Proffered Papers

State of the art in symptom management

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Beating fatigue: Evaluation of a programme developed to assist patients receiving chemotherapy cope with fatigue

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Purpose: Fatigue is a common and distressing symptom for patients with cancer. Chemotherapy acts to increase this problem and frequently patients having this mode of treatment find their lives profoundly affected by this symptom.

Patients efforts at managing fatigue revolve around common-sense strategies like resting/sleeping and are frequently ineffective. This paper reports the development and evaluation of a nursing led programme *Beating Fatigue* which aimed to reduce the fatigue and its associated distress in patients receiving chemotherapy through provision of information and support.

Methods: This randomised controlled trial was conducted with 103 patients due to commence intravenous chemotherapy. Patients were stratified and randomised to either the control or experimental group. The intervention incorporating information giving, diary completion, detailed assessment, exploration of the meaning and understandings of fatigue and coaching in self-care – was administered over 3 cycles of treatment.

Results: Patients in the experimental group reported significantly less distress associated with fatigue and less disruption to valued activities. In addition, they reported less anxiety and depression. These effects increased as time progressed.

Conclusion: *Beating Fatigue* was successful in reducing aspects of fatigue experienced by patients with cancer. It was tailored to patient need and proved versatile and effective. The intervention became more effective over time, confirming the value of a repeated approach.

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Treatment of platinum-induced anaemia with epoetin alpha (EPO): Attitudes of community and hospital based nursing staff

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Purpose: The major benefits of EPO are emerging within a series of longitudinal trials. Hb increases by >2 g/dl in >70% of patients, QOL and fatigue improve by >50% compared to patients treated with transfusion alone. If these data are confirmed in the national UK randomised trial (epo/GBr1,) EPO therapy is likely to be adopted widely for anaemic patients receiving platinum chemotherapy. This study evaluated the attitudes and work load implications for nurses (N's) involved in its administration.

Methods: Our unit was the largest contributor for the GBr1 study which ran from Jan '98–April '99. EPO therapy involves a sc injection at an initial dose of 10,000 iu tiw. 630 injections of EPO were received by the 15 of 25 patients over this time (1:2). In our unit an information video was also given to the patient to take home, providing extra information on chemotherapy and supportive therapies, including EPO. A prospective log recorded the attitudes to N's and other logistical issues related to EPO therapy.

Results: EPO was given on average for 3.5 months. 521 of the 630 (83%) injection were given by community nurses (CN's), the remaining by hospital N's (17%), no patient learnt to self administer. 624 (99%) were given on time. The other 6 because; admitted to hospital 4, unspecified 2. 10 CN's attached to 7 different GP clinics gave on average 51 injections each. No N's reported problems with the injection site. The CN's estimated that over 80% of the home visits would have been required despite the EPO to provide other emotional and practical support. All N's felt they were contributing to the wellbeing of the patient and noticed a significant improvement in their patients. All N's felt the additional general information video easily compensated for the extra understanding patients require for this additional therapy.

Conclusion: EPO therapy is well supported by the CN's. Shared care protocols are now under investigation to allow its prescribing in the community where improvements in quality of life are best appreciated. (Further information on the video is available from the publishers (HEP) Tel: (44) 1222 403022, health.education@btinternet.com).

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Lymphoedema: A retrospective analysis of 196 patients at a large cancer centre, to identify if seroma following axillary dissection for breast cancer is a risk factor for lymphoedema

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Purpose: Seroma following breast surgery is considered to be a risk factor for lymphoedema. In a retrospective analysis, 196 patient records following axillary dissection for breast cancer were scrutinised for incidence of seroma and lymphoedema.

Methods: Patients were chosen from a large cancer centre having had axillary dissection for breast cancer during 1992–1993. Data was obtained on 196 patients from the breast unit data base, medical records, appliance officer records and lymphoedema records. Patients were excluded if they had an axillary recurrence, bilateral breast cancer or radiotherapy to the breast.

Results: The incidence of seroma and lymphoedema was 26% + 22% respectively. Seroma, heamatoma and infection were not found to be risk factors for lymphoedema by chi-square testing. Age was found to be a risk factor for seroma only – other factors investigated included weight, last 24 hr of wound drainage and total wound drainage, were not found to be risk factors for lymphoedema.

Conclusions: The evidence did not reveal a link with seroma as a risk factor for lymphoedema. The literature review suggests a link but a prospective study is required. The weakness of this study can be attributed to its retrospective nature and lack of documented evidence in the medical notes. Identifying risk factors may help in improving patient education and early treatment of this condition.

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Treatment of breast cancer related lymphedema with or without manual lymphatic drainage: A randomized study

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Purpose: After primary treatment of breast cancer 5 to 30% of the patients develop a clinically significant edema of the ipsilateral arm. In a prospective randomized study it was investigated whether the addition of manual lymphatic drainage (MLD) to the basic treatment could improve the treatment outcome in women with moderate lymphedema.

Methods: The study included 42 breast cancer patients with lymphedema of the ipsilateral arm after primary treatment of operable breast cancer. All patients received a basic treatment consisting of 1) a custom-made compression sleeve-and-glove garment, 2) instruction in exercises enhancing the lymph flow, 3) education in skin care and safety precautions and 4) information and recommendations about lymphedema. The patients were then randomized to no further treatment or MLD given 8 times in 2 weeks and training in self-massage. The end points of the study consisted of the relative volume of the ipsilateral arm compared to the contralateral arm and patients-reported symptoms potentially related to lymphedema. The patients were followed for 12 months.

Results: Analysis on an intention-to-treat basis showed both groups to obtain a significant reduction in relative volume of the affected arm. There