# Impact of Oral Cancer on Quality of Life



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#### **KEYWORDS**

- Oral cancer Quality of life Psychosocial impact Physical impact
- Financial impact

#### **KEY POINTS**

- Quality of life is an abstract, subjective, and multidimensional conceptualization of a patient's perception of self.
- The clinical manifestations of oral cancer and effects of treatment can lead to negative effects on the quality of life of the patient.
- Treatment of oral cancer has adverse effects on esthetics, speech, voice, and swallowing.
- Oral cancer treatment might require surgery that may result in altered facial appearance, which can cause social isolation and psychological distress.
- Treatment costs, work absences, medication prices, and other miscellaneous expenses can severely burden patients with oral cancer, especially patients with limited financial resources.

#### **ORAL CANCER AND QUALITY OF LIFE**

Quality of life is an abstract, subjective, and multidimensional concept that entails patient's self-perception in society. The World Health Organization defines quality of life as an individual's perception of his or her position in life in the context of the culture and value systems in which the patient lives and in relation to his or her goals, expectations, standards, and concerns.<sup>1</sup>

The clinical manifestations of oral cancer and effects of treatment can lead to negative effects on the quality of life of the patient. Patients may experience significant dysfunction in talking, swallowing, with alteration of cosmetic appearance, and sensory impairment, as well as chronic pain. All these factors when compounded lead to poor mental health.<sup>2–5</sup>

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#### **QUALITY OF LIFE INSTRUMENTS**

Substantial effort has been made to create cancer-specific instruments to measure quality of life (Table 1). These questionnaires or instruments are intended to reflect the difference between one's perceived reality and one's expectation or wishes. Measuring these variances requires a complex health evaluation that includes physical, functional, physiologic, social, and spiritual domains. Some of the instruments focus on a specific symptom or functional aspect of the patient, and others are more global quality of life tools. The specific instruments of the patient of th

The University of Washington Quality of Life Questionnaire is among the most frequent tools used to assess quality of life. A composite score is determined by adding together 9 domains and dividing by 9 to give a scale from 0 (for poor health) to 100 (good health). The 9 specific areas related to patients with head and neck cancer are pain, appearance, activity, recreation-entertainment, employment, speech, chewing, swallowing, and shoulder disability.<sup>8</sup>

The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire aims to measure patients' health-related quality of life in oncology clinical trials, other well-designed research studies, and clinical practice. This instrument is specific to the type of cancer. This questionnaire consists of 35 questions about the symptoms and side effects of treatment. Eighteen questions address symptoms such as pain, swallowing, taste, and appearance. The next 12 questions measure functions such as eating, talking, social contact, and sexuality. Five more items are binary questions concerning analgesia, supplemental feeding, and weight. 9

Table 1 Quality of life instruments			
	UW-QOL	EORTC QLQ-H&N35	Liverpool Oral Rehabilitation
Number of Questions	15	35	25
Scale	Likert (5 point)	Likert (4 point)	Likert (4 point)
Scoring	<ul> <li>Range from 0 to 100.</li> <li>Composite score is calculated by taking the averaging each domain score.</li> </ul>	<ul> <li>Range from 1 to 4.</li> <li>Composite score is a linear transformation of the sum of individual item scores</li> </ul>	<ul> <li>Range from 1 to 4</li> <li>Composite score is the simple mean of individual item scores</li> </ul>
Measures	<ul> <li>Pain</li> <li>Appearance</li> <li>Activity</li> <li>Recreation</li> <li>Swallowing</li> <li>Chewing</li> <li>Speech</li> <li>Shoulder Involvement</li> <li>Taste</li> <li>Saliva</li> <li>Mood</li> <li>Anxiety</li> <li>Overall QOL</li> </ul>	<ul> <li>Pain</li> <li>Swallowing</li> <li>Senses</li> <li>Speech</li> <li>Social Eating</li> <li>Social Contact</li> <li>Sexuality</li> </ul>	<ul> <li>Chewing</li> <li>Swallowing</li> <li>Oral Dryness</li> <li>Speech</li> <li>Drooling</li> <li>Appearance</li> <li>Social Life</li> <li>Food Choice</li> <li>Denture Issues</li> </ul>

Abbreviations: EORTC, European Organization for Research and Treatment of Cancer.

Data from Refs.<sup>8–10</sup>

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