

Given the prevalence and impact of cancer-related fatigue, there have been remarkably few studies of the phenomenon. Its epidemiology has been poorly defined, and the variety of clinical presentations remains anecdotal. The existence of discrete fatigue syndromes linked with predisposing factors of potential etiologies has not been confirmed, and clinical trials to evaluate putative therapies for specific types of cancer-related fatigue are almost entirely lacking.

It is important to begin to characterize the phenomenon of cancer-related fatigue and offer guidelines for management.

**Objective:** To determine if the health education from nurses decreases the perception of fatigue in patients with digestive cancer.

**Settings and Subjects of Study:** Patients diagnosed of digestive cancer who are going to take treatment in the Catalan Oncology Institute.

**Design:** Experimental randomised study, lasting two years.

**Variables:** Fatigue level, health education, differences in the treatments, level of patient satisfaction about nurse intervention.

**Intervention:** Individualized and structured health education intervention to the case group. To the two groups we will take note about the treatments they have received which could affect to the fatigue level.

**Analysis:** Statistical, descriptive and analytic study of the acquired information. We will use statistical program SPSS 9.0

Our study tries to give tools to the oncology patient to manage the fatigue through individualized health education, counselling.

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POSTER

### "Woman, cancer and therapies" training experience in planning improved reception of patients in a senology ward with the participation of a cancer patients' association

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The National Cancer Institute of Milan has been developing an information and assistance program for oncology patients, called the Ulysses Project.

This meaningful experience has given us the opportunity to emphasise the importance of the patients, who attended the courses, as an essential resource for evaluation and for gathering ideas in order to improve the services offered by our Institute.

These patients, after receiving information and assistance to help them to cope with their cancer disease, offered suggestions from their own experience on how to improve the relationship between the medical centre, the personnel and the patients. Some of them actively collaborate in training programmes for medical and nursing staff: 8 Workshops were held on 'Communication and the Cancer Patient' in two general hospitals in Lombardy. The patients participated in the final round table and described the attitudes and qualities that communications should have to be effective during the crisis provoked by the disease.

Subsequent to these courses, a training-organisation experiment was organized for the nursing staff of the senology ward at the National Cancer Institute. The Association 'Salute Donna' offered its assistance and actively participated in the work of the 'Woman, Cancer and Therapies' sessions that were held in April, May and June 2000.

Three new projects have been planned in this training setting for the reception of patients in the senology ward:-

1. Extension of the first reception interview to include psychological and emotional aspects as a fundamental aspect of the relationship between the hospitalised patient and the nurse; an information and assistance talk between patient and nurse the night before the operation and a phone call after discharge.

2. Organisation of weekly meeting to give information and general knowledge about the ward for the patients awaiting hospitalisation: this meeting should help to occupy the particularly anxious waiting period for the patients and facilitate their arrival in the ward.

3. Preparation of a booklet with information and instructions, to be given to the patient at the time of hospital reservation.

We think that it is very important and useful to involve patients and their associations in the improvement of the quality of training and assistance in oncology. The project is involving other four oncological wards during this year.

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POSTER

### Cancer patients on the Internet. Who surf? Why and where?

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Personal computers and the Internet have revolutionised access to information (info) including treatment of cancer (c.). More than 50% of Danish households have a PC with Internet and PCs are freely available on our libraries. Still more patients seek info on the Internet – but about what, and why? To get answers we conducted an enquiry in our out-patient clinics, October 2000, using a questionnaire with open and closed questions. Many pts. were reluctant because they did not surf, but 471 patients filled in forms – 179 at FC and 292 at HUH. 163 of these pts. (35%) had sought info on the Internet. Females were more frequent surfers than males: 37% vs. 31%. Above average were pts. with: testicular c. (50%), breast c. (48%), colon c. (44%), and ovarian c. (42%) and below average were: lung c. (32%), head & neck c. (22%), and other gynecologic c. (18%). Younger age groups were above average surfers: 20–29 yrs. of age (59%), 30–39 yrs. (74%), 40–49 yrs. (43%), 50–59 yrs. (43%) and below: 60–69 yrs. (24%), 70–79 yrs. (8%) and 80+ yrs. (10%). What did surfers search? 'Causes of cancer': 72% of the pts. 'Info about therapy': 91% 'Side effects': 81% 'The prognosis': 77% 'Info on alternative (non-authorised) therapy': 59%. Only 40% felt they found what they searched. All surfing pts had visited Danish sites, 46% also foreign web-sites. The most frequently visited sites were those of the Danish Cancer Society (63% of the surfers) and 'Netdoctor' (40%). The Ministry of Health's web-site was only visited by 3% and 4% had visited sites on the other two Danish university hospitals, while nobody had visited our own web-site: [www.skaccd.org](http://www.skaccd.org). Two 'alternative therapy' web-sites had been visited by 6% and 2% of the surfers. Of those surfing abroad, 56% had visited USA, 28% Germany, 9% Sweden, 9% UK, 2% Canada, and 2% Italy. Examples: Medscape, CancerNet, VVT News, Lancet and BMJ.

**Commentary:** The Internet is a source of info but also a challenge to us as nurses and doctors. More than ever it is urgent to be frank and honest about diagnosis, prognosis and options of treatment. Knowledge oblige, so we all have to surf – regularly and systematically. Can we manage? Do we have time?

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POSTER

### I.V. Medication administration in a safe and effective way

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The chemotherapy treatments of haematology patients are becoming more and more intensive, depressing the bone marrow function of the patients to a great extent. The nursing tasks are therefore very much concentrated on the increasing number of medications, among these especially administration of antibiotics. In our ward we often have 50, 60, or 70 medication forms on our medicine board which have to be administered as infusions or injections 1–4 times each day and night.

We found that overviewing the large number of forms was becoming more and more difficult, and so was administering the medicine in a safe and secure way. Besides we needed a simple way to visualize the impact that medication tasks had on our available nursing resources. We therefore developed a system of 'Medication Administration Instruments' to improve on this fact. The instruments concern:

- Drug working form
- Drug instruction
- Drug number documentation

After taking the system into use we see less medication errors, and a much easier and quicker overview of the medication forms. Also that the rapidly increasing number of medications in our ward have been visualized in such a way that more nurses have been added to our ward.

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### Information needs of women with a recently diagnosed ovarian cancer

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**Introduction:** A cancer diagnosis is still, more than other diagnoses, strongly associated with feelings like anxiety and agony. This, in com-