

Journal Watch

Symptoms and problems in a nationally representative sample of advanced cancer patients

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Abstract: *Little is known about the need for palliative care among advanced cancer patients who are not in specialist palliative care. The purpose was to identify prevalence and predictors of symptoms and problems in a nationally representative sample of Danish advanced cancer patients. Patients with cancer stage 3 or 4 from 54 hospital departments (n = 1630) received the EORTC QLQ-C30 questionnaire. Mean scores were calculated according to the scoring manual and in addition a 'symptom/problem' and a 'severe symptom/problem' was defined and calculated. Multiple logistic regression was used to identify predictors. In total, 977 (60%) patients participated. The most frequent Symptoms/problems were fatigue (57%; severe 22%) followed by reduced role Function, insomnia and pain. Age, cancer stage, primary tumor, type of department, marital status and whether the patient had recently been hospitalized or not were associated with several symptoms and problems. This is probably the first nationally representative study of its kind. It shows that advanced cancer patients in Denmark have symptoms and problems that deserve attention and that some patient groups are especially at risk. The study shows that large number of patients with advanced cancer in Denmark has symptoms and problem and only a small subgroup of patients at risk have been identified. Better palliative care skill across the health care system, and better access to specialized care may reduce the burden of living with cancer.*

Strengths:

- 1- A national cross sectional study with large number of participants
- 2- A cohort that is representative of national advanced cancer patients.
- 3- Used a proper statistical method and validated method of survey
- 4- The study cohort is similar to our patient population.

Weakness:

- 1-Lack of comments on the number of the patients who have had access to community palliative care system and specialized palliative care unites as inpatients.
- 2- Focusing on the provision of beds for stage 3-4 advanced cancer patients:
The information on how to improve the patients' access to specialized palliative care service would have been appreciated.
- 3- Lack of details about provided treatments
- 4- Possibility of under reporting of symptoms in the very ill and dying patients due to their inability to participate in the study.
- 5- Wide selection criteria resulting an Inhomogeneous population.

Relevance to Palliative Care:

This study reveals that patients with advanced cancer who are in the community who have similar symptoms to inpatients but less access to specialized palliative care, would benefit from symptoms management (through the community palliative care and in appropriate cases palliative care wards)