

Impact of Cancer related Fatigue on Quality of Life among Cancer Patients

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INTRODUCTION

Fatigue is one of the most common symptoms experienced by patients with cancer treated with chemotherapy and/or radiation. When healthy people get fatigue, it's usually relieved by rest and sleep, whereas cancer related fatigue isn't. Fatigue is one of the most common and debilitating symptoms experienced by patients with cancer. The cancer-related fatigue (CRF) can be defined as "a distressing persistent, subjective sense of physical, emotional and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning" (National Comprehensive Cancer Network).

CRF is a multidimensional symptom of malignant disease and is reported by 40% of patients at diagnosis. Up to 90% of patients treated with radiation and up to 80% of those treated with chemotherapy. The possible causes of cancer-related fatigue include depression, pain, sleep problems, anemia, metabolic abnormalities, infection, dietary problems, hypoxia, and side effects of medication. Some times CRF can persist for months or even years after the completion of cancer treatment. As the life expectancy of people with cancer increases, the burden associated with CRF grows. Jacobsen and Stein (1999) observed that patients with breast cancer who were treated with adjuvant chemotherapy or autologous bone marrow transplantation complained of significant levels of fatigue for months or even years after the completion of therapy.

NEED FOR STUDY

Cancer is a serious national health issue and could influence directly on patient's QOL. Positive measures need to be initiated in relation to improve the QOL of cancer patients. QOL is one of the important aspects of health care outcome and need to be one of the priorities for healthcare providers. Currently cancer is 12% of all deaths worldwide. In approximately 20 years time, the number of cancer deaths annually will increase from about 6 million to 10 million. Health workers and family care givers can be trained to deliver palliative care effectively. As we move forward in the war against cancer, we need to move forward equally in the war against fatigue and other cancer-associated symptoms. Improved quality of life is of paramount importance to patients with cancer.

Statement of problem

A study to assess the Impact of Cancer related fatigue on Quality of life among cancer patients.

Objectives

- To assess the level of fatigue of cancer patients.
- To assess the quality of life of cancer patients.
- To associate the Fatigue and quality of life of cancer patients with their selected demographic variables

- To correlate the quality of life of cancer patients with level of fatigue.

Hypothesis

There is a relationship between level of fatigue and quality of life of cancer patients.

METHODOLOGY

Approach: Cross Sectional study approach
 Design : Descriptive study design.
 Setting : Oncology OPD
 Population : cancer patients attending OPD.

Sampling Technique: Non probability-convenient method

Sample size : 70

Criteria for Sample selection:

Inclusion Criteria:

- Patient diagnosed to have cancer.
- Patient attending Oncology OPD
- Cancer patients who can understand Tamil.

Exclusion Criteria:

- Cancer patients who were not willing to participate.

Description of Tool:

A structured questionnaire consisted of 3 sections.

section A- Demographic data

section B- Fatigue Symptom inventory (FSI) scale

section C - Quality of life assessment questionnaire. (WHOQOL-BREF).

Results and findings:

Age: It was observed that 4.3 % of cancer patients were in the age group less than 30 years. 21.4 % were in the age group of 31-40 years. 27.1 % were in the age group of 41-50 years.

22.9 % were in the age group of 51-60 years and 24.3% were in the age group of above 60 years.

Gender: It was observed that 34.3 % were males and 65.7 % were female cancer patients.

Educational Status: Majority of cancer patients studied Higher Secondary and above where as 48.8 % studied up to 10th standard.

Residential area: It was observed that 85.7 % of the cancer patients belonged to urban area and 14.3 % belonged to rural area.

Family history of Cancer: Revealed that 91.4 % of cancer patients did not have any family history and 8.6 % had family history.

Marital Status: It was found that 95.7 % of cancer patient were married and 4.3 % were unmarried.

Income status: It was observed that 94.3 % were earning more than Rs 10000/Pm and 5.7 % were earning less than Rs5000/pm.

Number of Children: Revealed that 37.1% of cancer patients had more than 2 children. 41.4 % of them had 1-2 children and 21.4 % had no children.

Presence of Chronic disease: Was found that 38.6 % of the cancer patients had chronic disease like Diabetes, Hypothyroidism, Coronary Heart Disease, Hypertension, etc. and 61.4 % did not have any chronic disease.

Personal habits: It was found that 67.1 % had no specific habits. 4.3 % were cigarette smokers, 15.1 % were tobacco users, 4.3 % were betel nut & Pan users and 8.6 % were alcoholics.

Level of Fatigue and its association with demographic variables.

It was found that 28.6 % had mild fatigue, 60% had moderate fatigue and 11.4% had severe fatigue. It was found that the Mean fatigue level was 74.61 and SD was 26.01. It was also found that there was a significant association between level of fatigue and presence of Chronic disease(p= 0.005).

Level of Quality of Life (QOL) and its association with demographic variables.

It was found that 28.6 % had poor QOL, 58.6% had average QOL and 12.9% has good QOL. It was found that the mean QOL level among cancer patients was 51.41 and SD was 8.63. It was also found that there was a significant association between QOL & Age (p= 0.005), QOL and Marital Status(p=0.005) and QOL & presence of chronicdisease(p=0.004).

Association between Fatigue and QOL among cancer patients.

It was found that there was a moderate negative correlation between fatigue score and QOL score among cancer patients r=0, 45, p=0.001. It indicates that when fatigue level decreases, the Quality of life of cancer patients increases.

Correlation between FSI and QOL

	Mean ± SD	Karl pearson correlation coefficient	Interpretation
FSI	74.61±26.01	r=-0.45 p=0.001*** significant	Patients FSI and QOL negatively correlated. It means QOL increases their FSI decreases
QOL	51.41±8.63		

* significant at P≤0.05 ** highly significant at P≤0.01 *** very high significant at P≤0.001

Scatter diagram with regression estimate shows the moderate negative correlation between FSI score and QOL score among cancer patients(r=0.45 p=0.001)

Interpretation for r-value

Pearson correlation coefficient is denoted by “r”

“r” always lies between -1 to+1

0.0 – 0.2 poorcorrelation

0.2 -0.4 faircorrelation

0.4 -0.6 moderatecorrelation

0.6 – 0.8 substantialcorrelation

0.8 -1.0 strong correlation

Conclusion

CRF is the most prevalent symptom in cancer patients (Wagner and Cella, 2004). Cancer-related fatigue (CRF) affects quality of life (QOL) including physical, mental and psychosocial aspects (Barsevick et al., 2010). The present study finding clearly indicate the impact of CRF on Quality Of Life among cancer patients .The presence of Fatigue was inversely proportional to Quality of Life among cancer patients. Nursing personnel play a key role in reducing the CRF and thereby enhancing the Quality of life among cancer patients in Clinical and Communitysettings.

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