

## Proffered Papers

### Relieving symptoms and side effects

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#### **CAMPAS: new instrument for measuring symptoms and needs for cancer patients at home: measurement characteristics for symptoms**

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**Background:** Increasingly cancer care is delivered on outpatient basis. To date no instrument has been available to monitor prospectively patients' symptoms and needs during palliative care in community. Such an instrument would assist symptom control by providing structured feedback to clinicians. CAMPAS, (initially developed for audit), has been revised as a structured clinical record, which allows ongoing changes in condition to be identified. Symptoms are scored in terms of severity and interference with everyday life.

**Aim:** To investigate psychometric properties of CAMPAS-R (revised) for general symptom measurement.

**Methods:** Daily over 4 weeks domiciliary cancer patients recorded self-assessments of (1) activity -5 point scale- (2) symptoms -visual analogue scales- and (3) emotional and practical needs -dichotomous scale. Internal consistency was determined by coefficient alpha. Criterion related validity was investigated by non-parametric correlation (Spearman) with the criterion EORTC-QLQC30 specific cancer symptom scales.

**Subjects:** Preliminary analysis is based on the first 30 of 100 patients with palliative care needs being cared for at home recruited from primary care, oncology and other specialist clinics.

**Subjects:** Preliminary analysis is based on the first 30 of 100 patients with palliative care needs being cared for at home recruited from GPs, oncology and other specialist clinics.

**Results:** Alpha = 0.76 for daily and alpha=0.79 for weekly self-assessments. Patients use full range of scores. Correlations between EORTC symptom scales and comparable CAMPAS-R scales are: nausea, severity  $r=0.66$ , interference  $r=0.54$ ; vomiting severity  $r=0.36$  ( $p<0.05$ ) (interference not calculable); nausea and vomiting composite score  $r=0.66$ ; constipation, severity  $r=0.85$ , interference  $r=0.46$ , composite  $r=0.74$ ; breathlessness, severity  $r=0.93$ , interference  $r=0.87$ , composite  $r=0.91$ ; fatigue, severity  $r=0.54$ , interference  $r=0.55$ , composite  $r=0.54$  ( $p<0.01$  if not indicated).

**Conclusion:** CAMPAS is a new measure for collecting quality of life and symptom information on cancer patients whilst at home. These initial psychometric characteristics indicate CAMPAS-R to be an acceptable, valid and reliable instrument in relation to cancer symptoms. CAMPAS has the advantage of being easy to use and acceptable to patients and potentially provides immediate feedback to clinicians as well as research usage.

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#### **The development of an instrument to assess patients experiences of side effects of cytotoxic chemotherapy**

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This paper describes the development of the Chemotherapy Symptom Assessment Scale (C-SAS), an instrument designed for the routine assessment of patients' experiences of side-effects of chemotherapy treatment.

Cytotoxic chemotherapy in the treatment of cancer is associated with a wide range of side-effects. Side-effects may substantially impair patients' quality of life, in some cases leading patients and/or physicians to reduce dosage or cease treatment completely. Research suggests that it is not simply the occurrence of side-effects but rather the difficulty in managing

them that contributes to non-compliance. The management of patients' side-effects is made more difficult by the lack of a validated, clinically useful instrument specifically designed to allow nursing staff to systematically monitor the symptoms patients are experiencing. The systematic assessment of symptoms has been found to be associated with reduced symptom distress.

This paper describes the item generation process and psychometric testing of the C-SAS. The C-SAS has been developed through a robust process of consultation with health professionals and patients to ensure that the scale meets the needs of those who will use it in practice. The scale assesses the severity of symptoms associated with intravenous cytotoxic chemotherapy, and the extent to which patients are bothered by their symptoms. The psychometric properties of the instrument have been tested using established techniques. A sample of 250 patients receiving chemotherapy at two district hospitals in the U.K. were randomly selected to three groups, each testing a different psychometric property of the instrument. The instrument is designed to be completed by the patient during their visits to hospital for treatment. It is hoped that the C-SAS will allow the routine clinical assessment of symptoms patients are experiencing and assist in the management of chemotherapy related side-effects.

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#### **An exploration of European nurses' and patients' views on the resources available for patients to enable them to cope with cancer-related fatigue**

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**Purpose:** Fatigue is a common and pervasive symptom experienced by patients with cancer, yet to date no research has addressed the adequacy of the educational resources that have been developed for patients with cancer-related fatigue. This study was designed to provide an overview of patients' and nurses' views on these resources and provide recommendations on the materials that should be developed in the future.

**Methods:** To elicit patients' views, focus group methodology was adopted. This method was used to generate rich consumer information, which would provide a range of suggestions for improving educational materials and the provision of quality nursing care. Groups were held in the UK and Switzerland using purposive sampling frames to enable recruitment of individuals with experiential knowledge of fatigue and its management. In studying nurses' views, a Delphi survey design with 3 phases was used. This method facilitated the sampling of specialist oncology nurses (selected from the EONS database) with diverse geographical spread.

**Results:** 9 patients in the UK and 6 in Switzerland participated in the focus groups. Three rounds of Delphi survey questionnaires mailed to 101 EONS nurses yielded response rates of 25-35%. These data detailed some common views held by the patients and nurses, but a notable difference included nurses' perceptions that more sophisticated resources were needed to educate patients about fatigue and patients' views that, whilst important, the educative process itself required attention.

**Conclusion:** Education of patients about cancer-related fatigue is complex and currently not seen by many healthcare professionals as a priority. The resources available to educate patients about this symptom are limited by the current evidence base, however there is some evidence that these could be used to better effect.

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#### **Cancer related fatigue (CRF: a nursing approach**

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**Purpose:** CRF represents an important symptom limiting daily routine activities. CRF is due to cancer and oncological therapy besides being classified as diagnosis in the International Classification of Diseases 10th Revision-Clinical Modification.

Since CRF is a multidimensional phenomenon which has been increasing through time and compromising physical and mental energy as well as the psychological and relational state of the patients, the nurse may plan complementary interventions in addition to medical therapy.

**Methods:** In 45 patients referred to our Centre and treated with chemotherapy (35 patients with metastatic cancer), we carried out a program of psychotherapy and counselling.

**Results:** Psychotherapy sessions were held in groups of 6-15 patients with the nurse and the psychotherapist or individually with the psychotherapist. We found a reduction of anxiety and an improvement in psychological energy against CRF. We planned a program of counselling, including: 1) gymnastic exercises modulated in conformity with age and performance status of the patient in order to promote self control and independence and help in getting to sleep; 2) alternative therapies, such as podalic reflexology, visualisation, gentle massage, progressive muscular relaxation and autogenous training. By using alternative therapies, we helped patients to free their minds of trouble, to recover mental energy and to control side effects of oncological therapies; 3) careful information to patients about CRF as a frequent, recurrent and underestimated symptom. When patients became aware of the multifactorial genesis of CRF often as a side effect of chemotherapy, we found an increased reduction in the CRF-related stress and increased capacity in coping.

**Conclusion:** In cancer patients CRF was a frequent and underestimated symptom. Besides pharmacological therapy, psychotherapy and counselling have also been good therapeutic tools, but we need precise guidelines for a correct management of CRF and an improved quality of life of our patients.

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### Assessing patients' satisfaction from the management of pain in the hellenic oncology clinical setting

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**Purpose:** The purpose of this study was to evaluate satisfaction from the management of pain of Hellenic patients experiencing cancer and to examine correlations among intensity of pain, relief of pain and satisfaction from the management of pain and from the general care offered.

**Design setting:** A descriptive, correlational design was employed to investigate the research problem. A large oncology hospital in the wider area of Athens provided the research setting.

**Sample:** A total of 70 patients with cancer consecutively selected participated in the study.

**Methodology:** The subjects completed a modified version of the American Pain Society Patient Outcome questionnaire (APS-POQ).

**Findings:** Despite moderate to high amounts 'pain now' and 'worst pain during the last 24 hrs' reported, all participants were either satisfied or very satisfied with the management of their pain and the overall care received. The higher the intensity of current pain was, the less satisfied the subjects were with nurses responses to complaints of pain and the general care offered. The patients who were informed about the importance of reporting and treating pain were more satisfied with the overall care. No statistically significant correlations were found among relief of pain, satisfaction and information provided.

**Conclusions:** Results indicated that the management of pain is less than ideal in the oncology hospital studied. Educational deficiencies and improper application of current knowledge on the management of pain might explain poor control of cancer-related pain. Several factors might have led to inflated satisfaction including difficulties concerning the implementation of surveys on patients' satisfaction and Hellenic patients expectations of severe pain to be felt as an inevitable consequence of cancer, their lack of knowledge about non-conventional ways of pain relief and their unwillingness to dispute the competence and skills of the medical and nursing staff.

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### Pain management knowledge and personal and professional pain experiences of Greek nurses

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**Purpose:** The purpose of this survey was to describe Greek registered nurses personal and professional pain experiences and examine the relationship with their pain management knowledge.

**Method:** Forty-six Greek nurses provided written responses to open-ended questions about their personal and professional pain experiences

prior to completing the Greek version of the Nurses Knowledge and Attitudes Survey Regarding Pain (GV-NKASRP). The responses were content analyzed and translated to English. Professional experiences were coded as positive or negative. Personal pain experiences and pain experiences with family or friends were coded as describing a pain experience or not.

**Results:** Twenty-one (45.7%) nurses described a personal experience with pain, and 28 (60.9%) described pain experiences with family or friends. Sixteen (34.8%) nurses described a positive professional pain management experience, and 19 (41.3%) described a negative experience, with 5 of these nurses describing both positive and negative experiences. Reporting a personal pain experience was associated with describing a positive professional pain experience,  $r = 0.44$ ,  $p < 0.03$ . Nurses reporting positive professional experiences scored higher in pain management knowledge on the 39-item test than nurses reporting negative professional experiences,  $M = 22.2$  and  $M = 17.4$ , respectively,  $t(23) = 1.98$ ,  $p < .06$ .

**Conclusion:** Personal pain experiences were associated with more positive professional experiences, and might reflect greater efforts by these nurses towards effective pain management. Nurses reporting positive professional experiences were not significantly more knowledgeable than nurses reporting negative experiences, perhaps due to the small sample size. Pain management education that also includes increased understanding of pain as a personal experience might assist nurses to achieve more effective pain relief for patients

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### Danish national special interest group in nausea and vomiting (SIG N&V) has developed national guidelines to improve the nursing care of the cancer patient with nausea and vomiting

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**Purpose:** The cancer patient still experiences nausea and vomiting even though the antiemetic treatment has improved considerably over the past 10 - 15 years.

More and more chemotherapy is administrated on an out-patient basis. The treatment also tends to become more intensive which means that the patients risk of getting nausea and vomiting is greater.

Today's patient has an increased informational need and wants to have influence on decision making, including nausea and vomiting.

The SIG N&Vs primary aim is to improve the care for cancer patients with nausea and vomiting in Denmark. Since its foundation in 1994 SIG N&V has focused on educating oncology nurses in the aspects of nausea and vomiting and developing national clinical standards and guidelines for nurses as well as information regarding antiemetics and self-care guidelines for patients and relatives.

**Methods:** During the last year the SIG N&V has developed patient and nurse guidelines such as standards for antiemetic use, standards of nursing concepts and has preprinted clinical nurse charts, self care guidelines for the patient about how to prevent nausea and vomiting when receiving chemotherapy or how to treat nausea and vomiting when the cancer patient actually suffers from it. Also in addition antiemetic information and a diary for selfassessment of nausea and vomiting.

12 newsletters on various topics related to nausea and vomiting from SIG N&V has been published over the past few years in the national cancer nurse journal.

**Conclusion:** The guidelines, standards and other tools developed by SIG N&V have been implemented in oncology units all around Denmark and thus improving the level of knowledge about nausea and vomiting and improving the nursing care, an advantage for the cancer patient suffering from nausea and vomiting.

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### The effects of progressive muscle relaxation training in the management of chemotherapy-induced nausea and vomiting: a randomised controlled trial

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**Purpose:** The aim of this study was to evaluate the effectiveness of progressive muscle relaxation training (PMRT) in the management of nausea