



The prevalence and correlates of symptom distress and quality of life in Chinese oesophageal cancer patients undergoing chemotherapy after radical oesophagectomy



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A B S T R A C T

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Purpose: The current study was designed to describe the symptom distress and quality of life (QoL) in Chinese oesophageal cancer patients undergoing chemotherapy after radical oesophagectomy and to identify the factors that influenced symptom distress and the relationship between symptom distress and QoL.

Methods: The sample consisted of 102 oesophageal cancer patients undergoing chemotherapy after radical oesophagectomy. The patients completed the Chinese versions of the M.D. Anderson Symptom Inventory (MDASI, an instrument that measures symptom distress), the Hospital Anxiety and Depression Scale (HADS), the Medical Coping Modes Questionnaire (MCMQ) and the Functional Assessment of Cancer Treatment-General (FACT-G, an instrument that measures QoL).

Results: The symptoms and symptom interference scores of the patients in the current research were 3.62 (SD 1.66) and 2.94 (SD 1.76), respectively. Occupation after illness, anxiety, types of surgery, whether chemotherapy was on schedule and confrontation coping strategies were factors that influenced symptom distress. There was a negative relationship between symptom distress and QoL scores.

Conclusion: Oesophageal cancer patients receiving chemotherapy suffer many limitations due to symptom distress and disruptions in their QoL. Oesophageal cancer patients should be assessed regularly and should be supported on an ongoing basis.

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Introduction

Oesophageal cancer is a major global public health problem. This disease affects nearly 480,000 individuals, resulting in 410,000 deaths worldwide every year (Jemal et al., 2011). China is one of the areas most seriously affected by oesophageal cancer. The incidence of oesophageal cancer is increasing rapidly in China, with 287,632 cases and 208,473 deaths reported in 2010. Oesophageal cancer is the 5th most common cancer and the 4th most common cause of death from cancer in China (Chen et al., 2011). The incidence rates of male and female patients with oesophageal cancer are 23.38/

100,000 and 14.03/100,000, respectively, with mortality rates of 22.12 and 9.29 per 100,000, respectively (Chen et al., 2014). The relative social burden is continually increasing.

The most common treatment choice for oesophageal cancer is surgery, which can be followed by adjuvant chemotherapy or radiotherapy for certain patients in more invasive oesophageal cancer stages II, III and IV (corresponding to Duke's classification B, invading the deep muscle and serosa; C, lymph node metastasis; and D, distant metastasis), which aims to destroy possible residual tumour cells (Suntharalingam, 2007). However, patients often suffer multiple prolonged symptoms such as reflux, dyspnoea, nausea, vomiting pain and weight loss after accepting oesophagectomy (Zhang et al., 2013). But the study about symptom distress of oesophageal cancer patients caused by chemotherapy following surgery is relatively few.

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Surgery and subsequent adjuvant chemotherapy can affect patients physically, emotionally, and socially and can increase their levels of disease-related and treatment-related symptom distress has also been confirmed in other cancer patients (Cleeland et al., 2000). Multiple studies have documented the broad range of serious physical and psychological symptoms associated with cancer and the adverse effects of the cytotoxic medications used in chemotherapy regimens (Farrell et al., 2013; Syvak et al., 2012). Lack of appetite, weight loss, oesophageal reflux, fatigue, pain, dry mouth, mucositis, dyspnoea, diarrhoea, anorexia, insomnia, nausea, vomiting, depression and anxiety are common symptoms experienced by lung, nasopharyngeal, colorectal, gynaecologic and gastric cancer patients who undergo chemotherapy (Prigozin et al., 2010; Syvak et al., 2012). These symptoms, which refer to the individual's subjective feelings and experiences regarding their abnormal body functions in the disease state (Rhodes and Watson, 1987), can in turn significantly increase the patient's distress (Farrell et al., 2013). Symptom distress refers to the level of physical or emotional discomfort experienced by the patient as the result of a particular symptom (McCorkle and Young, 1978), which can reduce the quality of life (QoL), often leading patients to delay seeking treatment or, later in the course of their disease, to terminate treatment early and indeed to reduce the length of their survival (Farrell et al., 2013; Omran et al., 2012; Syvak et al., 2012). Therefore, increasing attention has been paid to symptom distress and to the promotion of symptom self-management in the hopes of reducing symptom-related negative consequences among individuals with cancer (Landers et al., 2011). Reduction in symptom distress is becoming an important indicator of successful cancer management (Rhodes and Watson, 1987). To control symptoms and symptom distress successfully, it is necessary to understand cancer patients' levels and characteristics of symptom distress and the factors that can increase or decrease symptom distress (Zhang et al., 2014a,b).

The Middle-Range Nursing Theory of Unpleasant Symptoms (Lenz et al., 1997) was adopted as the theoretical grounds for this study. There are three main contents in this theory, they are symptom distress, the related factors of the symptom distress and the outcome of the symptom. The main factors that influencing symptom distress include physiologic factors, psychologic factors and situational factors (Lenz et al., 1997). And there were some scholars confirmed the similar results (Graça Pereira et al., 2012; Omran et al., 2012). Graça Pereira and Omran have reported that symptom distress is influenced by one's state of mind (anxiety and depression), coping strategies and demographic and disease-related characteristics in gynaecologic and gastric cancer patients and so on (Graça Pereira et al., 2012; Omran et al., 2012). Depression and anxiety were significantly positively correlated with symptom distress (Kandasamy et al., 2011). In addition, according to the coping theory, one can reduce symptom distress when one adopts effective coping strategies, so patients' high level of symptom distress has positive relationship with their invalid coping strategies (Lazarus and Folkman, 1984). Other scholars found that female patients and those with higher education levels, low income levels, later stages of disease, longer courses of disease and worse performance statuses experienced greater symptom distress, which was observed in lung cancer and CRC patients (Akin et al., 2010; Zhang et al., 2014a,b). Further, one of the outcomes of symptom distress was that QoL was negatively affected by symptom distress.

To date, the increasing attention paid to symptom distress has been concentrated on colorectal, gynaecologic and gastric cancer patients. In contrast, research regarding symptom distress of patients with oesophageal cancer during treatment has remained limited. Rare studies about symptom distress and its related factors or the relationship between symptom distress and QoL in patients

with oesophageal cancer have been conducted in the larger Asian region or within mainland China. This study was designed to describe the levels and characteristics of symptom distress and the QoL of Chinese oesophageal cancer patients undergoing chemotherapy after radical oesophagectomy. Furthermore, we attempted to identify the factors that influenced symptom distress and to analysis the relationship between symptom distress and QoL. The results of this study could provide valuable information for designing interventions that could help to reduce symptom distress and improve the QoL of oesophageal cancer patients.

Materials and methods

Research design

Oesophageal cancer patients from four hospitals in China were consecutively recruited for a cross-sectional survey during the time when they were undergoing chemotherapy after radical oesophagectomy. For this study, we recruited a convenience sample from the four hospitals and consecutively approached all oesophageal cancer patients who met the inclusion criteria. The Middle-Range Nursing Theory of Unpleasant Symptoms (Lenz et al., 1997) guided the study design and our study contained three aspects: symptom distress, the influencing factors of the symptom distress and QoL (the outcome of the symptom).

Sampling

The inclusion criteria were patients who (1) had received a diagnosis of oesophageal cancer within the last 8 months, (2) had undergone radical oesophagectomy and at least one course of chemotherapy after radical oesophagectomy, (3) were at least 18 years of age, (4) had the ability to understand and communicate in Chinese, and (5) understood that they had cancer. The exclusion criteria were (1) diagnoses of other cancers, (2) recurrence of oesophageal cancer, (3) metastasis, and (4) being under current treatment by mental health professionals for any psychiatric disorder or cognitive impairment. The sample size was calculated using the following formula: $n = 1.96^2 \times p \times (1 - p) / d^2$, where $p = 16/100,000$, represented the most recent (2007–2012) 5-year average prevalence of oesophageal cancer in China per year, which was based on 217,715 oesophageal cancer cases per the 1,360,720,000 total population of China at that time (Chen et al., 2011); $d = 0.0025$ was the acceptable margin of error. The calculated sample size was 98. One hundred and six consecutive oesophageal cancer patients were screened to ensure that the sample size would be sufficiently large (>98) when some of the patients had to be excluded. Of the 106 patients screened, 4 patients were excluded, including one patient who decided not to participate without providing any reason. The other three patients were not interested. Finally, the remaining 102 patients were included in the study.

Research procedure

This study was conducted consecutively between September 2011 and May 2012 in the departments of oncology at four hospitals in Guangzhou, China: the Cancer Center, Sun Yat-sen Memorial Hospital, the Third Affiliated Hospital of Sun Yat-sen University and the Cancer Center of Guangzhou Medical University. All four hospitals provide similar standard inpatient and outpatient treatment and care for patients with cancer. This study was approved by the ethics committees of the universities and hospitals in which the study was conducted. Forty-nine (48.0%) of the recruited patients, almost half, were from the Sun Yat-sen University Cancer Center.

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