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PALLIATIVE AND SUPPORTIVE CARE PERSPECTIVES IN RUSSIA

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Background: Cancer morbidity in St.Petersburg is the highest in Russia. A large amount of patients is being diagnosed in advanced stages. However palliative medicine is very new for Russia. Providing palliative and supportive care in accordance with international standards is one of the priorities of cancer health care system in Russia. **Aim:** In this connection National Cancer Research and Treatment Center and Multinational Center of Quality of Life Research has launched a long-term program to improve palliative and supportive care in the country.

Results: The program includes:

- educational programs for specialists involved in palliative and hospice care
 - trainings for patients and relatives to increase coping skills
 - implementation of quality of life assessment in palliative care in Russia
 - introduction of pain assessment to provide adequate pain management
 - introduction of symptom assessment to provide adequate symptom management
 - public awareness about of end-of-life care.
 - to provide implementation of standardized instruments of symptom assessment the joint project on adaptation and validation of Brief Pain Inventory, Brief Fatigue Inventory and M.D. Anderson Symptom Inventory has been started together with M.D. Anderson Cancer Center (Houston, SA). The following sites are included in the program: St.Petersburg Central hospitals with palliative care units, district inpatients and outpatients departments, hospices, home hospice services and St.Petersburg Association of Oncological Patients. At the further stages the program will be spread to another Russian regions.
- Results:** Realization of the program will contribute a lot to the improvement of quality of palliative and supportive care in Russia.

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The Relationship Between Socio-Demographic Features and Quality of Life in Patients with Cancer

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Background: The relation between the quality of life (QOL) of cancer patients and some socio-demographic characteristics, including sex, age, marital status, educational status, jobs and incomes was investigated. This study was done in 508 cancer patients between dates of August 1998 and January 2000 in five oncology centers in Ankara, Turkey. Face to face interview method was used in either inpatient or outpatient setting. Survey consisting socio-demographic features of patients and "Rolls Royce QOL Scale" were used for data collection. In these cancer patients, it was found that several socio-demographic features including sex, age, marital status, job and income effected their QOL ($p < 0.05$). It is found that the social and economical changes due to cancer effected the QOL. Psycho-social and physical symptoms must be controlled carefully in patients with the features of male, old, married or low, low educated or low income.

Key Words: Cancer, Quality of Life, Socio-Demographic Characteristics.

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VOLUNTARY ASSOCIATIONS FOR CANCER PATIENTS IN SWEDEN: SUPPORTIVE ACTIVITIES

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The aim was to describe voluntary associations for cancer patients in Sweden ($n = 108$) and their activities, type and extent of members support, and the associations' collaboration with the health care system. A specially constructed questionnaire with structured and open questions was used for the investigation. The frequency of answers was 89%. **Results:** The direct patient-related mission concerns providing patients with support in form of close proximity, approachability and through distributions of knowledge together with financial and practical support. The indirect patient-related mission deals with activities aimed at improving conditions for patients in general within the health care system. The associations collaborate with the health care system although they face difficulties in becoming 'sanctioned' and establishing positive relationship with the health care community. In general, the findings indicate that the associations have a direct and indirect patient-related potential to help patients live and cope with their cancer disease.

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THE DETERMINANTS OF GLOBAL HEALTH STATUS/QUALITY OF LIFE IN A GROUP OF CANCER PATIENTS FROM TURKEY. Hakan Bozcuk, M. Samur, M. Ozdogan, M. Yildiz, B. Savas.

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AIM: Good quality of life is a target of any effective cancer treatment. We explored whether any social, economical, disease related features, awareness of diagnosis profile or subscales of QLQ-C30 was independently associated with global quality of life in a group of cancer patients from a single teaching hospital in Turkey. **PATIENTS AND METHODS:** Face to face interviews with 100 consecutive cancer in- or out-patients with different diagnoses were made. All subjects completed QLQ-C30 questionnaires. Blood tests were ordered to indicate any renal, hepatic or metabolic problems. Multivariate and univariate Logistic regression analysis was conducted to investigate the determinants of global health status/quality of life.

RESULTS: Majority of our subjects had the diagnosis of lung or breast cancer with metastatic disease, and only %56 knew that the diagnosis was cancer. In addition %70 was poor and most of them were only primary school educated. In the univariate analysis, although stage, performance status, income, serum albumin, Alanine transaminase, Calcium, LDH levels, as well as the majority of the subscales of QLQ-C30 were associated with global health status, in the multivariate analysis, only albumin ($p=0.042$, $RR=3.97$), social functioning (poor vs. good, $P=0.001$, $RR=6.94$), and fatigue (slight vs. pronounced, $P=0.009$, $RR=0.23$) independently predicted global health status/quality of life.

CONCLUSION: We should optimise and improve the social functioning, nutritional status and fatigue of cancer patients to better their quality of life.