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Self-reported Symptoms of Hellenic Cancer Patients During the Dying Process − Our First Year Experience in “Galilee”

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Background: Since 1st March 2010 “Galilee”, the first palliative home care unit in Hellas has been caring for patients with advanced cancer, enabling them to die at home, if they wished. This study presents prevalent reported symptoms of patients been cared in the last period of their life.

Material and Methods: 23 cancer patients who were cared for until their death, by “Galilee” Palliative Home Care Unit, during the first year of the pilot unit’s operation were retrospectively studied. Data collection included patients’ demographic and clinical characteristics, their performance status measured by ECOG scale (0−4) and symptom severity assessment by Edmonton Symptom Assessment System Revised (ESAS-r), a series of nine visual analogue scales (0−10). Symptoms were evaluated at the time of referral to the service (T_0), and at the last report before death (T_1).

Results: The majority of participants were female (60.9%) with a mean age 64.5 years and a poor mean performance status (3.39). Genital cancer was the most prevalent diagnosis (26.1%), followed by breast cancer (17.4%). About one third of patients received simultaneous aggressive treatment. The mean length of palliative home care was 78.87 days. The majority of patients died at home (65.2%). Their primary care giver was mainly the wife/husband (39.1%) or daughter (26.1%). Symptoms that scored >5 by the patients at their referral to the unit were depression ($\text{mean}_{(T0)} = 5.84$), anxiety ($\text{mean}_{(T0)} = 5.60$) and lack of appetite ($\text{mean}_{(T0)} = 5.32$). Depression ($\text{mean}_{(T1)} = 5.46$) and anxiety ($\text{mean}_{(T1)} = 5.38$) followed by tiredness ($\text{mean}_{(T1)} = 5.14$) were still the main prevalent symptoms at the last measurement before patients’ death. Contrary, nausea ($\text{mean}_{(T0)} = 0.85$, $\text{mean}_{(T1)} = 0.93$), and drowsiness ($\text{mean}_{T0)} = 1.90$, $\text{mean}_{(T1)} = 1.54$) were reported as the least prevalent symptoms. Although there was an improvement in all symptoms’ evaluations between the two measurements, except tiredness and nausea, there was no statistically significant difference ($p > 0.050$). None of patients’ demographic and clinical characteristics, nor symptoms evaluations was associated with the place of death ($p > 0.050$), except for depression and performance status. Patients who died at home reported less depression ($p = 0.014$) and had a worse performance status ($p = 0.047$) than those who died at hospital.

Conclusion: Despite the small study sample these preliminary findings reveal that psychological symptoms play a significant role during the dying process. Further research is needed to better establish patients’ symptoms management by the palliative home care unit.

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Efficacy of Relaxation Training Module for Health Care Professionals in Oncology?

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Burn out syndrome has been identified in many health professionals that work with cancer patients. Between September 2009 and December 2010, 2 physiotherapist and 29 nurses participated to five sessions of relaxation training groups and experienced autogenic training and guided imagery. We wanted to asses the prevalence of burn out syndrome and to compare the psychological distress and well-being level, before and after the training using two specific instruments. The results showed that nobody experienced burn out syndrome and in only two subjects we found statistically significant variations before and after the group, in two subscales “Positivity and Wellness” and “Vitality”. The majority of participants referred that sharing emotions, thoughts in the group is a positive factor against loneliness and stress. The awareness to the psycho-physical tensions was considered by all participants as a positive strategy to manage better stress and to protect themselves from stress.

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Optimal Pre-infusion Cooling Time in Patients Treated With Chemotherapy and Scalp Cooling

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Background: Scalp cooling can be a safe and effective method of preventing chemotherapy-induced alopecia in medical oncology. Results vary and depend on many factors, such as type and dose of chemotherapy and cooling times before and after infusion of chemotherapy. To define the optimal pre-infusion cooling time we have measured scalp skin temperature during scalp cooling.

Material and Methods: Patients with early breast cancer were treated at the Medical Centre Alkmaar with adjuvant FEC chemotherapy (5-fluorouracil 500 mg/m^2, epirubicin 100 mg/m^2, cyclophosphamide 500 mg/m^2) in combination with scalp cooling using the Paxman® PSC1 system. After informed consent, scalp temperature was measured with thermocouples fixed at the skin of the temporal area during each chemotherapy cycle. Scalp cooling can be started with a pre-cooled or a non-pre-cooled cap. In this study temperature measurements started when the non pre-cooled cap was carefully attached.

Results: Since July 2010, 14 patients have been examined in this pilot study. The mean scalp skin temperature at the start of scalp cooling was 33ºC. After 10, 20 and 30 minutes of scalp cooling, the mean temperature decreased to 22, 20 and 19ºC, respectively. After 45 minutes a constant scalp skin temperature of 18ºC (range 13−25ºC) was reached, throughout the total cooling period of 180 minutes.

Conclusions: In patients treated with scalp cooling using the Paxman® PSC1 system, scalp temperature reaches a constant level after 45 minutes. As no further reduction in temperature occurs, a pre-infusion cooling time of 45 minutes seems optimal if a non pre-cooled cap is used.

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Care the Patient With Tracheostomy: Nurse’s Experience

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Background: Patients with laryngeal cancer experience significant change in body image especially after surgical treatment with total laryngectomy and tracheostomy construction. The loss of the voice, the change in physical appearance and limitations in functioning present after such an intervention are perceived as a threat to self-image, self-identity, way of living and relating with others”, (Dias; Duque e Silva; 2002). Those changes have a significant impact on the quality of life and on the self-concept and urge for nurses’ intervention.

The nurse has to deal with own feelings regarding the changes in the body image of those patients and to develop strategies in order to be able to care for them. It is important to be conscious about the own feelings and reactions in order to be prepared to care for those patients and to be able to promote their rehabilitation.

The goals of this study were to know the nurses feelings and the coping strategies that can be used to deal with the difficulties when caring the patient with tracheostomy after total laryngectomy.

Methodology: The approach in this research is qualitative and exploratory. Data were collected through direct observation and field notes. To achieve the goals three moments of nursing intervention were chosen:

1. The patient was unable to express himself in an understandable way in the immediate post surgical period;
2. The patient saw himself on a mirror for the first time and confronted his new image;
3. The patient takes care for his tracheostomy the first time.

The participants were seven male patients from 47 to 86 years old; two were less then 60 years of age.

Results: A variety of feelings emerged in the three moments. Some were perceived as negative (shame of not being able to understand the patient, nervousness, fear, anguish . . .) which had as immediate consequences (disponibility, silence, change of subject . . .). The use of strategies was felt as positive (asking till understanding is achieved, validation, positive reinforcement, motivation to reflection . . .). The most common difficulty was to deal with the silence.

Conclusion: It is urgent to reflect about those results in order to develop best strategies to promote quality nursing care. The study raises questions about the benefits of emotional support for nurses caring for those patients. Other studies about the subject are needed.

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What Motivates Nurses to Work in Oncology Wards?

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Nurses satisfaction at workplace is an important outcome, not only for themselves but also for the patients and for the entire multidisciplinary