Nursing Perspectives about Elderly Patients

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UNPRECEDEDENTED GROWTH of the elder demographic worldwide

HETEROGENEITY of older population

- VARIATIONS in existing co-morbidity, susceptibility to the progressive accumulation of multiple chronic diseases, responses to treatment and treatment complications, disease burden and care needs

- Evolution of functionality in ADL/IADL and quality of life
Dynamic INTERDISCIPLINARY geriatric oncology approach of assessment, care and treatment

Organization of medicine, nursing & health care professionals


2 Levels Geriatric Oncology Assessment

Screening for vulnerability (G8, VES-13)

Geriatric Assessment

Domains: functionality, cognition, falls, nutrition, social, depression, med, fatigue, pain

Geriatric domains/health status evaluation
unknown geriatric problems

Inform treatment decision & clinical care

Health care systems & policies

Oncologists Surgeons

Geriatricians

Nurses

Psychologists

Pharmacist

Family

Nutritionist
How to increase the effectiveness of GA?

- Coordinate geriatric assessment
- Collect GA data
- Report GA results
- Coordinate geriatric recommendations related to the identified GA problems
- Follow-up the implementation of recommendations related to the identified GA problems

Can NURSE be a CORE MEMBER?
Can NURSE be a CORE MEMBER?
Where are we?

• Do education, clinical practice and research in geriatric oncology medicine and nursing follow similar TRAJECTORIES?

• Have geriatric oncology now become a health care priority?
Do RESEARCH in geriatric oncology medicine and nursing follow similar trajectories?

<table>
<thead>
<tr>
<th>CINAHL Plus 1949 to 2014</th>
<th>Geriatric Oncology Literature</th>
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<tbody>
<tr>
<td>N=2267</td>
<td>Medicine: 61.30%</td>
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<td></td>
<td>Nursing: 37.70%</td>
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<td>Allied Health: 1%</td>
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(start off with a case study)
Do RESEARCH in geriatric oncology medicine and nursing follow similar trajectories? (Areas of focus)

- Med-led reviews, guidelines & recommendations: 36.70%
- Nur-led reviews, guidelines & recommendations: 21.00%
- Clinical trials: 12.50%
- Symptom assessment related studies: 5.70%
- QoL related studies: 5.40%
- Palliative/supportive care studies: 4.90%
- Functional outcome related studies: 4.80%
- Geriatric assessment: 4.50%
- Nursing interventional studies: 2.50%
Do EDUCATION AND CLINICAL PRACTICE in geriatric oncology medicine and nursing follow similar trajectories?

A national survey on the geriatricians’ perspectives on geriatric oncology in the Netherlands.
doi.org/10.1016/j.eurger.2014.02.003

Geriatricians/ Geriatric med residents (Dutch Geriatric Society) n=95 out of 223 (43%)  

27% (n=26) stated that all elderly are routinely assessed for the presence of geriatric syndrome (geriatric evaluation)

16% (n=15) stated that patients were referred for a geriatric evaluation on an ad hoc basis
Do EDUCATION AND CLINICAL PRACTICE in geriatric oncology medicine and nursing follow similar trajectories?

A survey on treating physicians’ general experiences and expectations regarding geriatric assessment in older patients with cancer

Kenis et al. JGO (2014) doi.org/10.1016/j/jgo.2014.06.043

9 Belgian hospitals (participated in a GA implementation study)

82 questionnaires from 9 hospitals were returned (response rate of 36%)

83.6% - conducting a GA was considered as priority and very important

<table>
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<tr>
<th>In how many patients is GA currently applied?</th>
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<tr>
<td>0-20%</td>
<td>27 (34.2%)</td>
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<tr>
<td>21-40%</td>
<td>18 (22.8%)</td>
</tr>
<tr>
<td>41-60%</td>
<td>10 (12.7%)</td>
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<tr>
<td>61-80%</td>
<td>9 (11.4%)</td>
</tr>
<tr>
<td>81-100%</td>
<td>15 (19%)</td>
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A survey study on ASIAN ONCOLOGY NURSES’ PERSPECTIVES on the attitudes, current practices, and the needs to support the provision of geriatric oncology nursing care

Research questions

• How do oncology nurses perceive their knowledge & practices of assessment & management for older person in oncology setting?

• What attitude & self-efficacy (confidence) of oncology nurses in conducting geriatric oncology specific assessment & care?

• What barriers do oncology nurses perceive in their practices of assessment & management for older person in oncology setting?

• How do oncology nurses perceive the need for sub-specialized care in geriatric oncology nursing?

• What are the perceived needs of oncology nurses to support their provision of nursing care for older person in oncology setting?
QUALITY OF LIFE of elderly patients receiving cancer therapy: a systematic review

- Measurement of QoL in elderly cancer population
  - Clinical decision making
  - Evaluation of treatment outcome along with toxicity, survival and mortality rates

- Aim
  - To assess the available evidence in current literature on the QoL of elderly patients with cancer receiving CT and/or RT

- Methods
  - Searching database of CINAHL plus and PubMed from inception to May 2014
  - Inclusion criteria: aged 65 years or above, receiving CT and/or RT, QoL was measured using a generic or disease-specific tools
QUALITY OF LIFE of elderly patients receiving cancer therapy: a systematic review

Records identified through database searching (n=2438)

- After duplicate removal (n=1990)
- After title elimination (n=129)
- After abstract elimination (n=60)
- After full text elimination (n=41)

Frequently used QoL instruments
- EORTC QLQ-C30 & EORTC QLQ-BR23, EORTC QLQ-HN35
  - 25 studies
- FACT-G
  - 8 studies
- SF-36, Linear analog scale, Spitzer QoL index
  - Others
QUALITY OF LIFE of elderly patients receiving cancer therapy: a systematic review

<table>
<thead>
<tr>
<th>QoL during cancer therapy</th>
<th>Factors affecting QoL</th>
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<tr>
<td>• Decline in QoL, esp in physical, social &amp; role functioning domains</td>
<td>• ↑ CT related toxicities &amp; symptoms, ↓ level of QoL</td>
</tr>
<tr>
<td>• 22 studies</td>
<td></td>
</tr>
<tr>
<td>• No significant impact on QoL</td>
<td></td>
</tr>
<tr>
<td>• 15 studies</td>
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Post CT

| • Significant improvement in QoL at 1 month to 5 yrs post treatment |
|  • 10 studies |
| • No improvement in QoL |
|  • 1 study |
QUALITY OF LIFE of elderly patients receiving cancer therapy: a systematic review

• Cancer therapy related toxicities and symptomology have devastating impact on elderly patients’ QoL, affecting multiple domains of physical, social and role functioning.

• Regular toxicity and symptom assessment, and supportive care interventions should be provided to improve elderly patients’ QoL during cancer therapy.

• Older cancer patients specific QoL instruments
SYMPTOM assessment

- Symptom assessment related studies (5.7%, CINAHL plus)
  - Brief Pain Inventory
  - Rotterdam Symptom Checklist
  - Memorial Symptom Assessment Scale

- NCI Patient-reported outcome Common Toxicity Criteria (PROCTCAE)
A secondary data analysis of the effects of pain, fatigue, insomnia, & mood disturbance on functional status & QoL of elderly patients with cancer (Cheng & Lee 2012)

- 120 patients, 65 years of age and older with solid tumors receiving chemotherapy or radiotherapy
- Regression of the KPS/FACT-G scores against the symptom cluster as the 2\textsuperscript{nd} step revealed that the increase in explained variance of:

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<tr>
<th></th>
<th>1\textsuperscript{st} step</th>
<th>2\textsuperscript{nd} step</th>
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<tr>
<td></td>
<td>Gender, age, co-morbidity, stage of disease, &amp; treatment modality</td>
<td>Symptom cluster</td>
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<tr>
<td>KPS</td>
<td>11.1%</td>
<td>36.8%***</td>
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<tr>
<td>FACT-G PHY</td>
<td>7.6%</td>
<td>52.9%***</td>
</tr>
<tr>
<td>FACT-G Social</td>
<td>9.6%</td>
<td>8.7%*</td>
</tr>
<tr>
<td>FACT-G Emotion</td>
<td>6.2%</td>
<td>30.1%***</td>
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<tr>
<td>FACT-G Functional</td>
<td>10.9%</td>
<td>41.1%***</td>
</tr>
<tr>
<td>FACT-G Total</td>
<td>4.7%</td>
<td>49.4%***</td>
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A longitudinal study of symptom burden in elderly cancer patients during cancer therapy (NCI PROCTCAE) (n=13)
Way forward

• **COMMITMENT** to and awareness of the geriatric-oncology concept
• Education needs and research **PRIORITIES** assessment
• **STRATEGIC** education and research
• Geriatric-oncology **PATHS**
• **NURSE** to be a GA **CORE TEAM MEMBER**
• SIOG Nursing & Allied Health Taskforce
SIOG Nursing and Allied Health Working Group
STRATEGIC PLAN 2014-2016

- **Education & Clinical Practice**: to improve knowledge, expertise, practice and personal development in geriatric oncology nursing
  - Web based education course for nurses
  - Nursing consultative services

- **Communication & Advocacy**: to listen, inform and represent the geriatric oncology nursing community and views on the international scene
  - A Nursing and Allied Health White Paper on the care of the older adult with cancer

- **Research**: to help promote evidence-based geriatric oncology nursing research
  - Develop nursing and allied health research