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## Original Research

# A cross-sectional assessment of quality of life of breast cancer patients in Saudi Arabia

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## ABSTRACT

**Objective:** This aim of this study was to assess the quality of life of Saudi female breast cancer patients and determine the effects of the sociodemographic and clinical characteristics on the quality of life of those patients.

**Study design:** This study was designed as a cross-sectional study.

**Methods:** The data were collected from 145 female cancer patients who were recruited from outpatient units in different clinical settings in Riyadh, Saudi Arabia, from September 2014 to February 2015. Questionnaires were distributed to the patients during their visits to the outpatient clinics after obtaining informed consent. Quality of life was assessed using a validated Arabic version of the European Organisation for Research and Treatment of Cancer (EORTC) quality of life.

**Results:** Among functional scales, emotional functioning scored the highest (83.25 [95% CI 79.53–86.98]). The most distressing symptom on the symptom scale was insomnia (mean 84.14 [95% CI 79.95–88.32]), followed by appetite loss (mean 80.92 [95% CI 76.51–85.33]) and dyspnoea (mean 80.00 [95% CI 75.51–84.49]). Poor functioning was found in sexual enjoyment (mean 22.52 [95% CI 17.97–27.08]) while future perspective scored the highest (mean 76.32 [95% CI 70.52–82.12]).

**Conclusion:** This study shows breast cancer survivors in Saudi had a low overall global quality of life. Saudi women showed average scores on all the functional scales but the emotional ones scored the highest. Insomnia, appetite loss, and dyspnoea were the distressing symptoms on symptom scales while future perspective domain scored the highest in item of QLQ-BR23.

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## Introduction

Cancer is a six-letter word that usually arouses visions of disabilities, despair and death. It can affect persons of all ages,

both sexes and all socio-economic classes. There are different types of cancer and each is classified depending on the type of cell that is affected.<sup>1</sup> Cancer cells grow uncontrollably and form lumps or tissue masses called tumours. Aside from

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leukaemia, a form of cancer that disrupts normal blood function, cancer may occur in numerous parts of the human body, including the colon, liver, lungs and breast.<sup>1</sup>

Breast cancer is considered a principal form of cancer among female cancer patients. It is becoming an increasingly significant public health threat throughout the world. It affects women of all socio-economic levels in both developed and developing countries.<sup>2,3</sup>

According to Cancer Research UK, there are 6.3 million cases of breast cancer annually worldwide.<sup>4</sup> In the USA, there were an estimated 232,670 (female) and 2360 male breast cancer cases. There were a total of 40,000 (female) and 430 (male) deaths linked to breast cancer.<sup>4</sup> Meanwhile, in Arab countries such as Egypt, according to age-standardised incidence rate (ASIR) per 100,000, it was found that breast cancer accounts for 15.4% for all cancer cases for both sexes and represents 32% among female cancer cases.<sup>5</sup> On the other hand, official Jordanian statistics indicate that breast cancer was the most common of all cancers in women in the last decade and accounts for 36.7% of all cancer cases.<sup>6</sup>

Also, breast cancer is the most common cancer among females in all six GCC countries. Kuwait, Bahrain and Qatar can be classified as high incidence areas, while United Arab Emirates, Saudi Arabia and Oman are low incidence areas.<sup>7</sup> In Saudi Arabia, the international agency for research on cancer estimated that the age-standardised incidence rate for breast cancer was 22.4 per 100,000 women in 2008 and the age standardised mortality rate was 10.4 per 100,000 women.<sup>8</sup> Furthermore, in 2011, the registry of King Faisal Specialist Hospital and Research Centre reported that the number of breast cancer cases has increased considerably especially among the younger age group.<sup>9</sup>

Regardless of the numbers, percentages and statistics, the diagnosis of breast cancer has a dramatic impact on the patient's life; moreover, breast cancer and its subsequent treatment have been shown to have a significant influence on a woman's functioning, mental health and well-being and have been shown to disturb and disrupt the patient's quality of life. That is why the objective of the breast cancer treatment these days is the eradication of the cancer as well as prolongation and improved quality of life.<sup>10</sup>

Quality of life is defined as a personal sense of well-being encompassing a multidimensional perspective that generally includes physical, psychological, social and spiritual dimensions or domains.<sup>11</sup> Measuring quality of life in breast cancer patients has been the focus of clinical practices and research in recent decades and is of importance in assessing treatment outcomes.<sup>12</sup>

Increasing the awareness of breast cancer, improvement in early detection and advanced techniques and technologies in treatment have led to longer survival for these patients. This issue of prolonged life now has become an important topic in breast cancer care that demands the attention and investigation on long-term effects of breast cancer diagnosis and treatment on the quality of life.<sup>13,14</sup>

Compared to Western countries, studies related to quality of life among cancer patients in Saudi Arabia is a neglected subject. Based on the authors' knowledge and literature search there are few published studies which encompass quality of life among breast cancer patients in the Gulf

region.<sup>15,16</sup> Therefore, it can be said that the current study will be one of the earliest studies performed using the EORTC quality of life version that investigates the quality of life among Saudi breast cancer patients. This study aimed to assess the quality of life of Saudi female breast cancer patients and determine the effect of the sociodemographic and clinical characteristics on the quality of life of those patients.

## Methods

This study was designed as a cross-sectional study. The data were collected from 145 female cancer patients who were recruited from outpatient units in various clinical settings in Riyadh, Saudi Arabia, from September 2014 to February 2015. Only Saudi female patients were included in the current study to negate the impact of culture differences on the research results. Also excluded from this study were those who were: 18 years and younger; those who had other malignancies; terminally ill patients; and patients with psychiatric or mental diseases. Ethical approval of this study was obtained from the Ethics Committee Review Board of the College of Applied Medical Sciences of King Saud University and each of the selected hospitals.

Questionnaires were distributed to the patients during their visits to the outpatient clinics after obtaining informed consent.

A structured questionnaire of sociodemographics and quality of life was used in the study. The questionnaire consisted of three parts: demographic characteristics of the sample; quality of life of cancer patients and a specific quality of life questionnaire of breast cancer patients. The European Organisation for Research and Treatment of Cancer Quality of Life Cancer Specific Arabic Version (EORTC QLQ-C30, v.3.0) was used to assess patients' quality of life.<sup>17</sup> The EORTC QLQ-C30 comprises of 30 questions including one global health scale (GHS), five functional scales (physical, role, emotional, cognitive and social functioning) and nine symptoms scale (fatigue, nausea/vomiting, pain, dyspnoea, insomnia, appetite loss, constipation, diarrhoea and financial difficulties). A specific version of the questionnaire for breast cancer patients was also used to determine patients' quality of life.<sup>18</sup> The EORTC QLQ-BR23 comprises of 23 items designed for measuring four functional scales (body image, sexual functioning, sexual enjoyment, future perspective) and four symptoms scales (systemic therapy side-effects, breast symptoms, arm symptoms, being upset by hair loss) of patients. All patients' responses were evaluated and scored using a scoring manual which is supplemented by the questionnaire. All scores for each question ranged between 0 and 100. Higher scores for global and functional scales represent high levels of functioning. Meanwhile, higher scores for symptoms scale represent more problems and less functioning.

All data were entered in a computer and analysed using the statistical package SPSS version 22.0 (Chicago, Illinois, USA). Frequencies were presented in percentages. A scoring manual was used and higher score represents a 'better' level of functioning or a 'worse' level of symptoms. All categorical variables were tested using ANOVA and independent t-test. A multiple regression model was used to identify the predictors of QOL. We used the score of each domain of EORTC QLQ-C30

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