral cavity are compromised, individuals can develop life-threatening infections. In addition the presence of oral cavity changes interferes with the ability to maintain adequate nutrition. Factors that influence the severity of the changes seen are both patient and treatment focused. Patient related factors include age, health status, oral hygiene, prior mucositis, and potentially genetic make-up. Treatment related factors include agents used, dose and intensity, duration of exposure, and route and schedule of administration.

Well designed research studies of interventions for the prevention and treatment of mucositis have been limited and the results of studies conducted to date have been inconsistent or mixed. Studies have failed to use consistent valid and reliable measures, have limited sample sizes, and are mostly descriptive one treatment arm designs. Numerous agents have been studied, but no one agent has been shown to provide the panacea sought for the prevention and treatment of mucositis. It may well be necessary to base treatment on the phases of mucositis breakdown and healing. The Multinational Association of Supportive Care in Cancer (MASCC) conducted a thorough review of the mucositis literature from 1996 to 2002 and made evidence-based treatment recommendations that can guide clinicians in the development of treatment protocols.

Good oral hygiene most certainly plays an important role in well-designed treatment protocols. Nurses have the opportunity to collaborate with dental professionals in the assessment and management of mucositis. Individuals at risk for mucositis benefit from pretreatment dental assessment and interventions aimed at decreasing the risk of problems during cancer therapy. Well designed evidence-based oral care protocols that base care on assessment findings, cancer treatment, and mucositis phase will help to decrease the impact of mucositis on individuals at risk for this problem. Since mucositis is a systemic process not limited to the oral cavity, it is likely that successful prevention and treatment will require new and innovative systemic therapies.

This presentation will review the scope and nature of the problem of therapy-induced oral cavity changes with an emphasis on the importance of nursing involvement in mucositis management. Emphasis will be placed on the utilization of valid and reliable measures to articulate changes seen in the oral cavity and the establishment of evidence-based protocols for the care of individuals receiving cancer treatments that are toxic to the mucous membranes. Nurses have an opportunity to make a difference in the care of individuals at risk for mucositis, to decrease the severity of problems when they occur, and to contribute to the advancement of the science.