1514

EFFICIENCY OF THE COOLING CAP IN PATIENTS RECEIVING ANTHRACYCLINE THERAPY. H. Bachelet, B. Deveyer, L. Dewite, D. Hars, M. Lemenager, N. Marechal, F. Renard. Centre Oscar Lambret, Lille, France.

Alopecia is one of the most distressing side effects in patients receiving chemotherapy. The prevention of alopecia may be carried out using a cooling cap. The cooling cap is stored at a temperature of -25° Celsius and then immediately put on the wet hair of the patients (a very tight contact is mandatory) 15 minutes before administering the chemotherapy, and left 45 minutes after the end of treatment. This prevention was considered to be efficient if the patients did not have to wear a wig; furthermore the grade of alopecia was classified according to WHO criteria. 42 patients treated by at least 3 courses of FEC regimen (Epirubicin 50 mg/m2, Cyclophosphamide 500 mg/m2 and Fluorouracil 500 mg/m2) entered this study; 63 % of them had no or mild alopecia, 23 % a diffuse (but nevertherless mild with no wig) and 14 % had to wear a wig. Our previous studies gave similar results; in a serie of 100 patients receiving several types of polychemotherapy including Adriamycin or Epiadriamycin (less than 75 mg/m2) we observed that 57 % had no or mild alopecia and that 25 % had to wear a wig. Conversely in our experience, the cooling cap appears not to be efficient in patients receiving a dose of 100 mg/m2 of Epiadriamycin. We are carrying out a study of the efficiency of the cooling cap in patients receiving Taxol as a 3 hour infusion. The cooling cap tolerability is fair with headache being the most frequent side effect; very few patients refused it. Conclusion: the cooling cap is an efficient technique to avoid or limit alopecia in patients receiving moderate dose of Epirubicin together with Cyclophosphamide.

1515

DIAGNOSTIC ASSESSMENT AND FACTORS INFLUENCING DEAMBULATION IN SPINAL CORD COMPRESSION.

A. Cervantes, P. Azagra, R. de las Peñas, M. Muñoz, A. Llombart, M. Laguía, A. Lluch, J. García-Conde. Dept. Hematology and Medical Oncology. University Hospital. Medical School. Blasco Ibáñez, 17. 46010 Valencia (Spain).

Spinal cord compression (SCC) is often a severe complication in cancer patients. To know better the clinical course of SCC, a prospective evaluation of 64 episodes diagnosed in our department from feb-89 till jan-93 has been done. Primary tumor was lung cancer in 24 (37%), breast in 13 (20%), unknown in 6 (9%) and others in 6 (9%). Spinal films were able to detect bone metastases in 90% of cases, but radiotherapy fields could be stablished by them in 46 (72%) cases. Myelogram and magnetic resonance (MRI) modified radiation portals previously determined by spinal films in 18 (28%). 35 patients were able to walk after radiation. There were a significant relation between grade of motor impairment and the probability of retaining the ability to walk ($p<.00001$). Early diagnosis and therapy of SCC is essencial for an adequate outcome. Spinal films should be complemented with myelogram or MRI to better establish radiation therapy portals.

1516

TRANSCULTURAL NURSING

H. Reches

1517

THE INTER-DENOMINATIONAL WORLD. SWORDS INTO PLOUGHSHEARS OR DREAMS INTO NIGHTMARES ?

A. Lister
North London Hospice, London, England

Trans-cultural, multi-cultural, inter-denominational, non-denominational. The world is getting smaller, or is it ?

An environment that caters, both in the spiritual and dietary sense, for the terminally ill of all major faiths, minority groups and those with no faith at all sounds idyllic. The bricks and mortar, the inter-denominational chaplaincy team and the acceptance of observance of all religious events throughout the calendar year are part of the **North London Hospice** philosophy. But is our attempt at crossing the cultural barriers meeting the needs of patients and their families at this time of heightened spirituality ?

This paper will focus on the pleasures and pains of co-ordinating medical and multi-cultural care and the outcome of a quantitative and qualitative questionnaire which asks the patient whether over our first year of operation, we are close to meeting their spiritual and cultural needs. Do we consider the person who becomes our patient or do we still focus on the disease. Do the health carers care enough ?

1518

PATIENT SATISFACTION WITH THE ONCOLOGY DAY CARE UNIT AT THE HADASSAH HOSPITAL IN JERUSALEM

Ochayon L, Gera Ben Dor C, Nathan S, Gabison R.

107 patients participated in a study aimed to investigate patients' satisfaction with the care provided in the unit. During one month all patients were asked to fill out a questionnaire. The study focused on three aspects of caring: satisfaction with: a. nursing care, b. medical care, c. physical conditions. Results show that 84% of the patients reported high satisfaction with care provided by the nursing staff; 80% were satisfied with listening and answering their questions, the availability of the nurses, keeping their privacy and support received by nurses. 65% were satisfied with the information and guidance provided by the nurses. 60% of the patients were completely satisfied with the care of the medical team. About 60% of the patients consider the physical conditions inadequate. The results show that patients were most satisfied with nursing care and that information and guidance to patients as well as physical conditions have to be improved.

1519

PROBLEMS IN PALLIATIVE CARE FOR AIDSPATIENTS IN A GENERAL HOSPITAL

H.Remy, Department of Internal Medicine and Endocrinology .
AZ Middelheim, Antwerp, Belgium

Aids patients have become today a permanent part of the hospital population. It is not always easy to identify the terminal phase of this disease. So, in order not to isolate them in a specific department, we preferred to run a small unit of palliative care for people with aids within the structure of a division of internal medicine.We report here our experience with a group of about twenty patients.
Understaffing and lack of counseling and support in its early start made it difficult for the caretakers. As many of our patients are originating from Central Africa communication is sometimes difficult as they and we have to speak a language that is foreign to them and to us. Cultural differences make it hard to empathize, as even non verbal communication is not always correctly understood. Many of our patients are political or economic fugitives, so it takes extra skills to provide for all their social needs. Nevertheless despite a working situation that often was far from ideal in the beginning and although we could not solve all their coexisting problems, we feel that we were able to render their last days as painless and as comfortable as possible. After 6 months of experience there is a better understanding of the specific needs of this type of patients and the nursing personnel that cares for those unhappy people feels much more secure to cope with the reciprocal expectations and needs.