



Contents lists available at ScienceDirect

## Journal of Geriatric Oncology



## Systematic review of care needs for older patients treated with anticancer drugs☆

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## ARTICLE INFO

## Article history:

Received 22 June 2017

Received in revised form 5 November 2017

Accepted 23 February 2018

Available online xxxx

## Keywords:

Neoplasms

Quantitative study

Systematic review

Anticancer drugs

## ABSTRACT

**Objective:** When treated with anticancer therapies, a number of issues are raised for older patients such as physical needs (coping with symptoms and side-effects) or psychological needs. Geriatric tailored interventions addressing these needs may be effective in terms of improving quality of life of our patients.

**Methods:** A systematic review was performed in September 2017 in MEDLINE. All reports assessing older patients with cancer care needs in the context of anticancer systemic therapy were reviewed.

**Results:** A total of 357 articles were analyzed. From these, 35 studies were included in the analysis. Compared to younger patients, the elderly had less supportive care needs. While older patients asked for less information than their younger counterparts, they still requested information on diagnosis, seriousness of the disease, chances of cure, spread of the disease, recovery, courses of illness, possible consequences, treatment procedures, treatment options, possible side effects and how to deal with them, and what they could do in daily life. When taking into consideration the various needs as assessed by the “Supportive Care Needs Survey”, physical and daily living were the most frequently reported needs with emphasis on nutrition, coping with physical symptoms, dealing with side effects of treatment, and performing usual physical tasks and activities.

**Conclusion:** Information demand seemed moderate but a great deal of attention was paid to nutrition and well-being.

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## 1. Introduction

Ageing is the leading risk factor for many types of cancer and due to demographic data, the management of older patients with cancer has become a challenge [1]. Older patients often present with multiple, interacting psychosocial and physical problems which complicate their healthcare management [2]. The geriatric interventions that have shown to be the most beneficial for older patients, in terms of overall survival and quality of life, were those that utilized a comprehensive geriatric assessment [3,4]. However, in oncology, conflicting results were found concerning geriatric interventions [5–7]. To be effective, interventions should be multicomponent and tailored to patients' care needs [8,9].

Type of needs differ both at different stages of the cancer journey from diagnosis to treatment to survivorship or end-of-life phase as well as according to age and comorbidities [10,11]. Older patients may present cognitive deterioration, impaired functional status, psychological issues, altered social functioning, and comorbidities that may impact their specific needs [12,13]. Toxicities are more frequent in older patients with cancer and coping with side-effects may be more difficult which may mean they need greater support in this domain [14]. Polypharmacy is also common due to various comorbidities. This is a major issue as patients have to coordinate their medications with their supportive medications, which can be very different from one and another. For example, dosage forms (tablets, capsules ...) and schedules (every day, twice a day, medications taken with food or without, rest periods ...) can be different which make adherence to all the therapies prescribed hazardous. Furthermore, type of therapy prescribed may play a role in the needs experienced by patients. For example, the use of oral anticancer drugs is increasing in older patients due in part to the value of metronomic chemotherapy in older patients

☆ The abstract was presented as a poster at the International Society of Geriatric Oncology (SIOG) 2015 Annual Conference in Prague, Czech Republic on November 12–14.

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as a result of a combination of good tolerability and acceptable activity [15]. Yet, this route raises safety issues in older patients with functional (visual loss, loss of manual dexterity and swallowing disorders) and cognitive deficits. Other disadvantages include the fact that, staying at home, the patient receives less support from meeting fellow patients [15].

Yet, published literature on older patients' needs when treated with an anticancer therapy is scarce and older patients rarely express their needs in routine practice [12,13]. The objective of our systematic review was to identify older patients' needs when receiving an anticancer therapy.

## 2. Methods

### 2.1. Trials Selection

We defined a search strategy on MEDLINE via PubMed (<http://www.pubmed.gov>) to identify all reports assessing older patients with cancer needs in the context of anticancer systemic therapy (either intravenously or orally administered, either while on therapy or just before initiating this therapy) such as physical and daily living needs, psychological needs, health system and information needs, patient care and support needs, and sexuality needs. Two researchers performed the literature search in September 2017. Any disagreements in the selection process were resolved by consensus. Mesh Terms utilized included: "Consumer Health Information", "Needs Assessment", "Health Services Needs and Demand", "Patient Education as Topic", "Health Communication", "Anti-neoplastic agents", "Administration, Oral", "Neoplasms/therapy" and limits: "Patients aged over 65", "Aged, 80 And Over", "Humans", "English

language". We also used text words limited to the [Title/Abstract] section such as: "older", "elderly", "cancer" and "needs". The included trials were qualitative and quantitative studies dedicated to older patients or studies with subgroup analyses dedicated to older patients. Exclusion criteria included: reviews, case reports, evaluation of educational programs or information and decision aids, evaluation of decision-making needs, evaluation of patients' needs in the context of screening or clinical trials, evaluation of nurses or caregivers needs, situations when no specific systemic therapy was administered (survivors, end-of-life, radiotherapy, surgery), and studies not dedicated to cancer. Abstracts presented at conferences were not included in this systematic review.

### 2.2. Data Extraction

Two authors (OLS and CF) independently selected relevant articles. The collected variables included study design, type of cancers included, cancer stage, type of anticancer therapy (endocrine therapy, tyrosine kinase inhibitors, cytotoxic agent either intravenous or oral and immunotherapy), number of patients enrolled, age defining older patients, geriatric variables if applicable (polypharmacy, socio-economic status, functional status, comorbidities, cognitive status), tools used to identify needs, type of needs retrieved, level of needs, and predictors of unmet needs.

### 2.3. Definition of Supportive Care Needs

Supportive care focuses on patients' physical, functional, social, and psychological needs [27]. Assessment of patients' supportive care needs is important to identify where interventions are needed in

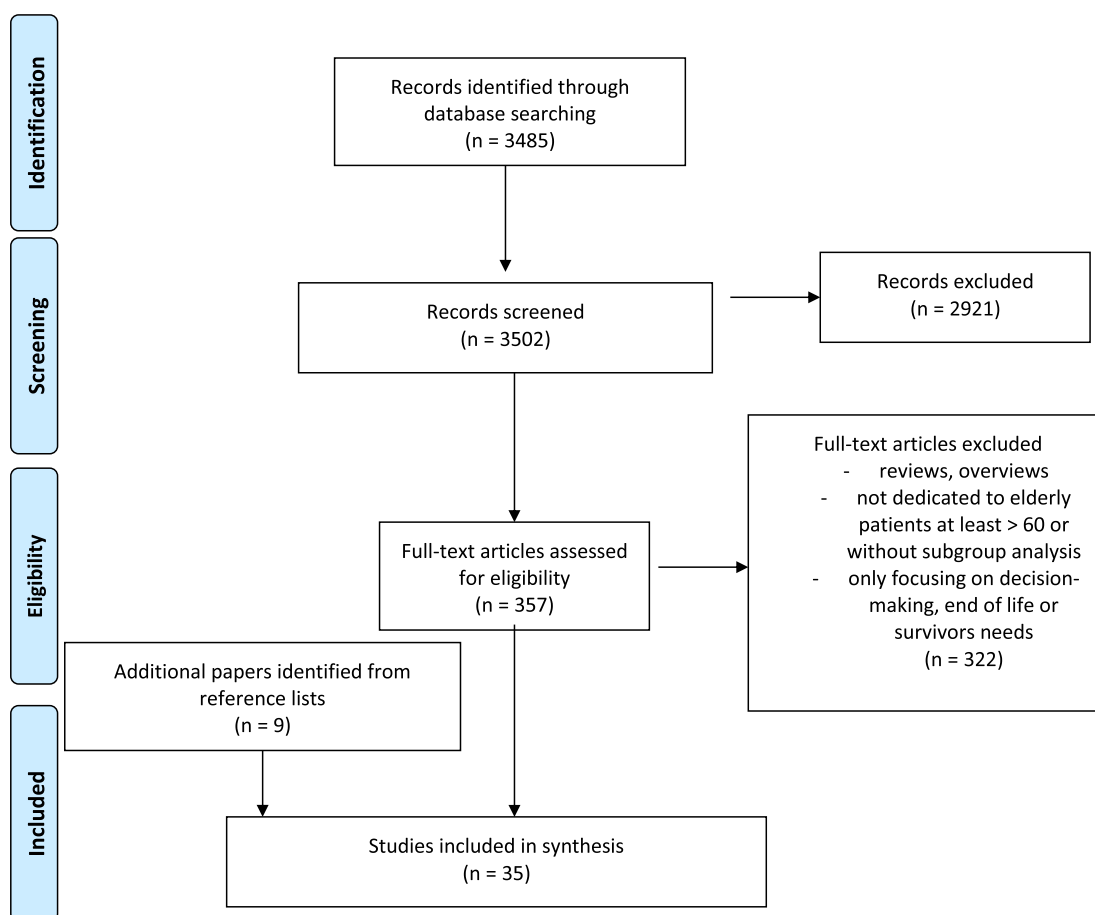


Fig. 1. Flow diagram of the systematic review.

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