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 mallgnant 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 quidelines.

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 condi-

tion 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.

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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: