

**Original Article**

# The Symptom Experience of Oncology Outpatients Has a Different Impact on Quality-of-Life Outcomes

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**Abstract**

*The aims of this replication study were to determine if subgroups of oncology outpatients receiving active treatment could be identified based on their experience with the symptoms of fatigue, sleep disturbance, depression, and pain; whether patients in these subgroups differed on selected demographic, disease, and treatment characteristics; and if patients in these subgroups differed on functional status and quality of life (QOL). A convenience sample of 228 oncology outpatients was recruited from seven outpatient settings in Israel. Patients completed a demographic questionnaire, a Karnofsky Performance Status score, the Multidimensional Quality of Life Scale—Cancer, the Lee Fatigue Scale, the General Sleep Disturbance Scale, the Center for Epidemiological Studies—Depression Scale, and a numeric rating scale of worst pain intensity. Cluster analysis was used to identify the patient subgroups based on their symptom experience. Four relatively distinct patient subgroups were identified based on their experiences with the above symptoms (i.e., low levels of all four symptoms (32.9%), low levels of pain and high levels of fatigue (18.0%), high levels of pain and moderate levels of fatigue (42.5%), and high levels of all four symptoms (6.6%). No differences were found among the four subgroups on any demographic, disease, or treatment characteristics. The subgroup of patients who reported high levels of all four symptoms reported the worst functional status and poorest QOL. In conclusion, differences*

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*in the symptom experience of oncology outpatients suggest that patients may harbor different phenotypic characteristics (e.g., environmental or physiologic) or genetic determinants for experiencing symptoms that are independent of demographic, disease, and treatment characteristics.* J Pain Symptom Manage 2008;35:162–170. © 2008 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

### **Key Words**

*Cluster analysis, depressive symptoms, fatigue, functional status, pain, quality of life, sleep disturbances, symptom clusters*

## **Introduction**

Pain, fatigue, and depression are complex affective, sensory, and cognitive phenomena.<sup>1</sup> All of these symptoms, as well as sleep disturbances, are common in oncology patients who are receiving cancer treatment.<sup>1–3</sup> In addition, recent studies suggest that these symptoms can co-occur in oncology patients.<sup>4–10</sup> Therefore, a need exists to evaluate the impact of multiple symptoms on patient outcomes. In a recent study that used cluster analysis, Miaskowski et al.<sup>11</sup> identified four subgroups of oncology outpatients based on their different experiences with pain, fatigue, sleep disturbance, and depression. Of note, the subgroup of patients who reported low levels of all four symptoms reported the best functional status and quality of life (QOL) compared to a subgroup with high levels of all four symptoms.

Miaskowski et al.<sup>11</sup> stated that because these findings were so novel they would need to be replicated before definitive conclusions could be made about these patient subgroups. Therefore, the primary purpose of the present study was to replicate and elaborate on these findings with a sample of oncology outpatients from a different geographic location. In this study, we used hierarchical cluster analysis to identify subgroups of oncology outpatients receiving active treatment for their cancer, based on their experience with the same four symptoms. Specifically, the aims of this study were: to determine if subgroups of oncology outpatients could be identified based on their ratings of the severity of fatigue, sleep disturbance, depression, and pain; to determine if patients in these subgroups differed on selected demographic, disease, and treatment characteristics; and to determine if the

patients in these subgroups differed on two important patient outcomes (i.e., functional status and QOL).

## **Patients and Methods**

### *Participants and Settings*

This descriptive, cross-sectional study used self-report questionnaires to obtain information from a convenience sample of oncology outpatients who were adults (>18 years of age); were able to read, write, and understand Hebrew; gave written informed consent; had a Karnofsky Performance Status (KPS) score of  $\geq 50$ ; and were receiving active treatment for their cancer. Patients were recruited from seven outpatient settings in Israel. The questionnaires, method for data collection, and statistical analysis procedures were identical to those used by Miaskowski et al.<sup>11</sup> and are abbreviated here.

A total of 228 patients had complete data on all of the study measures required for the cluster analysis. The study was approved by the Human Subjects Committee at each of the study sites.

### *Instruments*

The study instruments included the following:

1. Demographic Questionnaire that provided information on age, gender, marital status, educational background, and employment status. In addition, the patient's medical record was reviewed for disease and treatment information, which included diagnosis, current cancer treatments, and presence of metastatic disease.

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