EVALUATION OF THE QUALITY OF LIFE OF PATIENTS WITH ONCO-HAEMATOLOGICAL DISEASE IN CHEMOTHERAPY

AVALIAÇÃO DA QUALIDADE DE VIDA DE PACIENTES COM DOENÇA ONCOHEMATOLÓGICA EM QUIMIOTERAPIA

EVALUACIÓN DE LA CALIDAD DE VIDA DE PACIENTES CON ENFERMEDAD ONCOHEMATOLÓGICA EN QUIMIOTERAPIA

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ABSTRACT

Objective: to evaluate the quality of life of patients diagnosed with oncohaematologic diseases using chemotherapy. **Method:** a quantitative, transversal, exploratory, descriptive study with patients undergoing chemotherapy treatment with a diagnosis of oncohaematological disease in a public philanthropic hospital using the EORTC QLQ-C30 questionnaire as a tool for data collection and a form for characterization of the sample profile. The analysis of the results was performed based on the EORTC QLQ-C30 Scoring Manual. $P \leq 0.05$ was used for the characterization of the sample analysis and its statistically significant variables. **Results:** in relation to the health evaluation, a score of 69.5 was found for the overall health classification, characterizing the participants with an unfavorable quality of life. Among the analyzed functions, the only one evaluated as good, was the cognitive function. Regarding the symptoms and side effects, the most expressive was fatigue, followed by insomnia and lack of appetite, with the respective scores, 53.8, 38.3, 31.6. **Conclusion:** Among the side effects evaluated by the questionnaire, those that presented alterations were few, but one should take into account the relatively small casuistry. These findings serve to subsidize the actions and practices of health professionals in the treatment of patients with oncohaematological disease. **Descritores:** Quality of Life; Neoplasms; Leukemia; Lymphoma; Nursing; Chemotherapy.

RESUMO

Objetivo: avaliar a qualidade de vida de pacientes com diagnóstico de doenças oncohematológicas em uso de quimioterapia. **Método:** estudo quantitativo, transversal, exploratório, descritivo, com pacientes em tratamento quimioterápico, com diagnóstico de doença oncohematológica, em um hospital público filantrópico, utilizando-se, como instrumento para a coleta de dados, o questionário EORTC QLQ-C30 e um formulário para a caracterização do perfil da amostra. A análise dos resultados foi realizada com base no EORTC QLQ-C30 Scoring Manual. Utilizou-se $p \leq 0,05$ para a caracterização da análise da amostra e suas variáveis estatisticamente significativas. **Resultados:** em relação à avaliação da saúde, encontrou-se escore de 69,5 para a classificação de saúde global, caracterizando os participantes com uma qualidade de vida desfavorável. Dentre as funções analisadas, a única avaliada como boa foi a função cognitiva. Em relação aos sintomas e efeitos colaterais, o mais expressivo foi a fadiga, seguida de insônia e falta de apetite, com os respectivos escores, 53,8, 38,3, 31,6. **Conclusão:** dentre os efeitos colaterais avaliados pelo questionário, os que apresentaram alteração foram poucos, mas deve-se levar em consideração a casuística relativamente pequena. Tais achados servem para subsidiar as ações e práticas dos profissionais de saúde no tratamento aos pacientes com doença oncohematológica. **Descritores:** Qualidade de Vida; Neoplasias; Leucemia; Linfoma; Enfermagem; Quimioterapia.

RESUMEN

Objetivo: evaluar la calidad de vida de pacientes con diagnóstico de enfermedades oncohematológicas, en uso de quimioterapia. **Método:** el estudio cuantitativo, transversal exploratorio, descriptiva, con pacientes en tratamiento de quimioterapia, con diagnóstico de enfermedad oncohematológica en un hospital público filantrópico, donde se utilizó, como instrumento para la recolección de datos, el cuestionario EORTC QLQ-C30 y un formulario para caracterización del perfil de la muestra. El análisis de los resultados se realizó con base en el EORTC QLQ-C30 Scoring Manual. Se utilizó $p \leq 0,05$ para la caracterización del análisis de la muestra y sus variables estadísticamente significativas. **Resultados:** en relación a la evaluación de la salud, se encontró una puntuación de 69,5 para la clasificación de salud global, caracterizando a los participantes con una calidad de vida desfavorable. Entre las funciones analizadas, la única evaluada como buena fue la función cognitiva. En cuanto a los síntomas y efectos colaterales, el más expresivo fue la fatiga, seguida de insomnio y falta de apetito, con las respectivas puntuaciones, 53,8, 38,3, 31,6. **Conclusión:** entre los efectos colaterales evaluados por el cuestionario, fueron pocos los que presentaron alteración, pero, se debe tener en cuenta la casuística relativamente pequeña. Estos hallazgos sirven para subsidiar las acciones y las prácticas de los profesionales de salud en el tratamiento a los pacientes con enfermedad oncohematológica. **Descritores:** Calidad de Vida; Neoplasias; Leucemia; Linfoma; Enfermería; Quimioterapia.

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INTRODUCTION

The changes in the Brazilian demographic profile in recent years, with the aging of the population and the increase in life expectancy, combined with changes in life habits, led to a significant change in the morbidity and mortality profile, increasing the number of chronic-degenerative diseases such as cancer. Thus, it is unquestionable that cancer is a public health problem.¹

Among the different types of cancer, the hematologic ones stand out. Patients diagnosed with oncohaematological diseases, when submitted to chemotherapy, present important changes in their daily life such as changes in physical appearance, fatigue, loss of appetite, gastrointestinal toxicity, among others, that directly affect their quality of life.²⁻³

According to the World Health Organization (WHO), quality of life is defined as "the individual's perception of their position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns."^{4: 1}

When analyzed in the context of health, that is, health-related quality of life, it is important to consider the patient's view regarding the impact of the disease, the illness or the therapeutic interventions on their quality of life.⁵

Among the different forms of treatment for cancer, there is chemotherapy, which can be considered an aggressive therapy, since, in addition to eliminating neoplastic cells, it acts on normal cells causing side effects - toxicities.^{6,7}

Among the toxicities related to chemotherapy that most commonly affect the patient are: bone marrow suppression; immunosuppression; changes related to fertility, as well as social and emotional changes such as depression, stress, shame, social isolation, among others.⁷⁻¹⁰ Among patients with oncohaematologic diseases, chemotherapy is, in its great totality, the most frequent type of treatment.²

When considering aspects related to the alterations that chemotherapy can cause among those undergoing treatment, this study aimed to analyze how the treatment (chemotherapy) interferes in the quality of life of patients with diagnoses of oncohaematological diseases.

OBJECTIVE

- To evaluate the quality of life of patients diagnosed with oncohaematologica diseases using chemotherapy.

METHOD

Quantitative study, transversal, exploratory, descriptive. Data collection took place in a public philanthropic hospital in a city in the interior of Minas Gerais, in the region of Zona da Mata, which is considered a reference in the Unified Health System (UHS) in the city and region.

The study had a sample for convenience, that is, all patients hospitalized and / or undergoing chemotherapy treatment, known to be diagnosed with a oncohaematologic disease, of both sexes, of all ethnic groups, social classes and educational levels were included. The study was carried out between April and June 2016. Patients who, for some reason, were not able to respond to the questionnaire were excluded from the study. Patients were approached in person, while awaiting medical attention or awaiting the start of outpatient care, and already hospitalized individuals were approached in the bed. Participants were informed of the objectives of the research, as well as the reading and signing of the Free and Informed Consent Term (FICT).

Two instruments were used for the evaluation: the first with the objective of socioeconomic characterization and aspects related to the underlying disease. The second instrument used was the EORTC questionnaire QLQ-C30 (version 3.0) already validated for the evaluation of quality of life.¹¹

The instrument included five functional scales (physical function, cognitive function, emotional function, social function and role performance); three scales of symptoms (fatigue, pain, nausea and vomiting); a scale of Quality of Life and global health and six other items that assess symptoms often reported by cancer patients. In addition, aspects related to the financial impact of treatment and illness.¹²

The scale evaluation method consisted in assigning values from zero to 100 for each option, and a high score value meant a high level of response. A high score on the symptom scale represented a high level of symptomatology and side effects and, on functional scales, the higher the score, the higher the healthy functional level. The researcher adopted an average ≥ 70 for the characterization of the favorable quality of

life.¹²

Statistical Package for Social Science (SPSS) software version 21 was used for data processing and descriptive statistical analysis (frequency, mean and standard deviation) and inferential. The analysis of the EORTC QLQ-C30 instrument was performed according to the instruction provided by group responsible for the standardization of the instrument in Brazil.¹¹

The project was approved by the Research Ethics Committee of the University Hospital of the Federal University of Juiz de Fora under number 1,403,563 and CAAE: 52032215.3.0000.5147. Participation in the study was voluntary and effected by signing the ICF. In addition, participants were informed about their rights, according to Resolution 466/2012 of the National Health Council.

RESULTS

Twenty patients who underwent chemotherapy treatment were evaluated from April to June 2016. Table 1 describes the sociodemographic characteristics of the study population.

Table 1. Socioeconomic characterization of the study population. Juiz de Fora (MG), Brazil, 2017.

Variables	Categories	N	%
Sex	Female	10	50
	Male	10	50
Skin color	White	18	90
	Black	1	5
	Brown	1	5
Place of birth	Zona da Mata Mineira	15	75
	Campos das Vertentes	3	15
	Iracema	1	5
	Recife	1	5
Religion	Catholic	13	65
	Evangelical	7	35
Marital Status	Married	9	45
	Single	7	35
	Divorced/Separated	2	10
	Widow	2	10
Education	Never studied	2	10
	Incomplete/complete elementary school	12	60
	Incomplete/complete Highschool	5	25
	Higher education/or post graduation	1	5
Profession	Not specified	2	10
	Student	3	15
	Homemaker	4	20
	Salesperson	1	5
	Retired/Pensioner	8	40
	Autonomous	1	5
	Maid	1	5
Family income	1 to 2 minimum wages	17	85
	3 to 5 minimum wages	3	15
Children	Yes	12	60
	No	8	40
Do you live with someone	Yes	19	95
	No	1	5
Total		20	100

The average age of respondents was 47 (05-80). Regarding birth place, 90% were from the State of Minas Gerais.

It was possible to observe that, related to life habits, 95% reported not smoking and 90%, did not drink, in addition to all refer not to use any type of drug.

When questioned about the presence of a companion or caregiver only, 35% of the sample had an affirmative answer.

To characterize a good quality of life, the researcher adopted an average ≥ 70 . Table 2 shows the scores obtained according to the evaluation performed.

Table 2. Mean of the quality of life distributed among the functional scales. Juiz de Fora (MG), Brazil, 2017.

Scale	Average
Global health	69.5
Physical function	56.0
Performance of roles	58.3
Emotional function	53.7
Cognitive function	72.5
Social function	54.1

The only scale suggested by the users, with a favorable quality of life, was the cognitive function (72.5), and the other characterizations were not favorable.

Table 3 shows the results regarding the symptoms and financial difficulties assessed by the scale.

Table 3. Averages related to financial symptoms and difficulty according to the scales. Juiz de Fora (MG), Brazil, 2017.

Scale	Average
Fatigue	53.8
Nausea and vomits	19.1
Pain	27.5
Dyspnea	10
Insomnia	38.3
Lack of appetite	31.6
Constipation	30
Diarrhea	10
Financial difficulty	26.6

It can be observed that the three symptoms with the highest scores were fatigue (53.8), insomnia (38.3) and lack of appetite (31.6).

presented the best mean in relation to the overall health scale, with a statistically significant difference.

When stratified by sex in table 4, it was possible to observe that female participants

Table 4. Association between the means of quality of life scores and sex. Juiz de Fora (MG), Brazil, 2017

Scale	Sex	Average	N	p
Global health	Female	82.5	10	0.034*
	Male	56.6	10	
Physical function	Female	62	10	0.339*
	Male	50	10	
Performance of roles	Female	65	10	0.462*
	Male	51.6	10	
Emocional function	Female	59.1	10	0.423*
	Male	48.3	10	
Cognitive function	Female	76.6	10	0.577*
	Male	68.3	10	
Social function	Female	58.3	10	0.639*
	Male	50	10	

*Chi-square test

Although no statistically significant difference was observed regarding physical function, role performance, emotional, cognitive and social function scores, the averages found were all higher in females compared to males.

DISCUSSION

The overall health score obtained a quality of life score (QL) as unsatisfactory, which confirms the findings of a study carried out in Vitória da Conquista.¹³

During the analysis of the scores, it was observed that the emotional function presented the lowest score, corroborating with another study also, developed, with patients with hematological cancer, in which the average of the emotional function was low, demonstrating that these patients could be nervous, depressed and worried.²

The fact that the emotional function has the lowest score may be related to the discovery and diagnosis of the disease, since, after being aware of the health problem and

its severity, even knowing the advances in technologies and treatments, individuals tend to stay worried, insecure, directly affecting their emotional and generating suffering for the patient and their relatives / companions.^{14,15}

Therefore, it is important to establish Nursing interventions, with the aim of minimizing the alterations in patients' emotional function, through actions such as instillation of hope, support for decision making and counseling; support in coping; family therapy; increase of self-esteem, among others.¹⁶ In addition, it is fundamental in Nursing care, technical and scientific knowledge and psychological support for the control of emotions and relief of suffering.¹⁷

Regarding the means of the scales related to the symptoms, there is a particularity, since the analysis considers that the closer the mean is to 100, the more symptoms and side effects the patient presents. In this study, fatigue was the symptom that presented the highest score, followed by insomnia and lack of appetite. A similar result was found in another investigation in which these three symptoms were also the most frequent. According to the authors, such symptoms impact physical, cognitive, social and emotional functions, evidencing that the side effects of chemotherapy impair the quality of life of individuals.¹³

Thus, in view of the main symptoms and side effects presented by patients, which directly interfere with quality of life, it is necessary to plan actions with the objective of minimizing them in order to guarantee a better quality of life for users in treatment and future.

It is worth noting that the Nursing team plays an important role in the care of the cancer patient, regarding the prevention and control of adverse events due to chemotherapy, and must ensure a safe and quality care.¹⁸

Examples of nursing interventions to patients with fatigue, insomnia and loss of appetite are: guiding the importance of food; to stimulate the practice of physical activity, with exercises of stretching, balance, muscular control and relaxation; use behavioral therapies, cognitive therapies, phototherapy and drug therapy, as well as providing a calm and safe environment.^{3,16}

In this study, men presented lower mean values in the quality of life scales when compared to women. The fact can be understood because of the way men react and cope with the illness process.¹⁹

In this way, actions must be taken to educate and educate men about health care and the search for care, when necessary, in addition to regular follow-up.

CONCLUSION

The overall health assessment by the interviewees presented a low score, characterizing health as unsatisfactory. Regarding the symptoms and side effects, the ones that presented higher scores were: fatigue, insomnia and lack of appetite. These results demonstrate that these symptoms should be considered important because they interfere directly in the daily life and in the patient's relations with their relatives / companions and also in their quality of life.

It is of fundamental importance the knowledge of the changes that the treatment provides to the individual in order to subsidize and assist the nurse in the elaboration and planning of a care that aims to ameliorate the symptoms and side effects, as well as the actions that improve their functions and promote a better quality of life.

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Evaluation of the quality of life of patients...

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