1568 POSTER

Balancing of symptoms and satisfaction of cancer patients receiving chemotherapy

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Purpose: Difficulties and struggles are the fate of a patient facing the diagnosis of cancer. Many of which are due to treatments and side effects. In many cases chemotherapy is effective yet severe adverse events lead to significant deterioration in quality of life that frightens the patient As nurses we play a key role in managing the efforts to deal with treatment toxicity in order to improve quality of.life.

Methods: Over the last 5 years at the Institute of Oncology at the Soroka Medical Center, we have developed a data form for each patient, which contains data on medical history treatments and protocols used, as well as on pain control, social problems and functional disorders designated by body systems. We evaluated the level of satisfaction of 110 patient with the supportive care and teaching they received via questionnaire after completion of therapy.

Results: The guidance and information they received was felt to be very good by 65%, good 29%, fair 4.5% not helpful 1.5%. This data form was found to be an effective tool to enable control and balance of problems and symptoms in real time. During the therapeutic period it is possible by designed supportive care, involving appropriat management and information delivery to the patient, to teach the patient to use the acquired knowledge to try to maintain a routine and normal life style. This supportive care model is based on Orem's self-treatment theory. Based on Orem's theory we have generated a tool of symptom control, which contains 18 nursing diagnoses classified by physiological system. The, tool facilitates pain control, function evaluation, emotional evaluation and social evaluation.

Conclusion: Based on the above evaluations the nurse responds at the end of each treatment and thus patients are able to better combat their problems and difficulties.

Better symptom control will hopefully lead to better quality of life. A model of using the tool described will be presented

1569 POSTER

The influence of a structured guideline for wound management for patients who suffer from malignant ulcers. A prospective, explorative and descriptive study about nursing to breast cancer patients with ulceration

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Background: Some woman with breast cancer will develop a cancer ulcer, which will be both a scaring and, a painful problem for the patient. With a cancer ulcer follows physiological problems as pain in the ulcer, secretion, infection, bleeding and odour, but there is also psychological and social problems as depression, shame, change of bodyimage and isolation. In international literature there is only few documentated papers about treatment of this chronic ulcers, which means that the nursing to patients with malignant ulcers become random and unstructured.

Purpose: The purpose with this projekt is to gain a systematic and structured wound management to women with breast cancer, who has a recurrence disease and suffers from malignant ulcer. The mean is to develop, test and describe a structured guideline for wound management which see to the patients needs in connection with the ulcer.

The guideline for the wound management consits of:

1. structured ulcer anamnesis which contest aspects about the patients bodyimage, psychical and social problems in relation to the ulcer.
2. Ulcer morphology with specific description of the ulcer and it problem areas.
3. Choice of the right wound management product depending of the ulcers problem areas.
4. Documentation and evaluation of the care via checklists and clinical guidelines.

Hypothesis: A structured guideline will bring insight, and new knowledge about malignant ulcers in women with recurrence breast cancer. The guideline will strengthen the patients wellbeing in relation to odour, frequency of dressing change, ulcer related pain and comfort from the dressing. A structured guideline will, despite the general progressive character of the breast cancer disease, have a positive effect on the ulcers problem areas ex infection, odour, bleeding or secretion.

Method: Valid methods of data collections to use for patients with malignant ulcers do not exist. Therefore the method is self developed. The objective and subjective methods compare the ulcers morphological condition with the patients experience of the ulcer. Pictures of the ulcer is taken before, and after the 4 weeks interventionperiod, and weekly evaluations of the ulcer via a ulcer morphology scheme is performed. The patient is interviewed before and after the interventionperiod via a semi-structured interviewguide.

Results and Conclusion: Selected interim results from the study will be presented

1570 POSTER

Fatigue in breast cancer patients undergoing adjuvant chemotherapy

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Purpose: Fatigue is one of the most experienced side effects of chemotherapy. About the causes of fatigue and the effects of interventions is little known. This descriptive correlative study with a longitudinal character will view the course of fatigue and the factors which can be important to fatigue.

This study will address the following questions:

1. To what extent do breast cancer patients undergoing adjuvant chemotherapy experience fatigue and how does this change in the course of time?
2. To what extent do factors like, depression, social support, coping, self-care behaviour, age, co-medication, other symptoms, Hb, type of operation and dose of cytostatics influence fatigue?

Method: Six hospitals in The Netherlands are taking part in the study and 150 women with breast cancer undergoing adjuvant chemotherapy are participating. The study started in January 1998. In May 2001 data collection will finish.

Patients are interviewed five times (by means of a structured questionnaire): before, during (two times) and after (two times) chemotherapy (total 8 months). Besides, they will keep a diary for a period of 3 or 4 weeks between two chemotherapy sessions.

On the basis of the results nursing interventions will be composed and tested in further research.

The study is supported by a grant from The Dutch Cancer Society.

1571 POSTER

Pretreatment information to radiotherapy patients

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Patients undergoing radiotherapy have anxieties about the therapy and the disease, furthermore they need information about radiotherapy process and side-effects.

The A.A. have organized a pretreatment group where the patients and their parents meet the radiotherapy staff.The radiotherapist explains the side-effects of radiotherapy, the dietist emphazises the importance of a vorrec nutrition during the treatment and gives advices and recipes.The nurse gives information about visits, medications and blood drawings,the technologist bring the patients into the treatment bunkers and simulate a treatment session.

The A.A. have started this experience 4 months ago and they can state that the initiative meets a great favour: the patients ask a lot of questions, their anxiety is alleviated.A better compliance is obtained.

1572 POSTER

How do we increase quality of life for patients with dyspnoea suffering from advanced cancer, by using patient education

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Dyspnoea is a frequent and severe symptom for outpatients in our palliative care unit. It is especially important for outpatients to have guidelines, because they are living at home and not see a doctor or nurse every day.

Evidence based guidelines are made for patient-education in order to support their coping. The guidelines consist of three steps:

Understanding: give the patients knowledge and understanding of the function and the importance of the respiratory organs. Inform which symptoms need medical care.

Coping: coping strategies which the patients can make use of.

Prevention: good advises to cope in every day life in order to prevent unnecessary dyspnoea and increase quality of life.

In our poster presentation we will present the guidelines and our experiences with the use of the guidelines in our palliative care unit.

1573 POSTER

Collaboration between two nurse coordinators: effective outcome in empowerment of patients with breast cancer

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The breast care nurse and the wound care nurse coordinators occasionally share specific patients. These patients suffer from severe wounds, either after reconstruction, radiation therapy or fungating wounds. The need to treat these women as a whole, unites the comprehensive management of these wounds. Empowerment of the patient and family is the basis of the nursing care model.Some of these patients suffer from a variety of symptoms such as: wound denial, fear from the disease outcome, treatment and uncertainty about their future.

These patients need constant guidance and availability of a supportive person.

From a retrospective follow up of 120 women with breast cancer during forty month, the average age was 45years, the youngest 26 years and the eldest 75 years, we will show a follow up of two patients.

The collaboration between the two nurse coordinators focused on: exploration of the patient';s concerns, open communication, trust, empathy, support of patient and family, and empowerment to make decisions and cope with the feared treatments in spite of the not so optimistic long term results.

Most of these patients were able to take responsibility for their self-care, including wound care and compliance with the chemotherapy. The main theme was 'getting back to normal life'.

1574 POSTER

Pain: how well do we manage it? An audit of cancer pain management at a cancer centre

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Purpose: Although effective methods of controlling pain are available, many patients continue to receive sub-optimal pain relief. The purpose of this audit was to identify the prevalence and management of chronic cancer pain in adults and current prescribing practice of analgesics within a Cancer Centre in the North West of England.

Methods: All in-patients were considered for the audit during the two week study period. Exclusion criteria included those who had undergone recent surgery (<10 days) or admission (<48 hours), and those who were too unwell or cognitively impaired. Members of the Palliative Care Support Team (PCST) distributed questionnaires for all patients to complete. A supplementary questionnaire was completed by PCST staff, based on information from each patient's drug description, medical and nursing notes. The Clinical Audit Department collated and analysed the data.

Results: 122 of the 229 adult patients admitted during the audit period were eligible for inclusion. 89 (73%) patients reported pain during their admission, of which 63 (71%) were prescribed regular analgesia. Of these 63 patients, only 46 had pain control. Regular strong opioids were prescribed for 36 patients, of which 34 (94%) had breakthrough analgesia prescribed, although only 19 were prescribed the correct dose. The remaining 15 were all prescribed inadequate breakthrough doses.

Conclusions: This audit has identified some areas of good practice and emphasised those areas where improvements have to be made. The need for regular analgesia and correct breakthrough regimes in the management of chronic cancer pain has been highlighted. These findings have given us valuable information to direct our education, training and policy developement

1575 POSTER

A helpdesk for home-care technology and palliative care in a university hospital

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Introduction: In the past 7 years the Rotterdam Cancer Institute (RCI) gained major experience with a program for home care technology in palliative care. This experience was used to set up a Helpdesk for home care technology and palliative care in the larger University Hospital Dijkzigt (UHD). The aims of the program are: 1. to support patients, their family and all health care providers in case of home care technology, 2. to offer consultation in palliative care.

Methods: The program started in May 2000. The Helpdesk was set up in co-operation with the oncologists, pain specialists and liaison nurses. Nurses on the ward were taught about home care technology and palliative care. The clinical nurse specialist (CNS) from the Helpdesk was the linking pin. In case of home care technology the CNS advised about the type of infusion pumps and their use. Before discharge of the patient the CNS informed the primary health care nurse and the general practitioner about the patient, the equipment used for symptom management and the 24-hours telephone hospital service. The CNS called the patient once a week to evaluate the care.

Results: In 9 months the Helpdesk was consulted 75 times concerning 24 patients. 80% Of the questions were technical or logistic problems. 90% Of the callers were nurses and physicians from the UHD. In October 2001 we will present more details on the program.

Conclusion: A Helpdesk for home care technology and palliative care in a university hospital is feasible and useful. Questions about technical and logistic problems predominate. An information program to broaden awareness amongst health care workers would stimulate consultation on symptom control and palliative care.

1576 POSTER

A randomised, cross over, pilot study to investigate the compliance and tolerance of itraconazole liquid when administered either at room temperature or chilled

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Fungal infections are responsible for a significant proportion of morbidity and mortality in patients with haematological malignancies and those undergoing stem cell transplantation. The risk factors for developing such infections are evident in this patient group and such infections once established, often prove difficult to eradicate.

Itraconazole (Sporanox)has a superior spectrum of activity to fluconazole and is active against both Aspergillus and Candida species. Use of the oral liquid, due to its improved bioavailability, results in more reliable serum levels than the capsules. An IV preparation is available, but treatment often needs to continue for weeks or months post chemotherapy/transplantation in the outpatient setting. Oral administration of itraconazole liquid is therefore desirable, though compliance can be poor. Up to 18% of patients refuse to take it as a result of the taste and side effects. Common side effects associated with the liquid preparation include unpleasant taste, nausea, vomiting, diarrhoea, abdominal pain, and dyspepsia. These problems affect over 50% of patients to some degree and are probably related to the cyclodextrin carrier required for this lipid-soluble drug.

At present itraconazole liquid is given twice daily as fungal prophylaxis at RFH. For those unable to tolerate the liquid, IV or capsule preparations are given.

It is proposed that altering the temperature of the liquid might affect the flavour, and may make it more tolerable, thus promoting compliance.

We are currently testing this as a pilot study in inpatients undergoing chemotherapy or stem cell transplant; 20 patients will be randomised, between 2 arms. They will receive either 4 doses of chilled liquid, followed by 4 at room temperature, or vice versa. On each day of the trial, the patient will complete a questionnaire to assess their tolerance of the previous 2 doses, and any side effects. Eight patients have completed the study so far with no obvious trend emerging. Results will be presented on completion.