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

8156 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 results 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 undrenutrition and implementing standardized nutritional support definitely are a good start.

8157 POSTER

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

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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 prevelance of use of CAM among gynecological cancer patients was similiar to other cancer patients; lower socio-economic status and education could be effecting these results. Health-care professionals need to be aware of such use of CAM and to be able to educate patients appropriately.

8158 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 Institute 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-morbilities 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, comorbilities 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

8159 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