Care delivery – from prevention to palliation

Teaching Lecture

1436

Between Sickness and Health? Nursing challenges in prevention and screening

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The nursing focus in cancer care is often on optimizing well-being for sick individuals and families, which takes different forms in different phases of disease and treatment. For nurses working with cancer prevention and screening, other issues can be relevant. Preventive efforts may, for example, either be directed toward individuals or toward populations; they can involve different levels of prevention, i.e. health promotion or early detection; and numerous ethical issues may arise. Secondary preventive interventions, such as mammography or cervical screening, use medical technologies to make visible, bodily processes that are usually invisible. Such advances in medical technology both help detect disease earlier, as well as 'diagnose' some individuals as being 'at risk' for various diseases in the future. Such aspects of preventive services mean that the relationships between disease prevention in a population and well-being on an individual or familial level are not always clear cut.

In this teaching lecture, basic concepts in prevention and screening will be addressed, with special focus on aspects of relevance for nursing. Issues related primarily to cervical screening and onco-genetics will be used to illustrate and to problematize new questions which nurses need to address when providing preventive care.

Proffered Papers

Empowered by information and knowledge

1437 ORAL

Sun-related behaviours among young adults with hereditary risk for melanoma

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Individuals with dysplastic nevus syndrome (DNS) compose a high-risk group for developing malignant melanoma. In 1987, a pigmented lesion clinic (DNS-clinic) was established, providing regular skin examinations and information concerning risk factors and preventive measures to DNS-patients. The aims of the present study were to examine sun-related behaviours over time and to present data on attitudes towards sunbathing and sun-protection among young patients with DNS in the Stockholm County.

Methods: In 1997, ten consecutive patients were interviewed about attitudes to sunbathing and sun-protection. Questionnaires on sun-related behaviours were sent on three occasions (May 1997, September 1997 and 1998) to all (n = 87) patients with DNS aged 18–30 years, who had visited the DNS-clinic at least twice during the last two years.

Results: Data from focused interviews and structured questionnaires displayed extensive UV-exposure behaviours in this high-risk group. About one third reported sunbathing "Often" or "Very often", in spite of a decrease in sunbathing over time. In addition 35% reported current sunbed use. The most important reason for sunbathing was to be "good looking". The most important reason to refrain from sunbathing was the risk of getting skin cancer. In spite of this and of the facts that these individuals had hereditary increased risk for melanoma, the majority estimated their own risk for melanoma as lower or equal as compared to the general population.

Conclusion: UV-exposure appears to be extensive in this high-risk group. The individual perception of personal risk and the motivation to change behaviours are factors important to consider when designing prevention programmes.

1438 ORAL

Lump detection in older women performing breast self examination

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Purpose: Although breast self examination (BSE) remains a recommended strategy for detecting early breast cancer in the high risk population of older women, little is known regarding lump detection skills in this group. The purpose of this study was to determine if women over sixty years of age with high and low lump detection skills differed on variables of demographic and breast health characteristics, knowledge about breast cancer or BSE skills.

Methods: The sample consisted of 334 women aged 60 years or older who were recruited from community-based urban settings in the Northeast and Southeast USA to participate in a large intervention study. The typical subject was black (80%), seventy-one years old (M= 71.7 years), educated at the 10th grade level (M= 10.8 years formal education completed) with an annual income below $10,000 (56%). Subjects were sorted into high or low lump detection groups using number of lumps detected in a simulation model during a baseline demonstration of BSE skills.

Results: The purpose was achieved through descriptive statistics, t tests and chi square analysis. Dependent variables were prior breast health practices, general health and physical functioning, preexisting conditions, knowledge about breast health and discreet BSE skills. Significant factors associated with lump detection success were variables related to education (p=>.001), income (p=>.000), prior BSE education (p>.000) and eight of ten BSE performance skills (p=>.000). Variables not significantly related to lump detection success were age, race, preexisting conditions of arthritis or diabetes, general health status, physical functioning, and knowledge about breast cancer.

Conclusion: Study results identify factors significantly impacting on success in breast lump detection for elder populations. Strategies for educational interventions of nurse practitioners teaching BSE to older women are proposed.