Bio-psychosocial Challenges in Geriatric Oncology

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Team Members

• RN: functions as primary nurse and coordinates care with physician and other team members. Answers questions regarding treatment plan and follow-up care. Helps manage side effects of treatment and address concerns regarding medication.

• Social Worker: counsels and supports individuals, families and caregivers. Refers for home health, hospice and medical equipment. Recommends support groups and provides assistance obtaining medications.

• Research Nurses/faculty - explains and coordinates open trials and eligibility criteria.

• Dietician: counsels regarding changes in diet related to cancer and dietary and herbal supplements. Optimizes nutrition during chemotherapy and radiation. Assesses for changes in appetite or unintentional weight loss.

More team members...

A Case Study for further evaluation

Mr. Smith is an 78 yo man who presented to Senior Adult Oncology Program (SAOP) after colon resection for a T2N1 tumor.

12/03: Colonoscopy: 3.7 cm mass in distal 1/3 of colon, s/p resection of sigmoid colon, 1 lymph node +, Adenocarcinoma T2, N1

Bone scan revealed uptake in the cervical region, MRI of spine: cervical osteoarthritis

Baseline CEA: 4.7
20# wt. loss since surgery

Case study (con’t)

Past Medical History:
- Esophageal odynophagia
- ventral hernia
- Depression
- fibrous histiocytoma (1990)
- HTN
- Hypothyroidism
- Atrial fibrillation
- Prostate CA on leuprolide (2001)
Case Study (con’t)

• Social History:
  - Retired from high military rank in US Navy
  - Married to second wife, 20 years
  - 2 healthy adult daughters, both live out of state
  - Cognitively impaired adult son who lives with them.

Family History: Noncontributory
Medications:
- Plavix
- Toprol
- KCL
- Calcium
- Wellbutrin
- MVI
- B-12 IM
- Vicodin PRN pain
- Aspirin
- Diovan
- Flomax
- Leuprolide IM

Polypharmacy
- Consider the issue of polypharmacy…Studies have shown that persons over age 65 use 2 to 6 prescription drugs and 1 to 3.4 over-the-counter medicines. (between 3 and 9 is average)
- Polypharmacy leads to:
  - more adverse drug reactions
  - drug-drug interactions
  - decreased medication compliance
  - poor quality of life, and
  - unnecessary drug expense

How many medicines does the average older adult take in addition to cancer treatment?
Answer:
A. 3
B. 7
C. 9
D. 12

Case Study (con’t)

Question…?

SAOP2 questionnaire:
- Administered initial new patient appt. (part self-report, part RN administered)
- Developed out of a need for a sensitive tool
- Assists the team to make decisions re: multidisciplinary support for the older adult
Case Study (con’t)

- **Nutritional intervention** at initial presentation-assisted aide pt. in choosing protein rich foods to maintain/gain weight.

- **LCSW (Social work) intervention** due to dependent son

  Assisted wife to gather family resources to help with cognitively impaired son, while husband received chemotherapy. Later assisted in referring to rehabilitation for strength recovery

Case Study (con’t)

- Treatment decisions

  - RFA initially to liver tumor, repeated upon progression 2 ½ years later, well tolerated
  - 1)FOLFIRI-grade 1 diarrhea
  - 2)Bevacizumab-well tolerated without proteinuria or significant bleeding
  - 3)Cetuximab-grade 3-4 acneform rash, sent to dermatology for consult

Other data

- CEA eventually increased to the high 200’s, despite treatment
- 3 months prior to death, referred for home hospice care by social work for pain and symptom management. Helped patient and spouse conserve energy for the important tasks.

- Nursing interventions for the older adult patient...