KNOWLEDGES AND ATTITUDES TOWARDS CANCER IN AN OLD AGE SAMPLE

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– CANCER = TABOO DISEASE

– Missbelieves, pessimistic attitudes, barriers towards prevention, early diagnosis and treatment more frequent in old samples
• Set up in 1996, Barcelona, Spain

• Purposes: provide information, education and support in cancer related topics

• Specific programs devoted to old people

www.fefoc.org
www.cancermama.org
www.cancerdeprostata.org
Methods and sample

- 72-items questionnaire

Sample: 615 old people approached (65 years or over):
  - 557 valid questionnaires in one-to-one interviews
    - 44.89% men
    - 55.11% women
  - Mean age, 74 (Sd=6.65)
  - 18% had cancer in the past
1. Knowledges

Yes

- Risk increases with age: 32.4%
- Curable: 59.6%
- Contagious: 2%
- Punishment consequence: 3%
2.a. Cancer prevention

- Can be prevented: Yes, 53%
- Know European Code: Yes, 6%
- Smoking increases risk: Yes, 94.9%
- Excessive sunbathing: Yes, 90.6%
- Healthy diet reduces risk: Yes, 47.6%
- Avoid overweight: Yes, 38.1%
2.b. Early diagnosis

- Possible and effective: Yes
- Mammograms in breast cancer: 84.7%
- PSA in prostate cancer: 44%
Know the meaning of:

- Informed consent: 52.7%
- Clinical trial: 31%
- Placebo: 23%
- Randomisation: 5%
4. TREATMENT

- Cancer treatment worst than illness itself 28.8%
- Anaesthesia is risky 53.9%
- Mastectomy essential in breast cancer 17.2%
- Prostatectomy only way to cure prostate cancer 23.1%
- Radiotherapy is dangerous 48.3%
- Chemotherapy (CT) is deleterious 55.2%
- CT alopecia irreversible 6%
- CT vomiting unavoidable 29.3%
5. Information, attitudes and support

- Cancer patients may need psychological support: 66.8%
- Positive attitude is crucial in cancer cure: 83.3%
- May impair couple relationship: 68.3%

In case of having cancer I would:

- Prefer to know diagnosis and prognosis: 77.2%
- Tell to relatives and friends: 71.4%
- Prefer to receive no treatment: 34.2%
- Not stand chemotherapy: 51%
Having had cancer (HHC) increases knowledge?

**Significant results:**

- ‘Believe in cancer cure’: 71.85% HHC vs. 57.25% who have not (HNC), (p<0.039)

- ‘Believe in the importance of psychological support’: 62.5% HHC, 69.75%, HNC (p<0.013)

- ‘Having suffered depression and anxiety’ (more frequency in HHC, p(depression)<0.045; p(ánxiety)<0.0005)
Differences by gender

Statistical differences:

- ‘Prostatectomy necessary to cure prostate cancer’ (27.95% men, 22% women, p<0.003)
- ‘Cancer treatment worst than cancer itself’ (34.04% women, 22.08% men, p<0.0001)
- ‘For men early diagnosis effective in prostate (p<0.0005) and colon (p<0.019) cancer’
Conclusions

- Cancer low knowledge in measured fields
- Lack of awareness as a target population
- Future implications:
  - Research: wide sample, go deeply into some crucial topics and analyze old cancer patients samples
  - Training activities: reinforce our information elderly tailored on-going programs, courses devoted to increase self-efficacy perception in old people related to their health
  - Professionals: implement communication skills courses to health staff
mayores sin cáncer

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