

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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ORAL

### 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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ORAL

### 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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ORAL

### 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 sodiu 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 monoanalgesia. Unsignificant secondary effects.