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POSTER

# **Pain and quality of life in hospitalised cancer patients - a descriptive study as a basis for an improvement of pain management**

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**Purpose:** As pain is reported to affect one's whole life, it was supposed to be of value to look at the experience of pain in relation to quality of life. As cancer patients often suffer from unrelieved pain, such information can be of importance to improve pain management in these patients. In a descriptive study, the relationship between pain and quality of life was examined in hospitalised cancer patients at the Norwegian Radium Hospital in Oslo, Norway.

**Methods:** The patients filled in EORTC-QLQ-C30, a cancer specific quality of life questionnaire that also measures pain.

**Results:** Out of 2023 cancer patients who were hospitalised in a period in 1997/1998, 1431 (71%) filled in the questionnaires. The sample consisted of 534 men and 895 women with an age range from 18 to 80 years (mean age 56.5). They had different cancer diagnosis. Out of the total sample, 58.6% of the patients reported pain; 34% reported "a little pain", 19.3% reported "quite a bit" pain while 5.2% reported "very much" pain. Almost half of the patients (47.6%) told that the pain interfered with their daily activities. There were only small differences in pain across different cancer groups, and there were no significant differences in pain between men and women. Age did not make any difference in the existence of pain. The experience of pain was highly correlated ( $p=0.52$ ) with global quality of life in these patients, which means that the more pain the worse quality of life. Furthermore, having pain was highly related to other symptoms as fatigue, dyspnoea, appetite, nausea and vomiting, insomnia, diarrhoea and constipation. The patients with pain did also have more financial difficulties. In addition, pain was also highly related to emotional functioning, physical functioning, role functioning, cognitive functioning and social functioning, in the way that the patients with pain had a worse functioning in all areas compared to the patients without pain.

**Conclusion:** Pain is a complex phenomenon. As more than 50% of the patients reported pain, unrelieved pain is a great problem in cancer patients. Pain is unpleasant in itself, and it also affects other important areas in life. In addition to this pain is related to other common symptoms in cancer patients, which means that in relieving pain one must also pay attention to these symptoms. There should be more focus on the experience of pain in these patients and in the nurses' role in pain management.

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# **Nursing management to cancer patients with liver metastasis of colon-rectum cancer in treatment with continuous infusion (i.c.) of chemotherapy directly in the hepatic artery with portable electronic microinfusor (cadd1,plus)**

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**Contest:** Nursing management to Cancer patients with liver metastasis of colon-rectum cancer in treatment with continuous infusion (i.c.) of chemotherapy directly in the hepatic artery with portable electronic microinfusor (cadd1,plus). Oncology Day-Hospital of Carrara. I.P. Limborgh Meyer H., Della Pina A., Grassi P., Crudeli R., Marchetti A.

**Aim:** Patients acceptance of the portable electronic microinfusor in i.c. of chemotherapy in hepatic artery without interrupting their normal daily activity.

**Methods:** Explanation of arterial port (totally implantable intracorporeal access system under left armpit in local anaesthesia. Upkeep of arterial port with 5ml of saline solution containing 100units/ml of heparin after every i.c. Use of Huber needle. Information of duration of each i.c. and total number of i.c. necessary. Necessary information of portable electronic microinfusor about battery, special bags, weight of microinfusor.

## **Education of side effects:**

**Results:** In the year 2000, 55 patients were treated with portable electronic microinfusor in i.c. 20 females and 35 males, age from 40 to 80. Totally days of i.c. from 2 to 5 days. Complication: one arterial part-wound open, two needles displaced of too patients movements, one unloaded battery, one overspill in nearby tissues around part, side effects, nausea, fatigue.

**Conclusion:** The portable electronic microinfusor were well accepted by our patients without problems during i.c. of chemotherapy in hepatic artery with no interference in their normal activity.

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# **A qualitative study to explore the representation of fatigue in a French speaking population of cancer patients and healthy subjects**

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**Purpose:** This study aims: to explore the differences in the representation of fatigue between cancer patients and healthy subjects: to identify the concepts, dimensions of fatigue, and the terminology specific to patients with cancer related fatigue (CRF) and healthy persons: to examine the strategies used in health and in illness to overcome fatigue.

**Method:** A qualitative research design, using grounded theory techniques was adopted. 22 cancer patients were recruited within an outpatient or hospital ward setting of a cancer institute and 22 healthy individuals were recruited among the personnel working in the hospital environment or the entourage of the investigator. Data were collected through individual audio-taped, open-ended interviews. The transcripts of the interviews were reviewed, participants' response analysed thematically and grouped into major categories and sub categories. Categorisation of the various themes by the investigator was validated by a 2<sup>nd</sup> person.

**Findings:** This study demonstrated differences in the intensity, variability, duration and temporality of fatigue between patients and healthy subjects. Analysis resulted in the categorisation of fatigue into 3 major dimensions, physical, effective and cognitive, common to both patients and healthy subjects, although themes within these categories differed in the 2 groups. A 4<sup>th</sup> category, distress, was identified solely in the patient group. The linguistic description of fatigue confirmed the differing perceptions of fatigue between patients and healthy individuals and a heightened concern for the negative aspects of fatigue and suffering among patients. A 4 step conceptual model for fatigue was developed to explain the different stages in individual responses to fatigue.

**Conclusion:** In order to help those who suffer from CRF a greater awareness of patients' individual and changing needs as regards the fatigue experience is required, in the context of both the environment, the disease process and treatment modalities. The proposed conceptual model should help further nurses' understanding and support of patients' responses to CRF in the different stages of the illness trajectory.

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# **Cancer-related fatigue: impact and scope of the problem**

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The Fatigue is one of the most frequent symptom among oncology patients, specially to whom are receiving any kind of treatment against cancer. The most significative symptoms and signs of Fatigue are asthenia, tiredness, lack of energy or weakness. The purpose of this study is to determine the perception of Fatigue of the oncology patients whom are receiving chemo or radiotherapy in our Hospital, their sensation grade of fatigue and how could modify it their quality of life. We tried to evaluate the intensity of Fatigue using the method described by Dr. Piper for these kind of patients. The outcomes obtained, indicates that in these patients, the most altered capacities are the physical aspects according to their own perception, and in a second place, the cognitive and affective ones. However in most of the cases (58%) the presence of the sensation of fatigue did not follow the circadian cycle, however all of them agree about the chronic nature of the fatigue, with presence of brief and higher picks. Anyhow, not existing some clear determinations of the fatigue mechanisms and por that reason, an intervention is complex. From the point of view of nursing, it should be focused to the symptoms management and the emotional support mainly.