150 - SOCIAL- ECONOMIC IMPACT OF CANCER IN FEMALE PATIENTS' LIFE, AFTER DIAGNOSIS OF THE DISEASE

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INTRODUCTION:

In 1948, it was defined by the The World Health Organization, that the word "health" would not be only related to the inexistence of any disease, but rather to the quality of life, which involves physical, mental and social health, support and satisfaction. The quality of life is affected both by the disease itself and the treatments for it (VELARDE-JURY & AVILA-FIGUEROA, 2002).

When we talk about cancer, treatments jointly responsible for some of the more unpleasant collateral effects are chemotherapy and radiotherapy (PLEVOVÁ, 2002). Such collateral effects can affect the quality of life of these patients, because sometimes, they minimize their ability to perform the ADL ' s (activities of daily life). Among them, there are fever, tiredness, nausea, general weakness and fatigue (KATO, 2006).

Cancer can bring body weakening (JURDANA, 2008), characterized by loss of fat and nuscle mass (JURDANA, 2009). The treatment of the disease can bring complications for the patient (HWANG et al, 2008), such as unfavorable changes in physical function, in psychosocial functioning body composition and in quality of life (COURNEYA, 2007).

The incidence of cancer in Brazil grows while that grows in the rest of the world (BRAZIL, 2006). It is because of the fast urbanization, the new modes of quality of life, the changes in the form of to cover the products and new dietary habits (MARINI & BARBOSA, 2008).

Patients with cancer have often, limitations in mobility (WARMS, 2006), as slow and modify steps, inability to walk and need special care (SCHNEIDER, 2007). This may be an impact factor in life of these patients and it can lead them to lose their jobs, to need to stop perform their domestic activities (MAINIO et al., 2006) and, sometimes, such as in the case of some mastectomies women, to suffer with the abandonment of the partner.

Such changes can bring unpleasant social-economic impacts for the patient, because its production decreases and the family incomes generated by the partner ceases to exist after abandonment.

Objective: The search was to assess the social-economic impact of female cancer patients ' lives, After the diagnosis of the disease.

Materials and methods: The research, correlacional descriptive survey type study, was conducted in the form of interview, to assess the social-economic impacts of cancer, became with the treatment and physical conditions of these patients.

The sample was formed by 35 patients enrolled and serviced by AVAO-voluntary association to Support the Oncology, of the town of Belém-PA, females, with average age of 56,28 (± 8,68) years, diagnosed with the following types of cancer: breast (16), cervix (13), skin (1), palate (1), parodita (1), abdomen (1), Naso-pharynx (1) and cervix + breast (1).

The study was carried out the ethical precepts laid down in resolution 196/96 of National Health council (BRAZIL, 1996) and Helsinki Convention (WORLD MEDICAL ASSOCIATION, 2008), and all participants signed a free and informed consent for participation in Search, containing the search specifications, which also included at the end the Institution Information Term. The project was duly adopted in committees of ethics in research of Euroamerican Human Motricity Network of REMH, under no 007/2008, and Mario Kröeff Hospital, under paragraph 011/2008.

Of exclusion criteria, there were male patients, female patients aged less than 40 years or over 70 years and patients not enrolled by AVAO.

This research is due to the fact of the possibility of conducting a thorough study on the social-economic impact that such persons suffering because of their physical condition, sometimes limited, and because of the treatment imposed by disease.

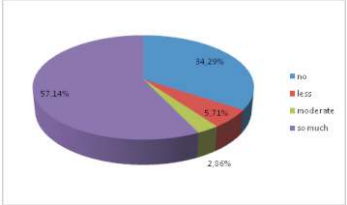
To conduct the research, it was used the question number 28 of the European Organization for Research and Treatment of Cancer Questionnaire of Quality of Life (EORTC QLQ-C-30) (AARONSON et al, 1993), which consists of the following question: "your physical condition or medical treatment have brought you financial difficulties? ". This issue has four possible answers, a Likert scale, type of 4 scores (i.e. no- score 1, less- score 2, moderate- score 3, so much - score 4). Then, it was requested to the interviewed a more detailled explanation about how its social-economic situation was shaken by cancer and its treatment.

For a description of the data collected, placement and dispersion measures were used. Among the first, were calculated average (x) and median (MD), which are central trend measures, i.e. that identifies the placement of the data collection Center. The dispersion measures estimate the variability existent in data. With this design, it was estimated the standard error (e) and standard deviation (s). For all procedures, a confidence interval of 5% ($p < 0.05$) was adopted.

RESULTS AND DISCUSSION:

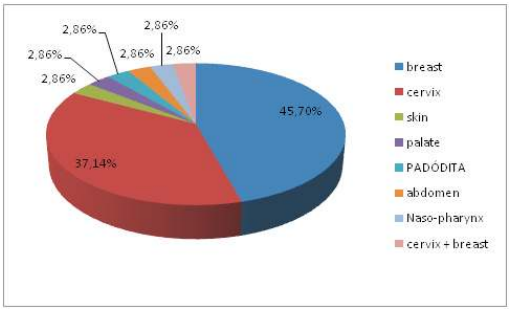
Answers regarding question 28 (your physical condition or medical treatment have brought you financial difficulties?), of European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C-30), were distributed this way: so much, 57,14%; no, 34,29%; less, 5,71% and moderate, 2,86%, as shown in the chart 01 below:

Chart 01: Distribution by answer



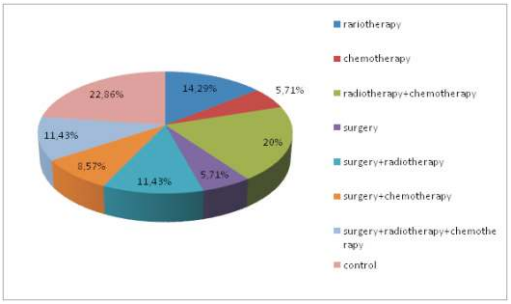
Cancer types were thus distributed: breast patients 45,7% (16 patients); cervix, 37,14% (13 patients); skin, 2,86% (1 patient); palate, 2,86% (1 patient), parodita, 2,86% (1 patient), abdomen, 2,86% (1 patient), Naso-pharynx, 2,86% (1 patient) and cervix + breast, 2,86% (1 patient), as shown in the chart 02 below.

Chart 02: Distribution by cancer type



The therapeutic approach has been distributed in radiotherapy, 14,29%; 5,71% to chemotherapy; 20% to radiotherapy + chemotherapy; 5,71% to surgery; 11.43% to surgery + radiotherapy; 8.57% to surgery + chemotherapy; 11.43% to radiotherapy + chemotherapy + surgery; and 22,86% to patients who are just doing the disease control, as shown the chart 03 below.

Chart 03: distribution by type of treatment



The average age of the participants consisted of 56,28 ± 1,47 years; in the replies concerning to question 28 of the European Organization for Research and Treatment of Cancer Questionnaire of Quality of Life (EORTC QLQ-C-30), that describes the level of financial difficulties, after diagnosis of the disease, the average consisted of 2,83 ± 0,24 scores, as shown in table 01 below.

Table 01: Descriptive results of age and financial difficulties (Fin D).

	Age	Fin D
Average	56,28	2,83
Median	56	4
Standard error	1,47	0,24
Standard deviation	8,68	1,40
Minimum	40	1
Maximum	70	4
Amplitude	30	3

Female cancer patients mostly require more care than male patients. In some cases, they become until dependent of the other (MAINIO et al., 2006). .After surgery, there is an increase in the values related to the effort and fatigue of these women. This is due because of the weakening of physical function and global health (JURDANA, 2008 and 2009).

More frequent symptoms are fatigue, insomnia, pain and nausea (CAMARGOS et al., 2005). The manifestation of fatigue is also about the psychological and physical factors, and because it is the most common symptom, it is the one that causes the greatest inability in patient (LÖVGREN, 2007).

Some reports have revealed that the neglecting exists, both by the partners, such as relatives and friends. This makes to the patient, that is unable to work, an uncomfortable financial situation, and sometimes they have to change their standard of living. Therefore, it is characterized social-economic impact of cancer in the life of female patients after the diagnosis of the disease.

CONCLUSION:

Filling out the questionnaire (question 28 of EORTC QLQ-C-30), about financial difficulties (Fin D) shows that 57,14% of patients interviewed suffered a major social-economic impact after the diagnosis of cancer, selecting the option "so much – score 4"; 2,86% believed that the impact was "moderate – score 3"; 5,71% reported that have affected a little the social-economic conditions (less-score 2); and only 34,29% scored the answer "no – score 1" , affirming standing their previous standard of living before the disease.

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SOCIAL- ECONOMIC IMPACT OF CANCER IN FEMALE PATIENTS' LIFE, AFTER DIAGNOSIS OF THE DISEASE

ABSTRACT

The survey has as objective to evaluate the social - economic impacts of cancer in life of female patients, after the diagnosis of the disease. It was realized in the form of interview. The sample was consisted by 35 patients enrolled and serviced by AVAO- Voluntary Association to support the Oncology, of the town of Belém-PA, females, with average age of 56,28 (± 8,68) years, diagnosed with the following types of cancer: breast, 45.7% (16 patients); cervix, 37,14% (13 patients); skin, 2.86% (1 patient); palate, 2.86% (1 patient), paródita, 2.86% (1 patient), abdomen, 2.86% (1 patient), Naso-pharynx, 2.86% (1 patient) and cervix + breast, 2.86% (1 patient). To conduct the research, it was used the question number 28 from the European Organization for Research and Treatment of Cancer Questionnaire of Quality of life (EORTC QLQ-c-30), that consists of the following question: "your physical condition or medical treatment have brought you financial difficulties?". This issue has four possible answers, a Likert scale type, of 4 scores (i.e. no- score 1, less- score 2, moderate- score 3, so much- score 4). Then, it was requested, from the interviewed, a more detailed explanation about its social - economic situation after diagnosis of cancer and its treatment. More than a half of patients interviewed scored the option “so much – score 4", totaling 57,14%; 2.86% considered the impact “moderate –score 3"; 5,71% reported that it had affected a little their social - economic conditions (less – score 2); and only 34,29% scored the answer "no- score 1", claiming to have been able to maintain the standard of living before the disease.

KEY-WORDS: cancer – social - economic impacts – AVAO.

L`IMPACT SOCIO-ÉCONOMIQUE DU CANCER DANS LA VIE DES PATIENTS, DU SEXE FÉMININ, APRÈS LE DIAGNOSTIC DE LA MALADIE

RÉSUMÉ

La recherche a eu l'objectif d'évaluer l'impact socio-économique du cancer dans la vie de patients, du sexe féminin, après le diagnostic de la maladie. Nous avons réalisé la recherche dans la forme d'entrevue. L'échantillon a été constitué par 35 patients, cadastrés et suivés par l´AVAO - Association Volontariat d'Aide à l'Oncologie, de la ville de Belém-PA, du sexe féminin, avec une moyenne d'âge de 56,28 (±8,68) ans, diagnostiqués avec les types de cancer suivants : le cancer des seins, 45.7 % (16 patients) ; du col de l'utérus, 37,14% (13 patients) ;peau, 2,86% (1 patient) ; palato 2.86% (1 patient), parotide 2,86% (1 patient), abdomen 2,86% (1 patient), rhinopharyngite 2,86% (1 patient) et col de l' uterus plus sein 2,86% (1 patient). Pour réaliser la recherche, la question de nombre 28 du questionnaire de qualité de vie de l'organisation européenne de la recherche et du traitement de cancer (EORTC-QLQ-C30) a eté utiliseé , qui consiste à la question suivante: « La condition physique des pacients ou leur traitement médical les a apporté difficultés financières? ». Cette question possède quatre réponses possibles, type Likert, de 4 points (c'est-à-dire : non - 1 point, peu - 2 points, modéré - 3 points, beaucoup - 4 points). Ensuite, nous avons demandé au pacient, une explication plus détaillée sur leur situation socio-économique après le diagnostic du cancer et de son traitement. Plus de la moitié des patientes intrevué ont marqué l'option « beaucoup - 4 », en totalisant 57.14% ; 2,86% ont considéré un impact « modéré - 3 » ; 5,71% ont dit d'avoir touché « un peu - 2 » leurs conditions socio-économique ; et seulement 34,29% a marqué la réponse « non - 1 », en affirmant d'avoir réussi à maintenir la conditions de vie précédente à la maladie.

MOTS CLÉ : cancer - impact socio-économique - AVAO.

IMPACTO SÓCIO-ECONÓMICO DEL CÁNCER EN LA VIDA DE PACIENTES, DEL SEXO FEMENINO, DESPUÉS DE LA DIAGNOSIS DE LA ENFERMEDAD

RESUMEN

La investigación tenía para el objetivo evalúe el impacto socio-económico del cáncer en la vida de pacientes, del sexo femenino, después de la diagnosis de la enfermedad. Fue llevado en la forma de entrevista. La muestra fue constituida por 35 pacientes, colocados en catastro y cuidado tomado de la AVAO - Asociación Voluntariado del Apoyo a Oncología, de la ciudad de Belém-PA, del sexo femenino, con el promedio de la edad de 56,28 años (±8,68), con diagnóstico de los siguientes tipos de cáncer: seno, 45.7% (16 pacientes); columna del útero, 37.14% (13 pacientes); piel, 2.86% (1 paciente); palato 2.86% (1 paciente), parodita 2.86% (1 paciente), abdomen 2.86% (1 paciente), rinofaringe 2.86% (1 paciente) y columna del útero + seno 2.86% (1 paciente). Para llevar con la investigación, fue usada la cuestión del número 28 del cuestionario de la calidad de la vida de la organización europea para la investigación y del tratamiento del Cáncer (EORTC-QLQ-C30), que consiste en la siguiente pregunta: “su condición física o el tratamiento médico le ha traído dificultades financieras?”. Esta pregunta tiene cuatro respuestas posibles, tipo Likert, de 4 puntos (que son: no - 1 punto, poco - 2 puntos, moderado - 3 puntos, mucho - 4 puntos). Después de eso, le solicitaron, al entrevistado, una explicación más detallada sobre su situación socio-económica después de la diagnosis del cáncer y a su tratamiento. Más que la mitad de los pacientes entrevistados habían marcado la opción “muy - 4”, totalizando 57.14%; 2.86% han tenido considerado lo impacto “moderado – 3”; 5.71% han dicho tener afectado “poco – 2” sus condiciones socio-económicas; e solamente 34.29% habían marcado la contestación “no - 1”, afirmando haber obtenido guardar el estándar anterior a la enfermedad.

PALABRA-LLAVE: cáncer - impacto socio-económico - AVAO.

IMPACTO SÓCIO-ECONÔMICO DO CÂNCER NA VIDA DE PACIENTES, DO SEXO FEMININO, APÓS O DIAGNÓSTICO DA DOENÇA

RESUMO

A pesquisa teve por objetivo avaliar o impacto sócio-econômico do câncer na vida de pacientes, do sexo feminino, após o diagnóstico da doença. Foi realizada na forma de entrevista. A amostra foi constituída por 35 pacientes, cadastrados e atendidos pela AVAO - Associação Voluntariado de Apoio à Oncologia, da cidade de Belém-PA, do sexo feminino, com média de idade de 56,28 (±8,68) anos, diagnosticados com os seguintes tipos de câncer: mama, 45,7 % (16 pacientes); colo do útero, 37,14% (13 pacientes); pele, 2,86% (1 paciente); palato 2,86% (1 paciente), paródita 2,86% (1 paciente), abdômen 2,86% (1 paciente), rinofaringe 2,86% (1 paciente) e colo do útero+mama 2,86% (1 paciente). Para realizar a investigação, utilizou-se a questão de número 28 do Questionário de Qualidade de Vida da Organização Européia para Pesquisa e Tratamento do Câncer (EORTC-QLQ-C30), que consiste na seguinte pergunta: “a sua condição física ou o tratamento médico tem lhe trazido dificuldades financeiras?”. Esta questão possui quatro respostas possíveis, tipo Likert, de 4 pontos (ou seja: não - 1 ponto, pouco - 2 pontos, moderado - 3 pontos, muito - 4 pontos). Em seguida, foi solicitada, ao entrevistado, uma explicação mais detalhada sobre sua situação sócio-econômica após o diagnóstico do câncer e de seu tratamento. Mais da metade das pacientes entrevistadas marcaram a opção “muito – 4 pontos”, totalizando 57,14%; 2,86% consideraram o impacto “moderado – 3 pontos”; 5,71% relataram ter afetado “um pouco – 2 pontos” suas condições sócio-econômicas; e apenas 34,29% marcaram a resposta “não – 1 ponto”, afirmando ter conseguido manter o padrão de vida anterior à doença.

PALAVRAS-CHAVE: câncer – impacto sócio-econômico – AVAO.

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