

**06 - ASSESSMENT OF QUALITY OF LIFE IN CANCER PATIENTS LIVING IN IRATI (PARANÁ, BRAZIL)**

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doi:10.16887/88.a1.6

**INTRODUCTION**

Several academic fields write about quality of life in different contexts. A deepening about the construction of this theme took place during the 1990s with debates which attempted to clearly conceptualize quality of life and to objectify the misconceptions derived from the terminus' subjectivity (SOARES et al., 2011).

The most known concept in the academia is the one proposed by the World Health Organization, which declares that quality of life is "an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations and standards and concerns" (THE WHOQOL GROUP, 1995, p. 1405). Santos et al. (2015, p. 1977) mention that it is a broad concept, which affects the physical and mental health of individuals in a complex manner, as well as their psychological state, independency level, social relationships and their relations with the environment's domains.

The assessment of quality of life is fundamental to have an effective control over the morbimortality, the planning of palliative care and the identification of problems concerning the emotional and physical states. It also evaluates the efficiency and impacts of treatments and interventions of oncologic patients (VIEIRA; FORTES, 2015). In light of this, the quality of life constitutes for the ill people an important sign, a response to their treatment (GOMES, 2011).

In this context, the goal of present research was to evaluate the quality of life of patients in the city of Irati, in the countryside of the state Paraná (Brazil), all of which were diagnosed with different types of cancer.

**QUALITY OF LIFE OF PEOPLE WITH CANCER**

Cancer is characterized by the loss of control of the cell division and the capability to affect other organic structures. It is believed that up to 80% of the cancer incidences occurred due to external factors, such as lifestyle and the environment (SERVAN-SCHREIBER, 2011, p. 83). The highest exposition to carcinogens is due to "the current life standards regarding work, food and the consumption, which expose the individuals to environmental factors, such as chemical, physical or biological agents, which derive from changes in people's lifestyle and the steadily increasing industrialization process" (SOUZA; SANTOS; SILVA, 2015, p. 3276).

In a transversal study of Kluthcovsky and Urbanetz (2015), which was conducted with a sample of 202 Brazilian women who survived breast cancer and were treated in two big hospitals in Rio de Janeiro, the patients were compared with women of the same age without cancer history, who were assisted in a center of primary health care. The Piper Fatigue Scale was employed in order to measure the fatigue caused by the sickness. Furthermore, the WHOQOL-bref instrument was used to evaluate the quality of life of the same samples.

The patients with breast cancer showed significantly higher fatigue scores and a worse quality of life in the domains Physical, Psychological and Social relationships, if compared with the control group. No differences were found in the domain Environment (KLUTHCOVSKY; URBANETZ, 2015).

In a study conducted by Canário et al. (2016), the authors evaluated 215 women, recruited in a hospital well known for the breast cancer treatment in Rio Grande do Norte (Brazil), between 40 and 65 years. The objective was to assess the relation between the levels of physical activity, fatigue and quality of life. In a first moment, the levels of physical activity were evaluated by means of the International Physical Activity Questionnaire (IPAQ), whose results were used to split the sample into two groups: physically active and physically non-active. After that, the fatigue was evaluated by means of the reviewed Piper scale, and the quality of life by means of the EORTC-QLQ-G30, combined with the WHOQOL-bref.

Women diagnosed with breast cancer and evaluated as physically active showed fewer fatigue scores and the highest scores in quality of life, if compared with women who were diagnosed with breast cancer and physically inactive. These findings concluded that physical activity is a favorable way to improve quality of life and the well-being of women with breast cancer (CANÁRIO et al., 2016).

In the study of Pereira et al. (2015), which intended to assess the impact of alterations of oral physiology in quality of life of patients submitted to oncologic treatment by means of the evaluation of 50 patients of the institute "Lar Mateus Loureiro Ticle", which is located in Lavras, Minas Gerais (Brazil). In this study, 30 patients with several types of cancer and 20 volunteers were picked. Both groups filled out the WHOQOL-bref instrument. The authors came to the conclusion that the alterations of oral physiology can have a direct impact on the quality of life of oncologic patients, regardless the type of cancer. Such findings pointed out that patients with cancer showed lower values in the domains of Social relationships and Environment, if compared with the 20 healthy individuals of the control group.

Table 1 shows the results of the assessment of quality of life by means of the WHOQOL-bref of cancer patients from the three aforementioned studies:

Table 1: Overview of scores from other studies which used the WHOQOL-bref instrument to assess the quality of life of cancer patients

Study	State	Domains				Average
		Physical	Psychological	Social Relationships	Environment	
<a href="#">Kluthcovsky and Urbanetz (2015)</a>	RJ	63.1	66.2	74.2	64.3	66.95
Canário et al. (2016)	Inactive	50.5	48.6	49.4	52.7	50.30
	Active	69.1	63.8	66.5	66.5	66.48
Pereira et al. (2015)	MG	55.8	65.7	66.9	53.4	60.45

Source: the authors

Table 1 demonstrates that the score of the domains of quality of life of patients submitted to cancer treatment in three different Brazilian states were considered low, which suggests that the sickness played a negative role in several aspects of their lives.

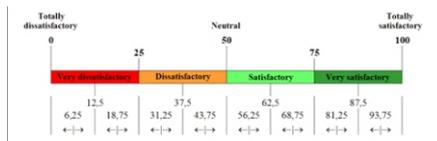
**METHODOLOGY**

The research is a comparative-descriptive analysis and was carried out by means of the WHOQOL-bref questionnaire, which is composed by 26 questions: 2 of them refer to self-evaluation of quality of life, and 24 represent each one of the facets of the WHOQOL-100, which are distributed in four domains: Physical, Psychological, Social Relationships and Environment. The instrument is validated and recommended by the World Health Organization (WHO) and is designed to assess the quality of life of individuals, taking into account the self perception of personal experiences.

The sample was made up of 14 patients with several types of cancer (stomach, uterus, breast, intestinal, lung, ovarian, renal, rectal, tongue and prostate) in the region of Irati, in the countryside of Paraná, a Brazilian state. These patients receive the support of the Association of the Support Group for Cancer Patients (Associação do Núcleo de Apoio ao Portador de Câncer, Anapci).

In order to classify the results, the scale proposed by Timossi et al. (2009) was used, as depicted in Figure 1:

Figura 1 – Classification scale of quality of life



Source: Timossi et al. (2009)

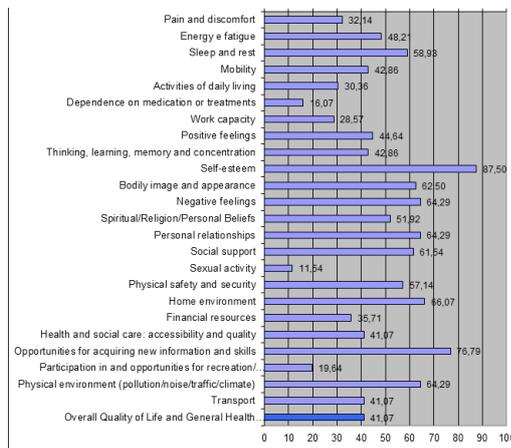
In this figure, the values below and above the central point (50), comprehended between the points 25 and 75, are properly and respectively characterized as dissatisfaction and satisfaction. Thus, the external values of the interval, placed outside the interval between 25 and 75, tend to a total dissatisfaction and total satisfaction, which are considered inexistent in practice (TIMOSSI et al., 2009).

The application of the questionnaire was conducted by a trained individual in a standard and not-induced manner, so that the samples could answer the questions freely, without interventions. This way, the applications occurred in the residence of each patient. Together with the questionnaire, an informed consent form was signed by the patients and by the Anapci, who provided the addresses and telephone numbers of the interviewees.

**RESULTS AND DISCUSSION**

Graph 1 shows the score results of the questions corresponding each facet of the WHOQOL-bref, obtained by the answers provided by the samples of the present research:

Graph 1: Score of the WHOQOL-bref facets



Source: the authors

It can be observed that all facets that achieved the highest scores and, according to the scale proposed by Timossi et al. (2009), considered to be in a very satisfactory level, were Self-esteem (87.50) and New information and skills (76.79). The third best score concerns Home environment (66.07), which according to the same scale, is considered to be in a satisfactory level.

Among the lower scores obtained in this study, three facets can be considered to be under the dissatisfaction threshold and, thus, in a very dissatisfaction level: Sexual activity (11.54), Dependence on medication or treatments (16.07) and Recreation and leisure (19.64).

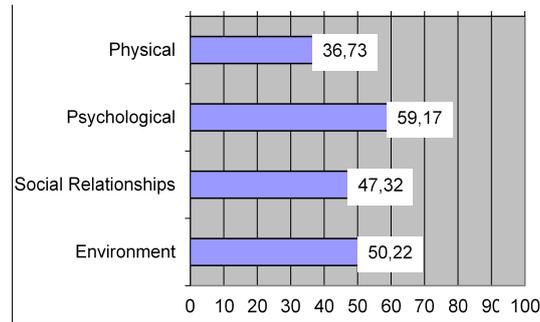
The fact that the facets Self-esteem and New information and skills had the best scores is possibly due to the support and clarification of healthcare professionals in the specialized hospital. All the interviewed patients are treated with the support of a multiprofessional team by means of clear communication and supportive actions, thus increasing their expectatives and diminishing their worries, which eventually plays a role in the self-esteem.

The facets Recreation and leisure and Sexual activity were the ones with the lowest scores, possibly due to the fact

that the patients are limited by their illnesses. Furthermore, the facet Dependence on medication or treatments revealed a low score, which was already expected, because cancer therapy depends on an intense treatment and medicaments that strongly impact the patient's lives.

Graph 2 shows the results from the domains of quality of life of the samples of the present research, according to the WHOQOL-bref instrument:

Graph 2: Domains of the WHOQOL-bref instrument.



Source: the authors

The domain with the lowest score was Physical (36.7). This score was considered the most important alert concerning quality of life of the investigated samples of this research. The study of Pereira et al. (2015) demonstrated that, in the same domain, there was a score of 50.5 in a sample of sedentary oncologic patients, the worst index of all the studies used in the present investigation and was still 13.80 percentual points higher than the result of the present investigation.

The domain with the best score was the Psychological (59.2). It is to be noted that the scores of all domains of quality of life of the present research's sample demonstrated to be inferior, if compared with all the studies mentioned in Table 1, with the sole exception of the study of Pereira et al. (2015), in which the sample of their study achieved a higher value than the sedentary group, with a deviation of 10.60 percentual points.

In the domains Social relationships and Environment, the variations in relation to the other studies were less significant.

The average score, which was calculated by the arithmetic mean of the four domains of WHOQOL-bref, was 48.36. Considering the obtention of inferior results, if compared with the aforementioned studies, it is to be expected that this average score be lower.

#### CONCLUSION

The present paper emphasizes the importance of the need to make actions available, which promote a stronger support to cancer patients, so that discussions concerning quality of life, both when it comes to hospital structure and the patients' reality, and the prevention of worsening and individual psychosocial support.

More studies about the assessment of quality of life in oncologic patients are necessary, due to the fact that there has been an increasing number of people with such diagnose. Although the search for a cure is not possible in many cases, there are palliative measures that may not only extend life, but also make the life of cancer patients similar to those without the disease. In these terms, the evaluation of the quality of life constitutes a central axis for the process.

It is also to be stressed that there is a necessity of additional studies concerning public politics and the promotion of health and improvement of quality of life of the oncologic patients, who, as small as the samples may be, always contemplate peculiar and unique aspects, which also contribute to deepen the knowledge of the area.

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## ASSESSMENT OF QUALITY OF LIFE IN CANCER PATIENTS LIVING IN IRATI (PARANÁ, BRAZIL)

## ABSTRACT

The goal of the article at hand was to assess the quality of life of cancer patients in the city of Irati (Paraná, Brazil). For this, the application of the WHOQOL-bref was executed with a sample of 14 patients with several types of cancer. The results showed that the facets that most positively stood out were Self-esteem (87.50) and New information and skills (76.79), whereas the facets that most negatively stood out were Social activity (11.54), Dependence on medication or treatments (16.07) and Recreation and leisure (19.64). The self-assessment (41.07) was the worst with regard to the WHOQOL-bref global score (48.36), which led to believe that the investigated people have a more pessimistic perspective regarding their real quality of life.

KEYWORDS: quality of life, cancer, assessment

## ÉVALUATION DE LA QUALITÉ DE VIE DES PATIENTS CANCEREUX À IRATI (PARANÁ, BRÉSIL)

## RÉSUMÉ

L'objectif de cette étude a été d'évaluer la qualité de vie des patients cancéreux dans la ville d'Irati-PR. Pour cela, l'instrument WHOQOL-bref a été appliqué sur un échantillon de 14 patients atteints de différents types de cancer. Les résultats ont montré que les facettes qui se distinguaient positivement étaient l'estime de soi (87,50) et les nouvelles informations et compétences (76,79), tandis que les facettes qui se distinguaient négativement étaient l'activité sexuelle (11,54), la dépendance ou le traitement médicamenteux (16,07) et les loisirs (19,64). En relation avec le score global WHOQOL-bref (48,36), l'auto-évaluation a obtenu le plus mauvais score: 41,07. Ceci sous-entend que les personnes étudiées ont une vision de leur qualité de vie plus pessimiste que ce qu'il en est de la réalité.

MOTS CLÉS: qualité de vie, cancer, évaluation.

## EVUALUACIÓN DE LA CALIDAD DE VIDA DE PACIENTES CON CANCER RESIDENTES DE IRATÍ (PARANÁ, BRASIL)

## RESUMEN

El objetivo del presente trabajo fue evaluar la calidad de vida de pacientes con cancer en la ciudad de Irati-PR. Para esto, fue realizada la aplicación del instrumento WHOQOL-bref en una muestra de 14 pacientes con diversos tipos de cancer. Los resultados mostraron que las áreas evaluadas que se destacaron positivamente fueron la Autoestima (87,50) y Nuevas informaciones y habilidades (76,79), los aspectos que se destacaron negativamente fueron Actividad sexual (22,54), Dependencia del medicamento o del tratamiento (16,07) y Recreación y placer (19,64). La autoevaluación (41,07) fue peor en relación al score global del WHOQOL -bref (48,36), subentendiéndose que las personas investigadas poseen una perspectiva más pesimista en relación a su calidad de vida real.

PALABRAS CLAVE: calidad de vida, cancer, evaluación.

## AVALIAÇÃO DA QUALIDADE DE VIDA DE PACIENTES COM CÂNCER RESIDENTES EM IRATI (PARANÁ, BRASIL)

## RESUMO

O objetivo do presente trabalho foi avaliar a qualidade de vida de pacientes com câncer na cidade de Irati-PR. Para tal, foi realizada a aplicação do instrumento WHOQOL-bref em uma amostra de 14 pacientes, com diversos tipos de câncer. Os resultados mostraram que as facetas que se destacaram positivamente foram Autoestima (87,50) e Novas informações e habilidades (76,79), enquanto as facetas que se destacaram negativamente foram Atividade Social (11,54), Dependência de medicação ou de tratamento (16,07) e Recreação e lazer (19,64). A autoavaliação (41,07) foi pior em relação ao escore global do WHOQOL-bref (48,36), ficando subentendido que as pessoas investigadas têm uma perspectiva mais pessimista em relação à sua real qualidade de vida.

PALAVRAS-CHAVE: qualidade de vida, câncer, avaliação.