

WEDNESDAY 15 SEPTEMBER 1999

## Proffered Papers

### State of the art in symptom management

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ORAL

#### 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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ORAL

#### 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, haematoma 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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ORAL

#### 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

was no significant differences between the two randomization groups. Long-term effect was significantly related to continued use of the compression sleeve.

**Conclusion:** Manual lymph drainage did not contribute significantly to reduce edema volume.

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### Promoting health: Challenges within the population with breast cancer related lymphoedema

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Promoting health is a concept enshrined in medical and social policy, and yet there is much debate and controversy concerning its application and provision. Much of this debate has focused around the approaches toward health promotion and the intrinsic values which these reflect. The five model approach as outlined by Ewles and Simnett (1999) attempts to provide a strategic framework for planning and implementing health promotion intervention.

An estimated 28 percent of the population who have been treated for breast cancer will go on to develop some degree of lymphoedematous arm swelling. This presentation will examine the potential use of health promotion models, by health care professionals, in relation to a target population of people with, or at risk of, cancer related arm lymphoedema. This client group is unique in that it is faced not only with the prospect of recovery from cancer, but also with learning and sustaining new skills for the control of what is essentially an incurable, but controllable condition.

[1] Ewles, L., Simnett, I., (1999) *Promoting Health: A Practical Guide*, Fourth Edition. Bailliere Tindall, London

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ORAL

### Transdermal fentanyl use in Greek patients with cancer-related pain

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**Purpose:** A prospective study was conducted to determine the patient acceptability of transdermal fentanyl (Durogesic) in the management of cancer-related pain.

**Method:** Forty-two patients participated in the study: 32 were men and 10 women, mean age was 63 (44–82) and all but 2 had advanced stage (IV) cancer. Patients received Durogesic after discontinuing their prior analgesia at doses ranging from 25 to 225 µg/h. TTS were changed every 72 hrs, and a different patch size was chosen if necessary. Before the initial application of Durogesic patients received detailed information about administration, dosage, and precautions. They were also given a short booklet to take home. Twenty-eight patients completed the 8-week protocol. Assessments were made at baseline and again at weeks 1, 2, 3, 4, 6, and 8.

**Results:** Data indicated statistically significant lower pain scores on both VAS (Visual Analogue Scale) and EORTC QLQ-C30 at all follow-ups compared to baseline. Patient compliance was excellent, and 96% of the patients found Durogesic easy to use, and reported satisfied or very satisfied with it. No significant differences were found for nausea, constipation, dyspnoea, and cognitive functioning. The only observed adverse effect was vomiting.

**Conclusions:** The results suggest that transdermal fentanyl is an acceptable, safe, and highly effective method of managing malignant pain.

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### The concept of hope and its relevance to the cancer setting

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Hope has a positive role in human life in health and illness. The meaning of hope is well reported through the philosophy literature and it has been shown that hope and despair are closely interwoven with health and illness (Kylma 1997). Hope is also an important coping strategy in the critical stages of human life (Miller 1983) and it plays an important role in the helping process.

Patients suffering from cancer are faced with the very real possibility of death and with long term problems affecting their quality of life. Throughout

the treatment and care they receive they may experience suffering and despair.

This paper will discuss the concept of hope, systematically review the literature and discuss the application of the concept of hope to the patient with cancer.

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### Treatment for cervical cancer can have serious implications: A way forward. Sexual dysfunction following radiation both internal and external beams has been a silent unspoken problem for years

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**Purpose:** One of the main reasons for this may be the reluctance of both nurses and doctors to discuss this area of care, which could be due to embarrassment both their own and that of the patient. This has led to the conspiracy of silence, which is often found to exist around the whole area of sexuality. If this area of care is neglected for long periods it will have devastating effects for the women and her sexual partner.

**Method:** For this reason a small research project was started, the consequences of which lead to a change in practice for the nurses, doctors and patients. The initial data, which was collected from the 22 patients who took part in the pilot study, demonstrated the following main points:-

- That patients were not always aware that side effects could occur
- That vaginal patency can be affected
- That radiation induced cystitis may occur
- That the patient's bowel pattern may change

**Results:** Following collection of this initial data a "Femcare" service was developed. The service utilises both face to face pre-treatment discussion, and a post treatment telephone clinic. In 1998 60 patients were contacted who had received treatment after the service had been developed. The results of this have demonstrated the need for both pre-treatment information and post-treatment support. It was also found that the majority of patients welcomed the opportunity to discuss this important aspect of their treatment and care.

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POSTER

### Nonmorphinic analgesic combinations in pain treatment for cancer

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Nonmorphinic analgesic medication represents one of the inducing phases for the analgesia recommended by WHO (WORLD HEALTH ORGANISATION).

The combination of two or more medicines with mechanisms different in action, gets to a better answer than monotherapy, knowing that the pain etiology in cancer is different.

**Purpose:** Trying to find a proper analgesic formula.

**Methods:** It has been studied the analgesic effect of noramidopyrinium methansulfonate sodium for patients with breast and bronchopulmonary cancer (phase IV) in a group A consisting of 30 patients, compared with a group B, consisting of 30 patients, that has been treated with the next combination: noramidopyrinium + antihistaminics + corticotherapy + antiepileptics. The intensity of the pain has been evaluated based on a three-level scale (easy, medium, intense).

**Results:** 90% from group A and 95% from group B with easy pains answered at the treatment. Medium pain has been eradicated in 45% from the cases in group A and in 65% from the cases in group B. Intense pain has been ameliorated in 20% from the cases in group A and more ameliorated in 45% from the cases in group B.

For group B, there were 30% from the cases with rare vomiting and somnolence.

**Conclusions:** The analgesic combination has evident superior values compared to monanalgesia. Unsignificant secondary effects.