orientation of care. There is a need for further consideration from nurse educators, researchers and clinicians.

4198 POSTER

Coping With Side Effects From Cancer Treatment in Everyday Life – a Study of Patients' Experiences

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Background: The aim of this study is to deepen our understanding of how patients cope with side effects from cancer treatment in everyday life.

Patients receiving cancer treatment experience side effects and need individualized information and guidance in order to manage treatment-related adverse events in everyday life. However development in cancer treatment and the societal demands for efficiency may limit the possibility for individualized support.

Material and Methods: We interviewed nine patients from March to July 2009 to explore their experience of coping with side effects in daily life based on information and guidance from nurses. The informants were chosen strategically according to sample on age, sex and diagnosis. The analysis was inspired by Kvale's three contexts of interpretation, supplemented by Lindseth and Norberg's method for the interpretation of interview texts.

The project observes all regulations concerning research ethics according to The Nordic Nurses Federation, is notified to "Data Protection" and observes the demands for safekeeping data.

Results: The patients strive to maintain a normal life and struggle to preserve their identity but the side effects can take over the control. Patients do not always possess the knowledge of how to handle the side effects and adaptation to the institutional efficiency can lead to lack of confidence and feelings of responsibility and guilt concerning coping with these side effects. They want the nurses to get behind the surface to discern their different needs and use different methods to avoid pitfalls in the information and guidance.

Conclusion: Lack of information and guidance based on the perspective of the patients can lead to unnecessary suffering. In spite of the societal demands for efficiency the nurses must strive to find a way to support the patients individually in controlling the impact from side effects on everyday life and to create a feeling of normality.

4199 POSTER

Early Psychological Intervention in Cancer Patients: Effects on Emotional Distress

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Background: Cancer patients often present a relatively high frequency of anxiety and distress, which adversely affects not only their well-being and quality of life, but also their compliance to specific oncological treatments. Experimental evidence suggests that cancer associated psychological suffering is often underestimated. In this context, it has been hypothesized that an early psychological diagnosis followed by adequate suitable and timely interventions, could provide significant benefits for them and their families, and improve their adherence to the medical treatments and chemotherapy thus improving the effectiveness of the cures. This study was aimed to investigate the possibility to prevent a high emotional distress in cancer patients and to improve their adherence to the treatments by providing an early psychological intervention.

Material and Methods: This is an explorative prospective mono-centric study carried out on 200 metastatic cancer patients with different histologies, who received early psychological intervention and the first chemotherapy course between January 2009 and January 2010. We monitored 46 patients [27 with non-small-cell-lung cancers(NSCLC), and 14, 3, 1 and 1, with colon, breast, kidney and stomach cancer, respectively] by administering the Hospital Anxiety and Depression Scale (HADS), at baseline and before each chemotherapy course. This scale recognizes a score of 7 as cut-off of positivity.

Results: At the end of the follow-up, a full compliance was recorded in 95% of the whole patients' population, with no patient who abandoned the cure out of cancer progression or presented formal complains. It was recorded a high mean anxiety score at baseline, which decreased significantly after two treatment courses, to remain stable until the end of the chemotherapy (7.51 vs 4.71 vs 4.93; $p = 0.006$). These patients also presented a positive depression score at baseline, which showed a minimal increase after the first treatment course, to minimally decrease afterward (7.13 vs 7.33 vs 6.08; $p = 0.38$). The most relevant results were observed in a group of six NSCLC patients who started with high depression levels which significantly decreased after five chemotherapy courses (8.00 vs 5.00, $p = 0.017$).

Conclusions: These results suggest that an early psychological intervention could reduce the emotional distress and improve patients' adherence to treatments. It can rapidly reduce their anxiety and may also help the physicians to control their depressive status on the long term.

4200 POSTER

Quality of Life in Cancer Disease – the Role of Coping With Stress and Temperament Traits

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Background: Biopsychosocial paradigm is becoming an important method of treating humans In medicine. Treating a patient as biopsychosocial entity (having a separated mental structure and living in individual social context) may bring many advantages to the therapy itself and widely understood medical or nursing care and for the patient himself.

The aim of presented study was to find an answer to the question whether and how temperament traits and ways of coping with stress connected with the diagnosis and treatment of cancer disease influenced the life of the patients.

Materials and Methods: One hundred people (50 males and 50 females) were examined. They were hospitalized because of the diagnosis of breast or colorectal cancer.

The quality of life was examined with Short Form – 36 Questionnaire (SF-36). Coping Inventory for Stressful Situations (CISS) form was used to examine styles of coping with stress. Formal Characteristic of Behaviour – Temparament Inventory (FCB-TI) was used to examine temperament traits.

Results: The outcomes of this study suggest that indyvidual coping styles is what determines quality of life in cancer disease very strongly. Regression analysis shown statistically important negative correlations between the increase of emotional style and all quality of life indicators except pain symptoms and health rating in physical sphere. Avoidant coping style had negative correlations between health rating in mental sphere and some of the QoL components. There also were statistically important positive correlations between the intensification of Concern for Task style and the general health rating, general mental health and mental health sphere rating. "Emotional" traits of temperament (emotional reactivity, perseveration) influenced the quality of life on statistical tendencies level.

Conclusion: Research results indicate an important role of styles of coping with stress and some importance of temperament in adaptation in the disease, its determinant being for the purposes of the research, the quality of life of the person. The knowledge of the quality of life level during the disease and its correlation with mental structure of the patient can provide valuable information to the medical personnel and help understand the patient better. As a consequence it can provide advantages to the patient himself. It has been widely known that psyche plays an important role in the proces of recovery.

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4201 POSTER

Health-related Quality of Life Predictors in Colorectal Cancer Survivors

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Background: The purpose of the present study was to evaluate predictors (clinical or demographic) of colorectal cancer patients' health-related quality of life during follow-up.

Material and Methods: A cross-sectional research design was used in order to address the objectives of the study. The population of interest was 145 colorectal cancer patients who had survived at least one year from the time of initial diagnosis. Health-related quality of life data, demographic information including age, gender, residence, income, education, as well as the communication with partner and depressive symptoms were gathered directly from the patients. In addition, disease and treatment-related data including stage at diagnosis, time since diagnosis, treatment choice, and recurrence were collected from medical records. Research instruments used were: the Functional Assessment of Cancer Therapy – Colorectal (FACT-C), Centre for Epidemiologic Studies Depression Scale (CES-D), and the Enriching and Nurturing Relationship Issues, Communication and Happiness questionnaire (ENRICH). A hierarchical logistic regression was performed for data analysis.