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POSTER

Design of a longitudinal perspective study of fatigue in patients with cancer

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Fatigue is a significant clinical problem in patients with cancer. The majority of researchers investigating fatigue to date have utilised cross sectional research designs. This approach has made predicting changes over time difficult. It has left unanswered questions, such as the possible cumulative effects of multiple sequential treatments, a common occurrence for many patients with cancer.

This paper addresses the key decisions made in the development of a prospective, longitudinal study designed to overcome these issues. It examines the challenges associated with adopting longitudinal research designs in cancer patient populations namely; attrition, response shift bias, selection of data collection tools and data analysis issues, manipulating large volumes of data and selection of data collection tools and time points. The lessons learned through the pilot phase of the study will be examined and the refinements to the design outlined.

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Chronic breast/chest wall pain following treatment for breast cancer – A research nurse led study

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The role of the research nurse should be multi-faceted. In addition to my primary role as Clinical Trials Nurse in the oncology unit, I have examined the prevalence of breast and/or chest wall pain in patients following treatment for breast cancer. 183 patients were assessed by structured interview about the presence of chronic pain during their routine follow-up assessments. The prevalence of pain in all patients was 47/183 (26%). Following surgery alone chronic pain was present in 10/66 (15%). Radiotherapy and combined chemo-radiotherapy increased the prevalence to 37/113 (32%), and 12/29 (41%) respectively. The majority of pain was mild and acceptable, but out of six 1–10 scales of severity 18 (10%) scored ≥ 4 and 7 patients (4%) scored ≥ 7 to 10 on at least one scale. A more explicit analysis of the morbidity of treatment will improve the rational choice of appropriate treatment and the research nurse is ideally suited to monitor such morbidity in the outpatient clinic.

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Provision of information concerning gynaecological cancer and sexuality: The patient's perspective

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Purpose: To determine the feasibility of using a newly developed Nursing Intervention (NI) and associated guidelines for providing support and information concerning effects of cancer on sexuality

Methods: The NI was provided six weeks after hospitalization and treatment for gynaecological cancer. Within 10 days of the NI, structured interviews were held with 11 women (plus five partners) who received information and seven nurses who provided it. Transcripts were analyzed to determine if changes were needed in the guidelines and to explore meaning and value ascribed to the NI.

Results: The NI was acceptable to and valued by patients because: 1) it took place within an already established relationship; 2) it began with a discussion of the cancer illness-recovery experience; 3) it contained information that helped prepare for not yet encountered sexual situations; and 4) it included support and guidance concerning already encountered emotionally laden situations.

Conclusions: The specific activities associated with the NI were scrutinized and problematic actions were modified or filtered out of the guidelines. Interviews and interpretative analysis facilitated this process. Especially when a NI consists of multiple actions, those that are useable in practice and acceptable to patients need to be identified before testing for effect. The results from this empirical study indicate that the NI is now ready to be tested for effect and it can be implemented with ongoing evaluation in practice.

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POSTER

Assessing chemotherapy side effects – A critical review of symptom assessment tools

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This project aims to critically review tools that are currently available for the assessment of symptoms experienced by cancer patients, and specifically to consider their suitability for use in the routine clinical assessment of patients' experiences of side-effects relating to chemotherapy treatment.

It is essential for patients' quality of life and compliance with treatment that the side-effects of chemotherapy regimes are managed effectively. Detailed and specific knowledge of patients' experiences is vital to effective side-effects management. Whilst nursing staff may argue that they assess patients during chemotherapy administration it is not standard practice to systematically assess side-effects. Research suggests that the systematic assessment of symptoms is associated with reduced symptom distress over time.

Tools for inclusion have been identified through searches of the following databases: Medline, Cumulative Index for Nursing and Allied Health Literature, Cochrane Library, British Nursing Index. Tools that are designed to, or include a component that is designed to, assess one or more symptoms that may be experienced by chemotherapy patients are included in the review. Tools are reviewed in relation to the following areas: the authors intended use of the tool, the domains/items assessed, the elements of the symptom assessed (such as frequency/severity/distress), rating scales used, psychometric properties of the tool, and literature on the application of the tool. This review will identify validated tools which are suitable for use in the routine clinical assessment of patients' experiences of side-effects relating to their chemotherapy treatment.

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A practical screening form for the nutritional status of hospitalized patients

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Purpose: On admission to hospital 30 to 50% of cancer patients either are or become malnourished. Malnourishment is associated with increased complications and a prolonged length of stay. One of the goals of oncology nursing is prevention, the nurses' role is to ensure that patients have a sufficient food intake. To achieve this goal a nutritional assessment should be used.

Methods: We developed a Nutritional Screening Form (NSF) based on five items: weight loss, clinical impression, appetite, ability to eat and stress factors. In the first phase, the NSF was filled in by nurses, dieticians and clinicians for 69 patients to establish the extent to which the individuals and the three different professional groups as a whole concurred, calculated with Kappa. The NSF was tested in practice by nurses on five different wards. Based on the results, the NSF was modified and in the second phase the extent of concurrence was again established, and again tested on the wards.

Results: The degree of individual concurrence was reasonable to good. The same applied to the concurrence between nursing staff and dieticians, the concurrence between nursing staff and clinicians was less. In total 200 (first phase) and 114 (second phase) patients were screened on the wards by nursing staff, of whom 46 and 23 patients were referred to a dietician. We found 18% of the patients were potentially at risk, or were in fact malnourished.

Conclusion: We conclude that the consistency of the NSF is quite well. The NSF is easy for nurses to use and it seems possible to detect patients at risk on malnourishment.

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What are the 'needs' of cancer patients and their main carers?

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In this paper we will explore the needs of cancer patients and their main carers. The concept of need is one which is rarely well defined or exemplified in the literature. We will therefore be questioning what exactly is meant by 'need' in the context of cancer care and support.