



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم



نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون أية تغيرات



يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %



شبكة المعلومات الجامعية



بعض الوثائق الأصلية تالفة



شبكة المعلومات الجامعية



بالرسالة صفحات

لم ترد بالأصل



B1.977

Correlates of Functional Status Profile Among Cancer Patients On Chemotherapy

THESIS

Submitted in Partial fulfillment of the Requirements for the
Master Degree in Nursing Sciences
(*Medical Surgical Nursing*)

By

Salwa Attia Mohamed

B.Sc. N., Zagazig University

Supervisors

Prof. Sameh S. Shamaa
Professor of
General Medicine and Medical
Oncology
Faculty of Medicine
Mansoura University

Dr. Mofida El-Sawy Badr
Assistant Professor of
Medical Surgical Nursing,
Faculty of Nursing,
Cairo University

Faculty of Nursing – Cairo University
2001

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا،
إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ

صَدَقَ اللَّهُ الْعَظِيمُ

سورة البقرة - آية ٣٢

ACKNOWLEDGEMENTS

Praise be to *Allah*, the Merciful, the Compassionate for all the countless gifts I have been offered. One of these gifts is accomplishing this research work.

I wish to express my deepest gratitude and sincere appreciation toward *Prof. Sameh S. Shamaa*, Professor of General Medicine and Medical Oncology, Faculty of Medicine, Mansoura University, who devoted his precious time, effort and advice for the completion of this work.

I am so grateful to *Dr. Mofida El-Sawy Badr*, Assistant Professor of Medical Surgical Nursing, Faculty of Nursing, Cairo University, for her valuable suggestions and close supervision. She generously offered much of her valuable time to guide and answer my questions during the conduction of this thesis. Much appreciation to her for the continued guidance and sincere encouragement.

I thank *Dr. Ossama A. Mostafa*, Assistant Professor of Community Medicine, Beni-Suef Faculty of Medicine, Cairo University, for his expert efforts in the field of computer programs that formed the shape of this thesis.

Safwa A.M. El-Sayed

TO MY FAMILY

LIST OF CONTENTS

	Page
Introduction	1
Significance of the study	2
Research questions	2
Review of Literature	4
Cancer chemotherapy	4
Side effects of chemotherapy	8
Functional status	15
Effect of chemotherapy on patients functional status	22
Nursing care of cancer patients receiving chemotherapy	26
Subjects and methods	39
Results	45
Discussion	79
Conclusions, Recommendations and Implications	92
Conclusions	92
Implications	93
Recommendations	94
Summary	95
References	98
Annex	
Arabic Summary	

LIST OF TABLES

No.		Page
1	Sociodemographic characteristics of the sample	48
2	Frequency distribution of treatment cycle, time since diagnosis, and type of chemotherapy drug among subjects of study	50
3	Descriptive statistics of study sample	52
4	Distribution of comorbidity among the studied patients	53
5	Measures of central tendency and distribution of cardiovascular parameters, temperature, hematological indices and weight	54
6a	Distribution of appetite condition and problems related to digestion as reported by patients on chemotherapy	56
6b	Distribution of identified problems of chemotherapy as reported by the studied patients	57
7	Measurement of central tendency and distribution of functional status among patients over four times of treatment	58
8	Relationship between functional status profile and different research variables at start therapy	59
9	Correlation between functional status dimensions scores and some variables at start of chemotherapy	60
10	Correlates between functional status dimension and different research variables at 3 months after chemotherapy	67
11	Relationship between functional status scores and side effects at start of chemotherapy	74
12	The relationship between functional status scores and side effect during chemotherapy	75
13	Relationship between functional status scores and side effects at months after therapy	76

LIST OF FIGURES

No.		Page
1	Distribution of the sample according to gender	46
2	Distribution of the sample according to marital status	47
3	Significant person as source of patients' support	51
4	Correlation between age and social activities at start of chemotherapy	62
5	Correlation between income and social activities at start of chemotherapy	63
6	Correlation between education and social activities at start of chemotherapy	64
7	Correlation between number of dependents and social activities at start chemotherapy	65
8	Correlation between hemoglobin concentration and personal activities at start of chemotherapy	66
9	Correlation between age and total functional status 3 months after chemotherapy	69
10	Correlation between education and social activities 3 months after chemotherapy	70
11	Correlation between education and total functional status 3 months after chemotherapy	71
12	Correlation between number of dependents and social activities 3 months after chemotherapy	72
13	Correlation between haemoglobin concentration and social activities 3 months after chemotherapy	73

ABSTRACT

The purpose of this study was to identify correlates of functional status profile among cancer patients on chemotherapy. A sample of convenience of 50 cancer patients (15 males and 35 females), were assigned for chemotherapy. Four tools were utilized to collect data related to this study: (a) Inventory of Functional Status Cancer adopted from Tulm  n   t al. (1991) and adapted by the researcher, for comprehensive assessment were undergone to collect data before starting chemotherapy and it was repeated in the middle of treatment cycle and by its end and finally after three months of completion of chemotherapy; (b) Patient Assessment Monitoring Record (PAMR): designed to record patient's pulse, blood-pressure, body surface area etc. During the four times of measurements; and (c) Demographic data and Medical information sheet will be designed to elicit subjects, gender, age, marital status etc. The studied subjects reported the following problems at the middle and by the end of chemotherapy, (e.g., dry mouth, taste change, nausea, alopecia, poor appetite, vomiting, weakness, mouth sore and bone ache). The total functional status subjects' scores showed slight improvement over time, from start of chemotherapy to three months after. But statistical support was evidenced in the dimensions of personal care, household activities, and social activities and total functional status ($p < 0.05$). Identified correlates of better scores were associated with increased hemoglobin amount, increased body surface area, and being male, nearly all better functional status dimensions scores ($p < 0.05$), while associates of low functional status scores were almost being weakness, sadness, suffering from pain ($p = 0.04$). The results concluded that cancer patients were experiencing low functional status on the start of chemotherapy and there was slight improvement during, by the end, and after three months of treatment. Replication of this study is highly recommended on a large representative probability sample to achieve generalizable results.

Key words: Chemotherapy - Cancer patients' - Functional status profile

Introduction

INTRODUCTION

Cancer was estimated to account for about 7 million deaths (12% of all deaths) worldwide in 2000 (WHO, 2001), only preceded by cardiovascular diseases (30 % of all deaths), and by infectious and parasitic diseases (19%). Cancer was also estimated to account for almost 6% of the entire global burden of disease in that same year. More than 70% of all cancer deaths occurred in low- and middle-income countries and, although the risk of developing/dying from it is still higher in the developed regions of the world, the control of communicable diseases as well as the ageing of the population in developing countries, point to an increasing burden of cancer worldwide. In fact, Pisani et al. (1999) have projected a 30% increase in the number of cancer deaths in developed countries, and more than twice this amount (71%), in developing countries, between 1990 and 2010, due to demographic changes alone.

Chemotherapy plays an important role in the treatment of cancer. Whether utilized alone or in combination with surgery, radiation therapy, or biotherapy, it can achieve significant improvement in both the cure rate and the length of survival of persons with cancer (Krakoff, 1991).

Chemotherapeutic drugs are acting systematically by killing the highly proliferating cell. Cytotoxic drugs do not discriminate between normal and cancerous cells. Unfortunately, rapidly proliferating normal cells such as hair follicles, gastrointestinal lining, bone marrow, ovaries and testicles. This accounts for the common side effects of cytotoxic chemotherapy such as, hair loss, nausea, digestive impairment, immuno-supression, hematological