

1586

POSTER

Information sessions for women with gynaecological cancer – Are they still necessary?

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Weekly information sessions for patients with gynaecological cancer were initiated in our department by A. Aanrud in 1981. During these meetings she experienced consequences of the disease and treatment she had not anticipated. She also realised that patients' need for information was much greater than previously recognised. This activity has continued for 18 years only with short lapses due to unavailability of staff. The structure is the same: the female anatomy and the various types of gynaecological cancer. Treatment and its effect, both physically, psychologically, socially and sexually are also discussed. The themes covered are selected to suit the participants. We encourage them to ask questions and volunteer comments. Written invitation is handed out the day of the meeting. The attendance varies from 1 to 10 in a department accommodating 100 patients. Participants are women in all stages of their disease and treatment. The challenge is making the meeting useful and meaningful to the individual and not letting anyone dominate. This may sometimes be an art of balance.

It is well known that cancer patients complain about lack of information. Why is it then that so few patients attend our meetings? Is it threatening to participate? Is the structure used for 18 years not relevant? Are the nurses responding to their own needs instead of the patients'? It is paradoxical that we have never asked the patients what they really want from us. Results will be presented.

1587

POSTER

Iterative measure of sides effects by nurse during chemotherapy with linear analogic scale followed by interventions: feasibility in a department of medical oncology

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Background: Side effects of chemotherapy are moderately investigated. We have previously assessed that concordance between patient's self assessment and clinical reports by doctors is inadequate for the most distressing symptoms: hot flashes, pain, vomiting and anxiety. Sides effects are inconstant during treatment and influence quality of life, tolerance of treatment and perhaps compliance. To investigate the feasibility of iterative mesures of major symptoms during chemotherapy by nurses in a department of medical oncology and the impact among adequate interventions.

Patients: 100 consecutive inpatients were included. All received IV chemotherapy during more than one day. Anxiety, nausea, fatigue, pain were evaluated twice daily with linear analogue scale by the nurses during treatment and 2 days after. Interventions proposed for each symptoms were noted. Tolerability of such evaluation and impact in the patient viewing was investigated by individual questionnaire.

Results: At the present time 50 patients are tested. Compliance is excellent. Interventions are routinely proposed, suggested by nurses. Mature results will be presented.

Conclusions: Evaluation of tolerance of chemotherapy by nurses with EVA is feasible and allow adequate intervention.

1588

POSTER

Palliative care services in Greece

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Purpose: In Greece palliative care remains a neglected area, while considerable resources are spent on treating the advanced cancer. Over the last few years there has been a gradual growing interest in introducing palliative care services all over the country. These vary from individual efforts to multidisciplinary teams concentrating mainly on pain relief. This survey is an attempt to provide an overview of the existing efforts in providing palliative care through a holistic approach.

Methods: A questionnaire was sent to eight health settings working with multidisciplinary teams. Each service was asked to describe the type of identity of their center, the provided services and their staff composition.

Results: Most of the centers (six) are situated in Attica area treating mainly adults except one providing care to children and another one to elderly. Two centers are based on oncology hospitals, providing ambulatory and home care services. Three centers based on general hospitals are providing palliative care only through their home services. A broader number of palliative services are provided at a Palliative unit based at a general university hospital and at an oncology pediatric unit. The total number of their palliative care teams varied from 5-10 members consisting of oncologists, physicians, community or oncology nursing, social workers and psychologists. A chaplain was referred only in one center.

Conclusion: At present there are proportionally limited recourses for palliative care in our country. Providing palliative care is the only realistic and human solution for many cancer patients and needs more attention at the top decision-making and political levels.

1589

POSTER

Effects of symptoms/side effects on the daily life of patients undergoing cancer therapy

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Purpose: During cancer therapy patients experience various side effect/symptoms. Studies reveal that on average patients experience 3-8 symptoms. It is also believed that the frequency and duration of symptoms affect the patients self care ability. It is known that undergoing cancer therapy dose not only affect the patients physically, but also emotionally and socially. The aim of the study is to evaluate the effects of symptoms/side effects on the daily live of patients undergoing cancer therapy and to evaluate how they manage their symptoms.

Methods: Included in this study were patients who had undergone cancer therapy and received new information leaflets on such therapy. In a telephone survey they were asked to answer structured questions about occurrence of 30 symptoms and evaluate their effect on daily living (on a scale from 0 - 10) and self-care activities.

Results: 69 subjects participated in the study. 52 females and 17 males. The most common diagnosis was breast cancer (40,6%) followed by colon/rectal cancer (14,5%). Number of symptoms experienced by patient ranged from 0-27. The mean being 14. Only 3 patients had experienced fewer than 6 symptoms. The most frequently reported symptoms were fatigue hair loss nausea and dryness of the mouth.

The following had the most effect on daily life, changes in social status (7,40) change in communication (7,29) pain (6,94) fever (6,65) and fatigue (6,20). Results of further data analysis will be presented.

Conclusion: Patients experience a wide variety of symptoms during cancer therapy. The number of symptoms experienced by individual patient is higher in the current study than previously reported. The symptoms affect the patient physical, emotional and social well being. Nurses need to be aware of these symptoms, assess them and provide information and support.

1590

POSTER

Patients facing alopecia

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Face to face with hemato-oncological patients we can distinguish how difficult it is to deal with a treatment process.

The intensive quimioterapic treatments provoke body changes, which put in risk the patients well being.

We intend to demonstrate patients difficulties being submitted to a treatment where they will be facing alopecia. Especially, alopecia makes patients feel a body image change feeling a lower self esteem and a different consideration in the way they see and are seen.

All this has social repercussions if we take into account the different sexes, races and religions.

This is an important period in a patient life, which mustn't be forgotten.