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PREDICTORS AND TRAJECTORIES OF SLEEP DISTURBANCE IN ONCOLOGY OUTPATIENTS DURING CHEMOTHERAPY.

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PODIUM ABSTRACTS

SUPPORTING PATIENTS WITH A DIAGNOSIS OF RECURRENT HEAD AND NECK CANCER: PATIENT-CENTERED INFORMATION FOR ONCOLOGY NURSE CLINICIANS.

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Despite aggressive treatment for primary disease, the incidence of recurrent head and neck cancer (rHNC) may be as high as 30–50% in patients treated with curative intent. Five-year survival rates after treatment for rHNC range from 11–39%, and morbidity after treatment can be quite high, particularly due to significant disfigurement and physical dysfunction. Patients must decide what, if any, type of additional treatment they desire, and oncology nurse clinicians are often part of this decision making process. The purpose of this study was to identify pertinent information for oncology nurse clinicians by examining patient priorities during treatment decision-making for rHNC. This qualitative study was nested within a mixed-methods longitudinal study of patients with rHNC. Individuals age 21 years or older with newly diagnosed rHNC were recruited from a medical oncology clinic to participate in a one-on-one semi-structured interview. During the interviews, participants were asked about their decision making process as they decided to pursue or not pursue treatment for their rHNC. Interviews were audio recorded and transcribed verbatim. Transcripts were then analyzed by two independent reviewers. Thematic categories were confirmed following triangulation of findings. A third reviewer analyzed the transcripts using the themes generated by the first two reviewers. Descriptive statistics were used to describe the sample population. Ages of participants (n=26) ranged from 41 to 81 years with an average of 63 years. Participants were mostly male (n=19, 69.2%), Caucasian (n=22, 84.6%), and married (n=15, 57.7%). Two themes emerged from the interviews. The first theme was motivation for pursuing treatment. Subthemes included family and symptom burden. The second theme was “it’s not over until it’s over.” Subthemes included hope and “whatever happens, happens.” This is the first known study to interview individuals with newly diagnosed rHNC about their decision making process. These interviews indicate that the individual motivation for pursuing treatment and a sense of “it’s not over until it’s over” are central in patients’ decision-making process. Oncology nurse clinicians can provide better patient-centered care by recognizing these areas as important to patients and including consideration for these issues in their patient education and supportive care efforts.

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PREDICTORS AND TRAJECTORIES OF SLEEP DISTURBANCE IN ONCOLOGY OUTPATIENTS DURING CHEMOTHERAPY.

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Sleep disturbance in oncology patients is estimated to be two to three times that of the general population and has a significant impact on quality of life. However, predictors of sleep disturbance during chemotherapy (CTX) have not been

identified in previous research. Therefore, the purposes of the current study, in a sample of outpatients with breast, gastrointestinal (GI), GYN, and lung cancer who received two cycles of CTX were to evaluate for variations in the severity of sleep disturbance and to determine which demographic, clinical, and symptom characteristics were associated with initial levels and the trajectories of sleep disturbance. Patients recruited from two Comprehensive Cancer Centers, one Veteran’s Affairs hospital, and four community-based oncology programs completed study questionnaires in their homes, a total of six times over two cycles of CTX. The 21 item General Sleep Disturbance Scale (GSDS), that assesses the quality of sleep in the past week, was used to evaluate sleep disturbance at each time point. Descriptive statistics and frequency distributions were generated on the sample characteristics and symptom severity scores at enrollment. Hierarchical linear modeling (HLM) was used to examine intra-individual variability in sleep disturbance and to evaluate predictors associated with initial levels and the changes in sleep disturbance over time. Patients with higher BMI, trait anxiety, depressive symptoms, and morning and evening fatigue, as well as lower functional status and poorer attentional function had higher initial levels of sleep disturbance. Higher levels of sleep disturbance over time were associated with a higher level of education, as well as higher levels of morning fatigue, sleep disturbance score, and lower attentional function. This study is the first to identify modifiable and non-modifiable factors associated with sleep disturbance in patients receiving chemotherapy. Oncology nurses can use these characteristics to identify patients at higher risk of sleep disturbance. By performing more detailed assessments, oncology nurses can provide patients with specific interventions to improve sleep during and after treatment.

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VALIDATION OF THE FERGY NAUSEA ASSESSMENT TOOL® (F-NAT). Cathy Cooke, RN, MSN, Norton Healthcare, Louisville, KY; Angie Malone, BSN, RN, Norton Healthcare, Washington, KY; Barbara Polivka, University of Louisville, KY; Stephanie Ferguson, Humana Healthcare, Louisville, KY

Nausea is a common symptom presented in oncology patients which can have a profound impact on quality of life, nutrition, therapeutic response, and compliance of treatment. However, no existing easily administered nausea assessment tools validated for adults specifically for the acute care setting were found in the literature. Therefore, the Fergy Nausea Assessment Tool® (F-NAT) was systematically developed with input from 20 oncology staff nurses. The purpose of this study was to assess the convergent and discriminant validity of the newly developed nausea assessment tool (F-NAT) designed for use with adult oncology patients. Instruments: The F-NAT consists of five sketched, gender and racial neutral, faces depicting the following 5 concomitant phrases: ‘No Nausea’, ‘Feeling nauseated but able to eat and take oral medications’, ‘Feeling very nauseated, not able to eat or take oral medications’, ‘Feeling like I’m just about to vomit’, and ‘Constant vomiting’. The F-NAT is scored from 0 (No Nausea) to 4 (Constant Vomiting). Nausea was also assessed on a 10-point visual analog scale and pain was assessed on a 10-point pain scale. Adult oncology in-patients in an urban hospital (N=100) were asked to rate their nausea on the F-NAT and on the visual analog nausea scale (scored 0 to 10) to assess convergent validity. Discriminant validity was assessed by having participants rate their pain on a visual analog scale (scored 0 to 10). Data were analyzed descriptively and Pearson’s correlation coefficients (r) were calculated. Participants were primarily over the age of 41 (92%), female (62%), and Caucasian (83%). F-Nat scores ranged from 0 (8%) to 4 (19%) (M=2.2, SD=1.2). The F-NAT was