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ORAL

Assessment of fatigue and care needs in Turkish women with breast cancer

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Purpose: This research project was planned to determine the level of fatigue experienced by breast cancer patients undergoing chemotherapy and the factors affecting this fatigue level to prepare a guide for the planning of effective nursing care for these patients.

Methods: The research was carried out between July 1999 and May 2000 at the Chemotherapy Department in Institute of Oncology at University of Istanbul with 90 breast cancer patients. To assess the level of fatigue and factors affecting it a Patient Information Form, the Multidimensional Scale of Perceived Social Support scale, the Piper Fatigue Scale and the Rotterdam Symptom Checklist (RSCL) were used and reliability tests were done. It was detected that the scales are appropriate tools for breast cancer patients.

Results: An assessment of the personal characteristics of the patients revealed that 58.9% were between the ages of 30-49, 23.3% were obese, 76.7% were married, and 64.4% were housewives. Assessment of the illness-related characteristics revealed that 67.8% of the patients were in the early stages of the illness, 84.4% had had a previous operation, 83.3% had not received radiotherapy in the acute phase of the illness and 92.2% were using doxorubicin as their chemotherapeutic agent. When pre-treatment and post treatment physical symptoms were compared, the ones showing the greatest increase were, in this order: fatigue, nausea, anorexia, vomiting, constipation, depression and hopelessness about the future, and diffuse fear.

Conclusion: In conclusion, it was determined that breast cancer patients undergoing chemotherapy experienced moderate level of fatigue ($\bar{x}=4.74\pm2.05$), which was influenced by income level, marital status, disease stage, the Karnofsky Performance State score and perception of health. There was, however, a positive correlation between fatigue and the symptoms experienced as a result of chemotherapy treatment. These symptoms increased the level of fatigue and affected quality of life. For this reason, the patient should be followed carefully and given adequate education, in order to keep the symptoms under control. The fatigue associated with breast cancer patients undergoing chemotherapy treatment can only be prevented through individual follow-up of patients and through keeping the treatment-related symptoms under control.

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ORAL

Attitudes towards discussion about sexuality related issues with patients

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Purpose: Aim of this study was to evaluate how often patients discuss about sexuality related issues with hospital staff and how important they consider this kind of discussion.

Method: A questionnaire with 19 questions was given to 300 persons (doctors, nurses, radiotherapists, physiotherapists and social workers) working in departments of oncology, internal medicine, gynaecology, urology or neurology. A different questionnaire with 22 questions was given to 460 patients in same departments.

Results: 215 staff persons (72%) returned the questionnaire. 158 patients (34%) answered, 96 (61%) of them were cancer patients. Malignant disease or its treatment had effected on sexuality in 63% of patients. 73% of cancer patients considered the discussion about sexuality related issues important, 22% of them (mostly breast cancer patients) considered it unimportant and 5% did not express their opinion. Respective figures for patients with non-malignant diseases were 51%, 40% and 9%. Majority of patients (87%) thought that doctors or nurses should make the first question. Only 4% of patients in the department of oncology thought that they would start the discussion by themselves. Patients considered that the main reason why hospital staff haven't discussed with them about sexuality was the lack of time.

63 staff persons (95%) of the department of oncology regarded discussion about sexuality related issues as a part of their work. However 59% of them answered that they discuss about sexuality related issues with less than 10% of their patients. 34% had started discussion on their own initiative and

the rest only when the patient asks. The main reason not to discuss more often is lack of education (50% of doctors, 62% of other professionals).

Conclusion: In spite of a low percentage of patients responses, many cancer patients need information about sexuality and want to discuss sexual matters with their doctors or nurses. The most important reason not to discuss about sexuality is the lack of education not lack of time. Every staff person should be able to make the first question on their own initiative.

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ORAL

Identifying difference in quality of life in men with urological cancers

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Purpose: This study set out to explore the physical and psychosocial impact of radical pelvic radiotherapy for men undergoing prostate and bladder cancer treatment and its subsequent impact on quality of life.

Method: This study combined quality of life data from 2 projects, an initial qualitative study (n=33) and a longitudinal RCT (n=115). Data were collected in the first study using semi-structured interviews, at different cross sectional time points of treatment. In the second study data were collected longitudinally using detailed symptom assessment and the EORTC QLQ-C30 questionnaire at the beginning of radiotherapy treatment, 6 weeks and 12 weeks from start of therapy. The sample in the combined studies was of men undergoing radical radiotherapy for prostate (114) or bladder cancer (34).

Results: Men demonstrated high levels of functional and emotional well being throughout the time of radiotherapy despite symptom occurrence and the onset of acute side effects. Subtle but important differences in quality of life were identified between the two groups of men. Qualitative data yielded information on men's beliefs about their disease and subsequent treatment and raised possible explanations for the high global scores of quality of life in men with prostate cancer.

Conclusions: Quality of life is an important issue for men with urological cancer as side effects of treatment are often considered alongside cancer therapy's impact on quality of life. As a measure quality of life is often used to help decide therapeutic options. Therefore understanding the utility of current quality of life measures in different patient populations is important for health care. Generic measures of quality of life characterise patient experiences in broad terms, allowing comparisons across patient groups, but it appears insensitive to some significant effects of urological cancer treatment.

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ORAL

Improving the quality of service for patients diagnosed with a urological malignancy

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Introduction: Patients with a urological malignancy deserve the highest quality of care throughout their cancer journey. Traditionally, in the author's opinion, patients are often denied of the most efficient and effective care at this most vulnerable and sensitive time. By introducing a Nurse-led Service which concentrates on patients specific as well as overall needs, the author has developed a strategy of care which provides a significantly improved high level quality approach to co-ordinating care from diagnosis, through treatment planning and intervention, and ultimately follow up care.

Patients and Methods: Nurse-led Histology Clinic: Inherently, it is exclusively Doctors who inform patients of their cancer diagnosis. Using the protocols and guidelines agreed by Specialist Nurse and Consultants, patients here receive diagnosis from Specialist Nurse who then co-ordinates further investigations, results and appointments. Subsequently, the patient consultation with Consultant is more productive and meaningful for both patient and Consultant.

Nurse-led Follow-Up Clinic: Patients assessed by Consultants as having stabilised disease are referred to Nurse to co-ordinate follow-up care on their behalf.

Result: Patient questionnaires show overwhelming satisfaction and acceptance. Time to receiving diagnosis halved with co-ordination of investigations, results and appointments allowing for an earlier definitive treatment plan. Patient information is increased and simultaneously patient anxiety reduced.

Following diagnosis a much required but often much neglected continuity of care is provided. Patients are removed from a busy general Consul-