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The evaluation of quality of life in advanced cancer patients under palliative care at State University of Campinas (UNICAMP): a prospective, observational study.

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Abstract

This prospective study aimed to collect data about quality of life in advanced neoplastic disease (inoperable or metastatic) under palliative care, and establish the role of a multidisciplinary approach in parameters of quality of life.

Key words:

Oncology, palliative care, quality of life.

Introduction

Palliative care is an increasing field, particularly for oncology, since it is known to help improve the quality of treatment as well as the quality of life. However, awareness of this subject is limited. Regarding this topic, this study evaluated parameters of quality of life and satisfaction with care in patients under palliative care at the Clinical Oncology Department from the State University of Campinas (HC-UNICAMP).

Results and Discussion

In this observational study, patients meeting the inclusion criteria were invited to answer the scales FAMCARE-Patient and POS in two occasions: upon admission and 3 months later. Thirty nine patients were included, following the inclusion criteria: age over 18 years, malignant neoplasia confirmed by biopsy, tumors locally advanced or metastatic, expectancy of life more than three months and agreement to participate, under signed consent form.

About the sociodemographic profile of this sample population, it was noticed that the highest proportion were female, proceeding from Campinas neighboring cities and with catholic background. The complete data is available on table 1.

About the clinic profile, 48.7% were considered metastatic at diagnosis. Regarding clinical performance: at first, 25.6% of patients had normal Karnofsky performance scale (100%), 61.53% maintained selfcare with some difficulties (90-70%) and 12.8% was self care dependent. After three months, 20,5% had normal performance, 43.9% maintained selfcare with some difficulties (90-70%), 7.7% was dependent, 2.6% were debilitated, 15.4% died and 10.2% were lost to follow-up. 97.4% of the patients had insight of their diagnosis.

In regards to POS scale, it was noticed that the full grade evaluation remained the same in both applications (18/40). There were changes in some parameters as worsening in symptoms evaluations and information of treatment parameters, in contrast to an improvement in family's anxiety scores and resolution of personal assignments. The other parameters (pain, patients anxiety, support, self-value, depression and time spent) remained unchanged. About the FAMCARE-P scale, it could be observed a decline of satisfaction in the following evaluation criteria: quality of information about exams (69.2%-53.5%), actual progress of disease and health condition (82%-71.4%) and communication from health care providers (84.6%-71.4%).

The proportion of patients aware of the palliative treatment goals was, however, larger than usually described in former studies. 1

1-Table of sociodemographic data

Age	60(23-87)	
Sex	Female	20(51,3)
	Male	19(48,7)
Race	White	28 (71,8)
	Brown	9(23,1)
	Black	2(5,1)
Distance from local of residence	Campinas (0km)	8 (20,5)
	Until 49 km	20(51,3)
	50 - 99 km	8(20,5)
	100 - 199 km	2(5,1)
	More than 200 km	1(2,6)
Religion	Catholic	24(61,5)
	Gospel	10(25,6)
	Spiritualist	2(5,1)
	No religion and atheist	2(5,1)
	Others	1(2,6)

Conclusions

Although most patients were well informed regarding their condition as well as treatment goals, it is important to enhance the communication skills from health care providers.

Acknowledgement

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¹ Weeks, JC, et al. Patients' Expectations about Effects of Chemotherapy for Advanced Cancer. *Engl J Med* 2012;367:1616-25.