
CANCER SYMPTOM CLUSTER MANAGEMENT

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OBJECTIVES: *To discuss the importance of cancer symptom clusters in clinical practice, review evidence for symptom cluster interventions, and make recommendations for symptom cluster identification, patient education, and management in clinical practice.*

DATA SOURCES: *Primary research and review articles identified through CINAHL, PubMed, and PsycINFO databases.*

CONCLUSION: *Several studies have investigated interventions for multi-symptom management or have evaluated the secondary effects of a single-symptom intervention on related symptoms. To date, only five studies have tested an intervention designed to manage a specific cancer symptom cluster. Those studies used nonpharmacologic approaches (psycho-education, cognitive-behavioral strategies, and acupuncture) to address the pain, fatigue, and sleep disturbance symptom cluster, or the respiratory distress symptom cluster with some initial evidence of success. Further development and efficacy testing of symptom cluster interventions is needed.*

IMPLICATIONS FOR NURSING PRACTICE: *Clinical practice can be guided by knowledge of individual and multi-symptom management, and clinical judgment regarding possible etiologies of cancer symptom clusters. Clinicians should be aware of co-occurring symptoms in their patients, educate and involve patients in identifying symptom clusters and aggravating/alleviating factors, and coordinate treatment recommendations using strategies that are likely to be beneficial across symptoms.*

KEY WORDS: *symptom cluster, symptom management, clinical practice, therapeutics, patient education.*

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Cancer clinicians have long understood that patients experience multiple symptoms throughout the course of their illness and treatment. Research demonstrates that these symptoms are often concurrent, with patients experiencing eight or more symptoms at a given time.^{1,2} Over the last decade, investigators have documented relationships among subsets of concurrent symptoms and identified various symptom clusters.³⁻⁵ In seminal publications

addressing the concept of symptom clusters, scientists raised questions about the potential importance of clustered symptoms, including possible cues about the underlying disease, response to treatment, prognosis, and quality of life.⁶⁻⁸ More recently, investigators have begun to explore and test hypotheses about the underlying etiology of specific symptom clusters.^{9,10} Few studies, however, have addressed targeted symptom cluster management and implications for clinical practice. The purpose of this article is to describe the importance of cancer symptom clusters in clinical practice, review evidence for symptom cluster interventions, and make recommendations for symptom cluster identification, patient education, and management in clinical practice.

CANCER SYMPTOM CLUSTERS IN CLINICAL PRACTICE

A number of cancer symptom clusters have been identified in research using statistical analysis to identify relationships among symptoms. Some of these same symptom clusters are commonly observed in clinical practice. For example, a gastrointestinal symptom cluster comprising nausea and vomiting, often with lack of appetite, has been among the most widely identified and addressed clinical symptom clusters in cancer care.^{3,5,11-13} The psychoneurological symptom cluster including concurrent pain, fatigue, and sleep disturbance, often with mood disturbances of anxiety and/or depression is described in the cancer symptom cluster literature and is also evident in practice, as these symptoms are among those most frequently reported by patients.^{5,14,15} Investigators have also identified a respiratory symptom cluster including co-occurring breathlessness, fatigue, anxiety, and cough, particularly in patients with lung cancer.^{13,16}

Other symptom clusters, each with slightly different co-occurring symptoms, may appear in data analyses but are less evident or consistent in the clinical setting. It is likely that different symptoms co-occur based on a combination of factors such as the underlying cancer diagnosis and stage, the treatment modalities used, and patient characteristics such as presence and type of comorbidities, psychosocial variables (eg, resilience, social support) and biological context (eg, genetic or microbiome characteristics). Cancer clinicians may be in the best position to identify the co-occurring and related

symptoms that cluster in their unique patient populations and those most relevant to their practice.

IMPORTANCE TO CLINICAL PRACTICE

The science of symptom clusters and its application to practice should be important to clinicians for three central reasons. First, evidence indicates that symptom clusters warn of negative outcomes such as depression, functional or role limitations, poorer quality of life, and mortality.¹⁷⁻¹⁹ Ignoring symptom clusters may jeopardize important patient health outcomes. Second, knowledge of symptom clusters allows for more thorough symptom assessment. If clinicians are aware of symptoms that typically co-occur, then when a problematic symptom is identified through standard symptom assessment procedures, clinicians can anticipate and probe further into other likely related symptoms. This may result in more efficient use of limited patient-provider time and potentially uncover symptoms that might otherwise have been overlooked. Third, recognizing the co-occurrence of specific symptoms creates the possibility of more efficient symptom management by targeting the cluster of symptoms with a single treatment approach.

Historically, the typical approach to cancer symptom management has been to prescribe an intervention or suggest several potential intervention strategies based on each individual symptom reported. Thus, a patient with co-occurring pain, fatigue, and sleep disturbance may be prescribed an opioid for pain, be given suggestions for exercise or energy conservation strategies for fatigue, and receive sleep hygiene training to improve sleep. This “single-symptom” approach results in complicated self-management as patients and families attempt to balance multiple scheduled and PRN medications, implement behavior change, and attempt to master cognitive coping strategies and/or physical interventions. Barsevick⁷ initially described the potential of “crossover” interventions; that is, treatment strategies that have been shown to benefit more than one symptom comprising the cluster. Selection of education and management strategies that are coordinated across multiple symptoms could simplify self-management.

The nature of the relationships among clustered symptoms can have important consequences for coordinating treatment strategies to best manage the symptom cluster. Williams²⁰ identified three different ways in which clustered symptoms may be related:

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