

in self-care and reduce the physical, psychological, emotional and social problems.

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POSTER

Effect of nursing nutritional support on hospitalised patients with head and neck cancer

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Background: Patients with head and neck cancer are at higher risk to develop undernutrition before and during hospitalisation. They may also develop various side-effects of radiotherapy (RT) and chemotherapy (ChT) which can reduce food intake and compromise their nutritional status. Undernourished patients, compared to those who are not, are at higher risk to develop complications. Undernutrition can also decrease the response to cancer treatment, which may result in increased mortality of patients. According to literature data, intensively treated patients lose on average 10% of their weight during hospitalization. The aim of the study was to estimate the effect of planned nutritional support in this group of patients with squamous cell carcinoma of the head and neck treated with RT with or without ChT.

Methods: Nurses as members of health team have an active role in patients' nutritional support. A planned nutritional support include: inspection of medical documentation, nutritional screening (using NRS-2002), nutritional assessment, education of patients in nutrition, individualised nutrition plan, evaluation of nutritional intervention, recording nutrition-related activities. The study included 37 patients with head and neck carcinoma who were hospitalised for 6–7 weeks in the period from November 2006 to March 2007. Eighteen patients were treated with RT and 19 patients with RT and ChT. The collected data were qualitatively and quantitatively analysed.

Results: Nutritional screening performed on patients admission revealed that 5 patients were not at risk of undernutrition, 14 were at risk to develop undernutrition and 19 patients were severely undernourished. The data obtained from nutritional assessment revealed that our patients lost on average 9.24% of their weight before hospitalization. During hospitalisation, the patients lost on average 4.5% of their weight. According to the weight loss during hospitalisation, we divided the patients in 4 groups. The collected data are presented in the table.

Weight loss during treatment	n (N = 37)	Median weight loss during treatment (range)
≥10.0%	8	10.45% (10.0–12.94%)
5.0–10.0%	12	5.97% (5.0–9.83%)
<5.0%	8	4.24% (1.66–4.61%)
0.0% or gained weight	9	1.43% (0.0–5.7%)

Conclusion: With the planned nutritional support and continual stimulation of patients in eating, we obtained a positive attitude of patients to nutrition during treatment. They agreed to pursue our common goals set in nutrition plans even if treatment side-effects appeared. It would be most appreciated if the patients would not be losing weight during hospitalisation; however, reducing the risk of undernutrition and implementing standardized nutritional support definitely are a good start.

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POSTER

Use of complementary and alternative medicine in patients with gynecological cancer: is it more prevalent?

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Interest in complementary and alternative medicine (CAM) is growing rapidly and CAM practices in cancer are believed to be prevalent in Turkey. Studies conducted on this subject throughout the world showed that the prevalence of CAM use in cancer patients varies between 7% and 84%. In Turkey, different studies have been conducted and published in last ten years from different regions of the country. The average prevalence was 43% (22–60%) and some indicated that female patients more likely to use. Based on this information we aimed to determine the prevalence, frequency of usage, factors and types of CAM practices in patient with gynecological cancers in Turkey.

This descriptive study was conducted at Ankara Etlik Training and Research Hospital of Obstetrics and Gynecology, which is one of the large hospital in capital city of Turkey. Total of 266 gynecological oncology patients were

included. The data has been collected over the period of May to November 2006. The 38 item questionnaires were filled by three clinical nurses conducted face-to-face interviews with patients and informed consent were obtained from the patients.

Mean age of the patients was 53.74 ± 10.4 years (25–79); most of them were married (80%); illiterate (42%) and primary school graduate (42%); housewife (94.4%) and have low income (63.3%); diagnoses were ovarian (46%); endometrial (28.3%) and cervical (20.4%) cancer.

About one of third of the patients used CAM (n=84); 29% of them responded that they used along with their cancer treatments such as chemotherapy and/or radiation therapy; 36% of them still using CAM and receiving chemotherapy. The most frequently used CAM method appeared to be herbal therapy (95%), and the most commonly used herb was the stinging nettle which was the same with previous studies. About half of the patients (48%) learned about CAM from their relatives and friends and most of them (95%) were stated that they did not inform or asked about the use of CAM to their nurse or physician. Patients scored their mean satisfaction level of the use of CAM as 2.86±1.57 and overall effectiveness 2.86±1.63 (range: 1–7).

It can be said that the prevalence of use of CAM among gynecological cancer patients was similar to other cancer patients; lower socio-economic status and education could be affecting these results. Health-care professionals need to be aware of such use of CAM and to be able to educate patients appropriately.

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POSTER

A supportive care programme at home for onco-hematological patients. A descriptive study

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Introduction: In 1996, the "Chemotherapy at Home Programme" in our Cancer Center the Institut Català d'Oncologia, was implemented focused in the administration of certain chemo drugs at home for patients with quite restrictive criteria. Nowadays, it has been a lot of changes on the cancer treatments, chemo-protocols, patients' needs and our initial service has developed itself in order to cover the increasing necessity of new activities. Pain and other supportive drugs medications, symptoms management, catheter related care, blood samples to transfusions and others. Patients with advanced cancer, disabilities and/or co-morbidities are the most suitable to be incorporated to the Home Service with the final objective to maintain familiar and social roles in patient context.

Objectives:

1. To describe type of patients that can get more benefit from our Chemotherapy and Supportive at Home programme
2. To evaluate impact of the programme in Quality of Life, Socio and family context
3. To assess patient and family satisfaction with the Home Care Service

Methods: Descriptive design with sample N = 110 patients, selected from the total population of patients attended the Home programme. The study variables were divided in: Demographic (sex, genre), Cancer disease related as type of tumor, autonomy and dependency index, number of treatments received, comorbidities and other incapacities. Socio-familiar variables as caregiver, support and help from the extended family and professional social services, transportation and mobility and situation at work.

All participants were asked to answer the Quality of Life assessment and the Satisfaction questionnaire. Variables were compared in between Hospital and Home treatments rates.

Conclusions:

- Patients and families related high degree of satisfaction with the home care service. Families described that they can continue with daily activities, increasing their Quality of Life perceptions with more comfort without moving themselves or the caregivers to hospital.
- Patients and families agree that nurse from Home Care service are the key and nexus acting as reference professional for emotional support, doubts related with treatment and care, assessment in symptoms and side-effects prevention in the cancer patients

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POSTER

The use of the chemotherapy out of hour's advice service: audit results

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Background: Individual's reaction to chemotherapy can vary enormously. All patients who are receiving chemotherapy in the Avon, Somerset and Wiltshire cancer services network, have 24 hour access to advice about treatment, related side effects, and complications as well as how to obtain help and treatment. Chemotherapy advice from trained healthcare

professionals can be obtained through the Bristol Regional Oncology Centre. An out of hours call system is currently in place on the inpatient ward to deal with all chemotherapy related queries from patients and carers. It had recently been highlighted through informal observation that there has been an increase in the number of out of hour's calls to the ward. Recent recorded clinical incidents had also occurred where inappropriate, dangerous advice had been given.

Aim: Were to reduce the number of inappropriate calls to the ward, to ensure all staff are trained appropriately in taking out of hour's calls. To develop an effective and practical system of dealing with out of hour's calls on the ward, especially during busy periods and to increase patient education regarding chemotherapy related side effects.

Objective: Over a six month period, February 2006 – July 2006 all Avon Somerset and Wiltshire cancer service network 24 hour telephone enquires were reviewed, looking at the following aspects.

- Types of calls received-number of appropriate calls
- Nursing time spent
- Outcomes of calls – number of patients admitted to BHOC, Number of patients seen by GP/admitted to other wards
- Number of calls adhering to policy
- Appropriate advice given
- Who took the call? What training do they have/are they chemo trained/senior or junior staff.

Results: The results and findings indicated that a number of recommend changes needed to be carried forward to improve the quality, effectiveness and safety of the service. In the time examined there had been a huge increase in the volume of calls to the ward, a high number of these calls were deemed to be inappropriate, with a high percentage of them being dealt with, in the community by their own GP. Of the calls received 98% were given appropriate advice, by a range of band 5 and 6 nurses, who had varied oncology experience.

Conclusion: There were three key areas in which recommendations were suggested, Patient education, Staff training and development and the development of an out of hours pager system.

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POSTER

Suffering: a study to explore palliative care nurse specialists understanding

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Background: Palliative care nurses are challenged to fully assess patients in their care and find ways to manage suffering.

Methodology: A hermeneutical phenomenological study was undertaken to explore pcns understanding of suffering.

Results: Suffering was found hard to describe although 'they knew it when they saw it'. A number of strategies to enable the articulation of the concept of suffering were used. Suffering was seen as subjective where the sufferer explains their suffering and objective where suffering can only be inferred by a third party. Physical, psychological and social suffering were discussed and the relief of suffering. Suffering was a unique and subjective experience with loss as a central feature. There were difficulties in inferring suffering and patient led care. At times assumptions of suffering must be made based on prior knowledge of causes or presenting behaviours. Suffering can then be anticipated and alleviated although arguably this is not patient led care. Relief of overwhelming symptoms may exacerbate other aspects of their predicament leading to greater suffering.

Although suffering was hard to describe a deep understanding of their patients distress was articulated. Understanding of suffering had developed from experience rather than formal education. Expert level practice (Benner, 1984) was apparent with learning that had evolved through reflecting in, and on, action. Aspects of the suffering experience described by Morse (2001) were in evidence arrived at through tacit knowledge and intuition rather than formal education.

Conclusion: Suffering is a difficult concept to describe. The individuality of the suffering experience makes person centred care imperative if suffering is to be alleviated. There is a fine balance between working with the patients views of suffering, and providing care that anticipates and alleviates suffering that is not acknowledged or communicated by the patient.

Specific education about suffering may enable greater understanding at the start of a career in palliative care. This study indicates that support for those working with suffering should focus on clinical practice, the development of care and the suffering experience in relation to the palliative care nurse specialists role.

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POSTER

"Sports were my whole life – I had a perfect body before getting cancer": young athletes rediscover aspects of former body identity during exercise – qualitative findings

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Background: To explore the nature of body perception, including physical performance, appearance and well-being in young, pre-illness athletic female and male cancer patients participating in an exercise programme and concurrently undergoing chemotherapy.

The programme comprised of resistance- and fitness training, massage, relaxation and body-awareness training. The patients trained in mixed groups for 9 hours weekly for 6 weeks.

Patients and Methods: Semi structured qualitative interviews were conducted with 22 cancer patients (mean age 28) prior to and at termination of the exercise programme. The patients were at pre-illness considered athletes, engaging in intense physical activity for more than 4 h/week

Results: As a result of disease and treatment young pre-illness athletic cancer patients experienced a change from a high level of physical activity, body satisfaction and a positive body identity into a low level of physical activity, body denial and a negative body identity. By participating in the exercise programme, the patients experienced increased physical strength and recapturing certain aspects of their former positive body perception. Essential appearance alterations such as baldness, weight loss, and scars were partly normalised by meeting with fellow-sufferers, but a cancer diagnosis and treatment still gave a feeling of being different and thus stigmatised.

Conclusion: Participation in the exercise programme in groups during illness and chemotherapy supported young athletes to rediscover aspects of former bodily resources. Current research identified younger cancer patients of mixed gender as underprivileged with respect to the need for exercise interventions.

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POSTER

Re-evaluation of a support group for people affected by mesothelioma within the South East London cancer network

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Background: With mesothelioma steadily increasing in frequency and a median survival of less than a year from diagnosis, there has long been a perception that little can be done to treat this cancer (Tan and Treasure 2007). The 'Hands of Time' mesothelioma support group, set up in response to a patient requesting further support and information, was first established at Guy's and St Thomas' NHS Trust in 2004. Cancer support groups can provide 'practical assistance, emotional support, a sense of belonging and realistic information relating to the 'normal' cause of the illness' (Docherty 2004) highlighting the need to evaluate cancer groups, not in relation to their provision of group therapy but in relation to the individual experiences to each member (Docherty 2004).

Aim of study:

- Re-evaluate the uptake of the support group
- Identify reasons for non-attendance
- Identify levels of satisfaction for those who have attended

Methodology:

- Questionnaires were sent to:
- all patients listed on the support group database (current and previous attendees); and
 - all mesothelioma patients who had attended the Lung clinic at Guy's Hospital the previous month for follow up (this was to ensure a representative sample of the mesothelioma population in South East London Cancer Network).

Two questionnaires were sent per patient in order to capture carer/family member's views (37 patients in total).

Results: The poster will describe the questionnaire format, response rate. Specific results will be discussed and implications for future practice and recommendations will be explored.

References

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