105 - QUALITY OF LIFE IN PATIENTS WHO UNDERWENT CHEMOTHERAPY

JULIANA GUZZI MACHADO
ELIZABETH APARECIDA DE SOUZA
MARISTELA SALETE MARASCHIN
NELSI SALETE TONINI
UNIPAR - Universidade Paranaense. Cascavel-PR, Brasil.
julianadule@hotmail.com,

INTRODUCTION

The World Health Organization (the WHO) (2005) defines quality of life as a perception of the individual of his/her position in live, in terms of culture, value system in which he/she lives in relation to his/her goals, expectations, patterns and worries Fleck et al., (1999); Sales et al., (2001). Quality of life related with the health (QOLRH) and with the health subjective state are related concepts, centered in the subjective evaluation of the patient, specially related to the impact of health state about the capacity of the being to live fully.

Thereby, the worry about the quality of life concept refers to an inclination in the Human and Biology Science in an effort to value larger parameters than the systems control, the mortality decline or the life expectancy increase. Bullinger et all., (1993) consider that the term quality of life is wider and includes a higher potential variety of conditions that can affect the individual's perception, feelings and behaviors related with the daily activities, including but not limiting, his/her health condition.

Cancer became a public health problem, however, there's the early diagnosis and the physical, social and psychological rehabilitation means, that are fundamental aspects of the fight against this disease. When the cure is not possible, the relief of suffering becomes the aim of a multidisciplinary team intervention (GANZ, 1995; COSTA NETO; ARAÚJO; CURADO, 2000).

The increase in the cancer incidence associated with an unsatisfying cure rate determines, to the multidisciplinary team, double efforts in the comprehension of the necessity of inclusion of instruments to assess the quality of life in patients with neoplastic disease (DEITOS, 1997; DEITOS; GASPARY, 1997).

METHODOLOGY

It was a fieldwork, having as a research scenario UOPECCAN – União Oeste Paranaense de Estudos e Combate ao Câncer (West of Paraná State Union of Studies and Fight against Cancer, Cancer National Instutute, Campus IV).

The instrument for data collection was the EORTIC QCQ-C30, version 3.0, the individuals who participated in the study were 70 ambulatory patients from different age group in chemotherapy treatment in UOPECCAN, from different phases of the malignant neoplastic disease and in different cycles of chemotherapy drugs to be assessed by the viewpoint of their subjective perception of quality of life during their period of stay in the chemotherapy ambulatory to undergo the treatment. The questionnaire EORTC QLQ - C30, that assesses quality of life, permits the collection of data related to physical symptoms, daily habits, social interaction, concentration, memory, anxiety, depression, general health evaluation among others.

The data collection was done after the UNIPAR university Ethics Committee, considering the Resolution 196/96 that establishes the guidelines and regulatory standards of researches involving human beings (BRAZIL, 1996), which was approved by the Legal Opinion n. 288.048/2013. To analyze the results, the questionnaire was devided into four (4) dimensions, and the subjects were identified with the letters A to D and it was used the qui square table of double entry data. “P” values were obtained from the chi squared distribution.

RESULTS AND DISCUSSION

The sample consisted of 70 patients whose average age was 51, however, the results of the standard deviation resulted in 17 years, but, 25% of these individuals are 45 years old and 75%, 65 years old, considering the youngest age of the sample 3 years old and the oldest 79 years old. According to Makluf; Dias; Barra (2006), the quality of life can vary according to age, civil status and schooling, and justifies that the youngsters have more adaptation difficulties to the chemotherapy treatment.

It was observed by the statistic study related to the necessity of help for getting dressed and eating that 78,57% answered no; 14,29% answered a little; 7,14% answered having much necessity of help and 0% answered having a lot of difficulty, these results were found from 0 to 40 years old. Between the ages 41 and 80, 87,5% didn't have necessities of help to get dressed or to eat; 5,38% answered a little; 7,14% answered having much necessity and 0% answered having a lot necessity ($p = 0,508$).

The data show us that in relation to physical efforts the rates indicated no compromising in the physical activities during the ambulatorial chemotherapy, in both age groups. Even though some variations were found in the evaluated study, these changes can be due to the period when the fatigue was measured. Under the same perspective Franzi; Silva (2003) conduced studies that permitted the analysis in the physical health matter where the same results from the present research were found.

But Ishikawa; Derchain; Thuler (2005) mention that the chemotherapy influences in the thyroid function, contributing to the fatigue and, consequently, decreases the physical activity. Therefore, the fatigue complicates activities such as taking shower, getting dressed, working, gaining weight, interacting with others, that is to say, having pleasure for life. And, above all, the fatigue interferes significantly in the quality of life of cancer patients, requiring, many times, pharmacological interventions like antidepressants and non pharmacological ones, e.g. physical exercises, day resting, proper nutrition.

In relation to physiological changes concerning the patients who had difficulties to sleep due to the chemotherapy treatment, comparing to the groups devided according to age, from 0 to 40 years old, 64,28% didn't have sleepy changes; 14,29% had a little difficulty to sleep; 7,14% had much difficult and 14,29% answered having a lot of difficulty during the chemotherapy period. Among the patients from the age group 41 – 80 years old, 50% answered not having sleepy changes; 25% answered a little; 14,30% answered much and 10,70% had a lot of sleep disturbance ($p = 0667$).

Taking into consideration the number of patients from the survey aged 0 to 40 and 41 to 80, the sleep disturbance is more significant in the elderly group. A study conducted by Sawada; Nicolussi (2009), 10% of the sample showed physiological changes such as weakness, pain, difficulty to sleep, giving that these symptoms were more meaning in the age group over 40 years old, which goes with the sample explored in this research, since it shows that the quality of life in the age group over 41 was compromised.

In this sense, the evaluation of the patients who underwent chemotherapy, in relation to physiological changes we found that in the issue of sleep disturbance 25% of the older participants presented difficulties.

According information from INCA (2013), the antineoplastic chemotherapy medicines are immunosuppressive drugs whose therapeutic success and an admissible noxiousness are separated by a fine line. So, these drugs act interfering in the vital cellular biochemistry functions, enabling malfunction of the sleep patterns.

The evaluation of the emotional state in relation to nervous tension due to the chemotherapy treatment, 21,43% answered not having emotional changes; 42,86% answered a little; 21,43% answered much and 14,28% answered having a lot of emotional change, data found in the 0-40 age group. Among the 41-80 years old group, 32,14% didn't have emotional disturbance; 21,43% had little emotional change; 28,57% answered much and 17,86% had a lot of emotional disturbance (p = 0,436).

We highlight that in this matter both age groups showed important values in relation to nervous tension, which indicates that these data show interference in the quality of life of these people during the chemotherapy period.

According to Camon-Angerami (2002) with the advances in medicine, public opinion variations and changes in the psychological intervention topics have leaded to the appearance of the interface area called psyco-oncology in the last 20 years. These factors were decisive in the search of studies about cancer psychological dimensions, these are: the impact of cancer in the patient's psychological function, in his/her family and in the healthcare professionals as well as the role that pshychological and behavioral variables can have in the risk of cancer and in its overcoming.

Considering that most individuals don't get own resources to minimize psychic suffering caused by the disease is that Camon-Angerami et al., (2002) enhance the importance of a psychologist activity in hospitals, specially for cancer patients, and highlight that preventive psychology aims the improvement of the patients and family new adaptations, and aims mainly to reach the recognition of the stimulus related to the problems caused by the disease.

In the overall classification the global quality of life of patients who underwent chemotherapy 0% answered terrible and 42,85% answered great, this evaluation was permitted between the 0 and 40 years old group, 1,79% answered terrible and 41,07% answered great in the 41- 80 age group, the other individuals answered regular, it was obtained, then, high rate of quality of live (p = 0,965).

It's on this basis that Camon-Angerami (2002) stresses the knowledge advances of the disease's causes, of the radiotherapy, of the chemotherapy, of the hormone therapy, surgical improvement and other medicine advances to fight against cancer, as well as the progress of the psychiatry and psychology in terms of helping the psychosocial disturbances, this has significantly changed the cancer scenario and, overall, the quality of life of the patients who underwent treatments against the disease. These facts can be the answer to the results found in this study.

CONCLUSION

Considering that the quality of life, in terms of health, has a larger comprehension than just descriptions related to the patient, it's meant that in this study it's the reflection of the way how the individual sees and reacts to his/her health condition in the environment where he/she is living during the chemotherapy treatment. Thus, the individual's subjectivity reflects the definition of quality of life, in other words, it was relieved by the patient him/herself, being formed by three dimensions: physical, psychological and social, which was the assessment proposal of this study.

Thereby it was seen that in terms of physical efforts the rates weren't so significant to be able to interfere in the quality of life. About the physiological changes, there were significant statistic changes, i.e. referring to difficulty to sleep the rates are present between the age group of 41 and 80, that is to say more typical in elders, substantial data to define that there were changes in quality of life.

By evaluating the questions involving psychosocial changes, the data were significant in terms of nervous tension in both age groups. Through the above discussion it's seen altogether that the high incidence of collateral effects produced by chemotherapy drugs over the patients that underwent treatment. These changes are present in social, physiological and physical health scopes.

Yet, the set of results that was shown permitted visualize through the statistic data that the drugs used in the chemotherapy treatment by the studied sample, in an overview, didn't impact negatively in the individuals' health so as to decay their quality of life, although some functions resulted more damaged. However, it's considered as restriction of this study the small number of individuals, the period that the quality of life was measured as well as drugs used, so this must be cautiously interpreted and not be admitted to the whole population.

REFERENCES

BRASIL. Guidelines and Standards for Research Involving Humans. Resolution 196/96. Available em < http://www.ufrgs.br/bioetica/res19696.htm>. Acesso em 20 de set. de 2013.

BULLINGER, M; ANDERSON, R; CELLA, D; AARONSON, N. Developing and evaluating cross-cultural instruments from minimum requirements to optimal models. Qual Life Res, v. 2, n.6, p. 451-9, 1993.

CAMON-ANGERAMI, A. V; (org). Emergency Psychological Hospital.1° ed. São Paulo: Pioneira Thonson Learning, 2002.

CAMON-ANGERAMI, A. V; (org). Psychology of Health. 1° ed. São Paulo: Pioneira Thonson Learning, 2002.

FRANZIM, S. A; SILVA, P. G. Assessment of quality of life in patients undergoing outpatient chemotherapy at the Hospital of Heliopolis. Brazilian Journal of Oncology, v.49 n.3, p.153-158, 2003.

FLECK, M. P. A; LEAL OF, L. S; XAVIER, M; CHACHAMOVICH, E; VIEIRA, G. et al. Development of the Portuguese version of the instrument for assessing quality of life of the WHO (WHOQOL-100). Brazilian Journal of Psychiatry, v. 21, n.1, p. 19-28, 1999.

GANZ, P.A. Impact of quality of life outcomes on clinical practice. Oncology Huntingt, v.11, p. 61-5, 1995.

INSTITUTO NACIONAL DO CANCER. Basis of Treatment: nursing care. CAP. 7: Brazil, 2013. Available in: www.inca.gov.br/enfermagem.

ISHIKAWAVA, N. M; DERCHAIN, S. F. M; THULER, L. C. S. Fatigue in patients with breast cancer treated adjunvante. Brazilian Journal of Oncology, v.51, n.4, p. 313-318, 2005.

MAKLUF, A. S. D; DIAS, R. C; BARRA, A. A. de. Assessment of quality of life in women with breast cancer. Brazilian Journal of Oncology, v.52, n.1, p. 49-58, 2006.

WHO. World Health Organization [homepage on the Internet]. Porto Alegre: UFRGS, c1998-2004 [cited September 9, 2005]. Division of Mental Health WHOQOL group. Available in:http:/www.ufrgs.br/psiq/Whoqol.

SAWADA, N.O; NICOLUSSI, A. C. Quality of life in patients with colorectal cancer adjuvant therapy. Acta Paul,

Nursing, São Paulo, v. 22, n. 2, 2009.

SALES, C. A; PAIVA, L; SCANDIUZZI, D; ANJOS, A. C. Quality of life of women treated for breast cancer: social functioning. Brazilian Journal of Oncology, v.47, n.3, p.263-72, 2001.

QUALITY OF LIFE IN PATIENTS WHO UNDERWENT CHEMOTHERAPY

ABSTRACT

It was a fieldwork aiming to evaluate rates of quality of life in patients that underwent chemotherapy. The research was conducted in UOPECCAN – West of Paraná State Union of Studies and Fight against Cancer, in Cascavel city. The instrument used for data collection was the questionnaire EORTIC QCQ-C30 version 3.0, answered by 70 ambulatory patients under chemotherapeutic treatment, from different phases of the malignant neoplasm disease, in different cycles of chemotherapeutic drugs to be assessed by the viewpoint of their subjunctive perception of quality of life during the ambulatory stay for treatment. The individuals were evaluated in the physical health, physiological and psychosocial fields. The results showing quality of life implications are highlighted. In relation to physiologic changes it was found that 42,85% of the youngsters had limitations for leasure activities; in terms of pain, the youngsters had a representation of 35,71%, while in the elders it was 23,21%; in sleep disturbance matter 25% of the elderly patients showed difficulties. It is pointed that psychosocial changes in both age groups showed relevant values in relation to nervous tension, what indicates that this information presents interference in quality of life, considering that in the 41-80 years old group the patients had a negative compromising in the significant statistically family context. Through the data obtained it's seen that altogether there is high incidence of the collateral effects that the chemotherapeutic drugs produce over the patient's health who undergo treatment. However, the set of results shown permitted to visualize that in the chemotherapeutic treatment period from the studied sample, in a general view, there wasn't negative impact in the individuals' health capable of decaying the quality of life.

KEY WORDS: Chemotherapy; Quality of Life, EORTC QLQ-C30.

QUALITÉ DE VIE CHEZ LES PATIENTS SUBI À UNE CHIMIOTHERAPIE

RÉSUMÉ

Il s'agit d'une étude sur le terrain afin d'évaluer les niveaux de qualité de vie des patients sous chimiothérapie . La recherche a été à l' UOPECCAN – Union Ouest Paranaense des Études et de Combat du Cancer , situé à Cascavel - PR . L'instrument de collecte de données a été le questionnaire EORTIC QCQ - C30 version 3.0, avec un total de 70 patients subi à chimiothérapie ambulatoire , à différents stades de la maladie néoplasique maligne, dans différents cycles de médicaments de chimiothérapie pour être évalué du point de vue de leur perception qualité subjective de la qualité de vie pendant leur séjour à la clinique. Les individus ont été évalués en vertu physique, physiologique et psychologique. On remarque les résultats par rapport à la qualité de vie . En ce qui concerne les changements physiologiques , les études ont constaté que 42,85% des plus jeunes ont eu des limitations dans les activités de loisirs , en ce qui concerne la présentation de la douleur les plus jeunes ont eu une représentation de 35,71% , tandis que les plus âgés 23,21% , en question difficulté à dormir 25% des participants plus âgés ont eu des difficultés . Nous soulignons à ce qui concerne les changements psychosociaux que les deux groupes ont présenté des valeurs significatives par rapport à la tension nerveuse, ce qui montre que ces données indiquent interférence avec la qualité de vie , et dans le groupe d'âge entre 41 et 80 ans , les patients ont eu des rélations négatives au sein de la famille, statistiquement significatives. Grâce aux données obtenues , il est clair qu'en générales il y a des incidences élevées des effets secondaires indésirables que les médicaments de chimiothérapie ont sur la santé des patients subi à des traitements . Mais les résultats présentés permettent de visualiser ce que la période de traitement de chimiothérapie par l'échantillon exploité , sous le point de vue généraliste il n'y a pas eu d' impact négatif sur la santé des individus au point de baisse de la qualité de vie.

CALIDAD DE VIDA EN PACIENTES SOMETIDOS A LA QUIMIOTERAPIA

RESUMEN

Se realizó un estudio de campo con el fin de evaluar los niveles de calidad de vida de los pacientes sometidos a quimioterapia. La investigación estaba en UOPECCAN - Estudios Unión del oeste Paranaense y lucha contra el cáncer, que se encuentra en Cascavel - PR . El instrumento para la coleta de datos fue el cuestionario EORTIC QCQ - C30 versión 3.0, con un total de 70 pacientes sometidos a quimioterapia ambulatoria, en varias etapas de la enfermedad neoplásica maligna, en diferentes ciclos de los medicamentos de quimioterapia para ser evaluados desde el punto de vista de la percepción subjetiva de la calidad de vida durante su estadía en el ambulatorio. Los sujetos fueron evaluados bajo el ámbito de salud físicas, fisiológicas y psicosociales. Destacase los resultados con comprometimiento de la calidad de vida. Respecto a los cambios fisiológicos encontramos que 42,85 % de los más jóvenes tenían limitaciones en las actividades de ocio , en relación con la presentación de dolor, los más jóvenes tenían una representación del 35,71 %, mientras que en los mayores 23,21%, en la pregunta dificultad para dormir el 25% de los participantes de mayor edad tenía dificultad. Destacamos los cambios psicosociales ambos los grupos de edad muestran valores significativos en relación a la tensión nerviosa, lo que demuestra que estos datos indican la interferencia en la calidad de vida , en el grupo de edad entre 41 y 80 años , los pacientes tuvieron un comprometimiento negativo dentro del contexto familiar estadísticamente significativo . Por medio de los datos obtenidos se puede ver la incidencia de efectos secundarios que los fármacos de quimioterapia producen en la salud de los pacientes sometidos a tratamientos. Sin embargo, los resultados presentados permiten visualizar que en el período de tratamiento de quimioterapia por la muestra explotada, en óptica generalista no tuvo ningún impacto negativo en la salud de las personas al punto de deterioro de la calidad de vida.

QUALIDADE DE VIDA EM PACIENTES SUBMETIDOS À QUIMIOTERAPIA

RESUMO

Tratou-se de uma pesquisa de campo, com o objetivo de avaliar os índices de qualidade de vida dos pacientes submetidos à quimioterapia. A pesquisa foi na UOPECCAN – União Oeste Paranaense de Estudos e Combate ao Câncer, localizada no município de Cascavel – PR. O instrumento para coleta de dados foi o questionário EORTIC QCQ-C30 versão 3.0, com total de 70 pacientes em tratamento quimioterápico ambulatorial, em vários estágios da doença neoplásica maligna, em diferentes ciclos de drogas quimioterápicas para serem avaliados pelo ponto de vista de sua percepção subjetiva da qualidade de vida durante a permanência no ambulatório. Os sujeitos foram avaliadas em âmbito saúde física, fisiológicas e psicossociais. Destacam-se os resultados com comprometimento na qualidade de vida. Em relação às alterações fisiológicas encontramos que 42,85% dos mais jovens tiveram limitações nas atividades de lazer; em relação à apresentação de dor os mais jovens tiveram uma representação de 35,71%, enquanto que nos mais velhos 23,21%; no quesito dificuldade de dormir 25% dos participantes mais velhos apresentaram dificuldade. Destacamos nas alterações psicossociais ambas as faixas etárias

apresentam valores significativos em relação à tensão nervosa, o que demonstra que esses dados indicam interferência na qualidade de vida, sendo que na faixa etária entre 41 a 80 anos, os pacientes tiveram um comprometimento negativo no contexto familiar estatisticamente significante. Por meio dos dados obtidos percebe-se que de modo geral a incidências elevadas dos efeitos colaterais que as drogas quimioterápicas produzem sobre a saúde dos pacientes submetidos aos tratamentos. Porém o conjunto de resultados apresentados permitiu visualizar que no período de tratamento quimioterápico pela amostra explorada, em ótica generalista não houve impacto negativo na saúde dos indivíduos ao ponto de decair a qualidade de vida.

PALAVRAS- CHAVE: Quimioterapia; Qualidade de Vida; EORTC QLQ-C30.