Symptoms – are they matter in GO?

- Cancer in older persons, with an ever-increasing population of elderly, is a global issue
- For them, cancer diagnoses and treatments often produce a multitude of intense somatic, affective, GI, sensory, cognitive symptoms, etc.

Symptoms – how common in GO?

- A recent mixed population-based cohort study with 45,118 subjects (68% of the cohort was aged 60 or older) indicated a high prevalence of numerous symptoms of ambulatory cancer patients.¹
- Manitta et al (2011) studied the level of distress in 180 patients aged 17 to 95 years who had been diagnosed with a hematological malignancy, and reported that the mean number of symptoms was 8.8.²

References:

Symptoms – how common in GO?

- Cleeland et al (2011) revealed that during chemotherapy 30% of the advanced lung cancer patients who had a mean age of 60 years, experienced persistent moderate or more severe symptoms, and that those symptoms interfered significantly with the patients’ functioning throughout the 15-week study.³
- Cheng & Yeung (in press) studied the symptom distress of 120 patients aged 65 to 84 years who were receiving cancer therapy, and reported that the patients had multiple symptoms, with a mean number of 5 ± 3 symptoms per patient.⁴

References:

Symptoms – how common in GO?

<table>
<thead>
<tr>
<th>Studies on symptoms in the past 5 years (excluded review &amp; validation studies): &lt;65 vs ≥65</th>
<th>Journal of Pain &amp; Symptom Management (N=214)</th>
<th>Supportive Care in Cancer (N=401)</th>
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</thead>
<tbody>
<tr>
<td>Mixed population</td>
<td>Aged below 65</td>
<td>Mixed population</td>
</tr>
<tr>
<td>16%</td>
<td>23%</td>
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<tr>
<td>43.6%</td>
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References:
Older Cancer Patients “Missing Out”

Most prior research on the symptom burden cover all the different age groups of cancer populations older patients tend to be under-represented. Research is needed to expand to address the problems of inadequate symptom management among older cancer populations worldwide.

Critical Review in Haematology & Oncology (N=27)

Agenda of symptom management interventions in GO

- Pharmacological vs non-pharmacological
  - Adverse drug effects, polypharmacy & non-adherence
  - Non-pharm interventions have not focused exclusively on older people with cancer
  - Single vs multi-dimensional
  - An adjunct to medical treatment
  - To be relevant, effective and sustainable for this population.

- Responses to symptom management interventions
- Age factors & effects, family factors

Effectiveness of a home-based self-care symptom management program for older adults receiving CT

- A mixed method design with randomized clinical trial and qualitative interview
- 42 patients aged ≥60 with newly diagnosed colorectal or breast cancer were accrued and were randomised either to an intervention or a control group

Symptom management program

(Home visit + phone contacts)

<table>
<thead>
<tr>
<th>Symptom Management Program</th>
<th>Weekly during CT</th>
<th>Baseline assessment (T1)</th>
<th>Cycle 1 of CT (n=24)</th>
<th>Cycle 2 of CT (n=24)</th>
<th>Cycle 3 of CT (n=24)</th>
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<tr>
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Symptom Management Program

- Progressive Muscle Relaxation
- Distraction Strategies & Techniques
- Guided Imagery
- Energy Conservation Strategies
- Warm Heat & Cold Packs
- Fatigue, nausea, vomiting, appetite, anxiety & depression
- Fatigue, nausea, vomiting, appetite, anxiety & depression
- Fatigue, nausea, vomiting, appetite, anxiety & depression
- Fatigue, nausea, vomiting, appetite, anxiety & depression
- Pain, numbness
- Cold Chain Protocol
- Illustrated Control Therapy
- Sleep Restriction Therapy
- Medication Protocol
- Oral Care Protocol
- Stimulus Control therapy
- Sleep Disturbance
- Sleep Disturbance
- Sleep Disturbance
- Sleep Disturbance
- Sleep Disturbance

CONSORT
Lack of appetite
Hair loss
Changes in skin
Feeling drowsy
Numbness/tingling
Way food taste
Changes in the concentrating
Difficulty sleeping
Weight loss
Feeling sad
Pain
Think "I don't look like myself"
Feeling nervous
Dry mouth
Difficulty sleeping
Worrying
Symptoms

Subjects' characteristics

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<th>Cycle 3</th>
<th>Time point 3</th>
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<tr>
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<tr>
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Symptoms

- Intensity
- Energy
- Activity
- Boredom
- Feeling sad
- Mobility
- Concentrating
- Weight loss
- Fatigue
- Lack of energy
- Emotional
- Hope
- Coping
- Cognitive
- Global Distress Index (GDI)

Interventions

- Psychological subscale (PSYCH)
- Physical subscale (PHYS)

Graphs showing comparisons between intervention and control groups.
Discussion & Conclusion

Data highlights the prevalence of affective, somatic, and GI symptoms to older patients with cancer, but the prevalence and severity varies across different cycles of adjuvant chemotherapy and across weeks 6 to 12.

Start off with high prevalence of affective symptoms; worrying and feeling sad (~45%, every two older patients) at baseline and the 1st cycle of chemotherapy.

High prevalence of somatic, GI, and sensory symptoms; fatigue, change in the way food taste, lack of appetite, numbness/tingling, hair loss during the cycles 2 and 3, and at weeks 6th and 12th.

The median scores for all MSAS subscale/total scores and HADS score were lower in the intervention group compared with the control at all time points except physical subscale and total scores during chemotherapy, and anxiety/depression scores at cycle 1.

The median scores for EORTC-C30 subscale scores were higher in the intervention group compared with the control at all time points studied except cycle 1.

Although the effectiveness of the home-based self-care symptom management program in reducing symptoms is not statistically proven at this juncture of study, data suggest its benefits in improving some symptoms of older patients. Full sample and robust longitudinal data analysis are required to confirm the findings.