



The Correlation of Traditional Chinese Medicine Deficiency Syndromes, Cancer Related Fatigue, and Quality of Life in Breast Cancer Patients

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Abstract

Background: To evaluate the correlation between the different traditional chinese medicine (TCM) deficiency syndromes, cancer related fatigue (CRF), and quality of life (QoL) in breast cancer patients.

Patients and methods: Ninety-five breast cancer patients were categorized into different qi (氣 qì), blood (血 xuè), yin (陰 yīn), and yang (陽 yáng) TCM deficiency syndrome groups (DSGs). We used the ICD-10 for diagnosing CRF. The QoL was assessed by the WHO-BREF and Short Form Health Survey (SF12) questionnaires. The major outcome was to compare the QoL scores between the different TCM DSGs. The second outcome was the intergroup analysis between the CRF and different TCM DSGs in breast cancer patients.

Results: The patients with qi deficiency (氣虛 qì xū) had a higher correlation with CRF ($p=0.001$) and poorer QoL both in the WHO-BREF and SF12 survey ($p<0.001$), whereas the patients with yin deficiency (陰虛 yīn xū) had poorer QoL in the psychological ($p=0.02$) and social aspects ($p=0.04$). The qi deficiency (氣虛 qì xū) syndrome was closely associated with yin deficiency syndrome (陰虛 yīn xū). ($p=0.03$).

Conclusion: Our study confirmed the concept of Qi-deficiency (氣虛 qì xū) in TCM was associated with CRF as identified in cancer care in western medicine. The breast cancer patients with qi deficiency (氣虛 qì xū) have poorer QoL. Treatment of CRF and improving QoL by supplying qi (氣 qì) may warrant further investigation.

Key words: Traditional Chinese Medicine; Deficiency syndromes; Cancer-related Fatigue; Quality of life; Breast cancer

Introduction

TCM has been applied in cancer patient's care in recent decades. The different types of deficiency syndrome in TCM is an important concept to categorize the patients as lacking some specific element. (qi, blood, yin, yang) (氣 qì, 血 xuè, 陰 yīn, 陽 yáng). In brief, qi (氣 qì) refers to the vital energy of the body. It

maintains blood circulation, warms the body, and fights diseases. The blood nourishes the body, moistens body tissues, and ensures they do not dry out. Yin (陰 yīn) and yang (陽 yáng) are complementary opposites that interact within a greater whole, as part of a dynamic system. Generally, anything that is moving, ascending, bright, progressing, hyperactive, including functional

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diseases of the body, pertains to yang (陽 yáng). The characteristics of stillness, descending, darkness, degeneration, hypo-activity, including organic disease, pertain to yin (陰 yīn).

Patients with any type of deficiency syndrome may also have the symptoms of weakness, low energy, anemia etc, which are roughly described as fatigue-like sensations in western medicine. Fatigue is a common and distressing problem for cancer patients (Vogelzang *et al.*, 1997). In contrast to everyday or normal fatigue, CRF is characterized by feelings of tiredness and weakness despite adequate amounts of sleep and rest (Ahlberg *et al.*, 2003; Portenoy and Itri, 1999). Further, QoL is a significant concern for cancer patients, and its disruption is often associated with symptoms such as fatigue, insomnia, and psychological distress (Bower *et al.*, 2000; Portenoy, 2000). Several studies have focused on CRF and QoL in cancer patients (Gupta *et al.*, 2007; Sadler *et al.*, 2002), although there is limited data on the association of CRF with TCM deficiency syndrome.

Besides, we do not know the relationship of different TCM deficiencies and QoL, and the cross talk on TCM deficiency syndrome with the fatigue so far is unclear. A previous study showed breast cancer patients are a homogenous group with a high percentage of fatigue (Mast, 1998).

Accordingly, there is a compelling need to better understand the correlation among the TCM deficiency syndromes, CRF, and QoL in breast cancer patients.

Method

Study design and subjects

The study was conducted between Mar, 2010 to Mar, 2011 in Taipei City Hospital, Taiwan. Among the 331 registered cancer patients, 95 breast cancer patients were enrolled. A trained clinical coordinator described the study and determined eligibility after patients signed in at the oncology department. Eligible patients were presented with the questionnaires at their initial visit and returned their completed questionnaires to the clinical coordinator within 24 hours. The study was approved by the Institutional Review Board at Taipei United Hospital. The eligibility criteria included (1) aged between 18 and 70 years, (2) breast cancer diagnosis confirmed by a professional physician, (3) Chinese as spoken language. Patients were excluded if with (1) unconsciousness, (2) delirium and psychiatric problems, (3) complications present, and (4) inability and unwillingness to give informed consent or were unable

Table 1. Classification Criteria for the diagnosis of TCM deficiency syndrome groups

In the past week, did you often have the following symptoms? (Often means more than 8 hours per day and more than four days per week)	
Qi Deficiency syndrome (氣虛 qì xū)	1. Felt exhausted or lack of energy 2. Did not feel like talking or talked in a low and weak voice. 3. Did not feel like moving about or did not have the strength to walk.
Blood Deficiency syndrome (血虛 xuè xū)	1. Dizziness 2. Pale looking face or nails 3. Hair drop/Hair loss)
Yin Deficiency syndrome (陰虛 yīn xū)	1. Dry eyes or mouth 2. Night sweats 3. Palm or face flushing sensation
Yang Deficiency syndrome (陽虛 yáng xū)	1. afraid of cold 2. limbs feel cold 3. wish to have hot drinks

Definition:

* Patients who have 2 of 3 or more of the criteria in the Qi Deficiency, Blood Deficiency, Yin Deficiency, Yan Deficiency groups are compatible with that TCM syndrome.

to understand or cooperate with the study conditions.

TCM DSGs defined

Deficiency syndrome is a TCM condition with weakness and lack of energy. All patients were categorized into qi (氣 qì), blood (血 xuè), yin (陰 yīn), and yang (陽 yáng) DSGs if they met the diagnosed criteria (having more than 2 out of 3 of the symptoms of the corresponding deficiency syndrome (Table 1). The validity and reliability of the diagnostic criteria were applied in our TCM study and well defined as an alpha coefficient of 0.89 and Cronbach's alpha coefficient of 0.88 through a validation test.

CRF defined

There are several screening instruments used in CRF survey (Alexander *et al.*, 2009; Hann *et al.*, 2000). The fatigue assessment in this study was performed according to the ICD-10 for CRF (Table 2) (Cella *et al.*, 2001). It was designed to be considerably more discriminating and demanding. Six of the eleven criteria, as well as self-reported functional limitations, are prerequisites for diagnosis. Patients who reported experiencing fatigue for at least a few days each month during treatment were asked a series of questions regarding the impact of fatigue on their daily functioning, including physical, emotional, behavioral, social, occupational, and economic factors. Questions about how patients coped with fatigue during and after treatment were supplemented by questions about their

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