

Health-related quality of life among cancer patients.

جودة الحياة المرتبطة بالصحة لدى مرضى السرطان.

Dr.Merzka walida. Researcher, Lecturer, University of Batna1–
Algeria

Abstract: The present study is intended to understand the level of Health-related quality of life and the most affected dimension of health-related quality of life in cancer patients. The participants of the study were 100 patients (44 male and 56 female). from Batna ,Djalfa M'sila (Algeria) undergoing Chemotherapy, surgical and radiotherapy . FACT G instrument was used to assess health-related quality of life in cancer patients. The study revealed that cancer patients are experiencing better Health related quality of life($m = 70.98$) and physical well-being is the most affected dimension in cancer patients($m = 15.09$) .

Keywords: Health-related quality of life, cancer, cancer patients.

ملخص: تهدف هذه الدراسة إلى معرفة مستوى جودة الحياة المرتبطة بالصحة لدى مرضى السرطان وكذا التعرف على أكثر أبعادها تأثراً بمرض السرطان. تكونت العينة من 100 مريض سرطان (44 ذكراً و 56 أنثى)، من ثلاث ولايات من الجزائر هي ولاية باتنة، الجلفة، والمسيلة، يخضعون للعلاج الكيميائي والعلاج الجراحي والعلاج الإشعاعي. وقد تم استخدام مقياس FACT G لتقييم جودة الحياة المرتبطة بالصحة لدى مرضى السرطان. وكشفت نتائج الدراسة عن ارتفاع مستوى جودة الحياة لدى مرضى السرطان ($m = 70.98$) وأن بعد الكفاءة الجسدية هو البعد الأكثر تأثراً لدى مرضى السرطان ($m = 15.09$).
الكلمات المفتاحية: جودة الحياة المرتبطة بالصحة، السرطان، مرضى السرطان.

Introduction:

Oncology is a fertile ground for research on quality of patients with cancer exhibit many symptoms and losses of functional ability. Many of the symptoms and functions are not measurable with laboratory tests, and it is necessary to rely on patient self-reports (Osoba, [D.](#), 2011).

As a result, health-related quality of life has been used as an evaluation in cancer clinical trials, where its assessments have been made to compare treatments, as well as to determine side effects and consequences of cancer treatment to assess rehabilitation needs; and to predict response to the future treatment. Health-related quality of life issues have become a vital area of concern to cancer patients, their families and care providers in large measure, attention to the quality of life in cancer patients developed out of the expressed needs of the cancer survivors, who are demanding greater attention to maintaining or restoring quality of life after cancer treatment (Ferrell, B. R., Dow, Karen H., 1997).

Health related quality of life is one of the most important factors that helps to understand the experience of cancer, and plays a key role in the success of treatment. It varies from a person to another, and it is multidimensional perspective. For example, the feeling of pain, exhaustion and other side effects of cancer and its treatment affect quality of life negatively. Psychological stress, material difficulties and family problems do the same. Health-related quality of life must be understood as a significant self-factor, which should be evaluated by patients as a complex concept that is based on multiple factors and changing situations over time. The main study aims to evaluate health-related quality of life and to determine the most affected dimension of it in cancer patients.

Hypotheses: The study proposes the following hypotheses:

- Cancer patients have a low level of health-related quality of life.
- The physical well being is the most affected dimension in cancer patients.

Materials and Methods:

Patients:

One hundred (100) cancer patients of both sexes (Male: 44, Female: 56) from Batna, Djalfa M'sila (Algeria) were included in the present

study. Their duration of illness, ranged from one year to five years (51 patients), more than 5 years (28 patients), and (21 patients) did not exceed one year. (51 patients) had undergone chemotherapy, (24 patients) surgical treatment and (25 patients) radiotherapy.

Measures:

Health related quality of life was evaluated through Arabic version of The FACT-G. It used to assess health-related quality of life in patients undergoing cancer therapy.

This scale is a 27-item compilation of general questions divided into 4 primary QOL domains that can be measured in an isolated manner: physical well-being (7 items), social / family well-being (7 items), emotional well-being (6 items), and functional well-being (7 items). This instrument has been under development since 1987 (developed by Dr. David Cella). FACT-G takes about 5-10 minutes to complete and patients rate all items using a 5-point rating scale ranging from "not at all" to "very much". The measure yields information about total quality of life as well as the dimensions listed above. Higher points indicate a better Health related quality of life. (Health Services and Research Outcomes, 2010, p1-2).

Result and Discussion

The first hypothesis:

To know the level of the health-related quality of life in cancer patients, descriptive statistics, the arithmetic mean, the average mean and t-test for one sample were calculated. The results are presented in the following table.

Table 1. Mean, average mean, S.d. and 't' value of H.R.Q.O.L.

Variable	av.mean	Mean	S.D.	T value
H.R.Q.O.L	54	70.98	18.02	39.38 **

It can be seen that the arithmetic mean (70.98) is larger than the average mean 54 and the calculated T value was ($t = -39.38$, $p < .01$) with a standard deviation (18.02) which is statistically significant in 0.01. Hence it can be said that cancer patients are experiencing better Health related quality of life, and This indicates that the hypothesis has not been achieved.

This is in accordance with the studies of Heydarnejad (2011), Harila (2011), and Richardson (1997), where cancer patients reported a good level of quality of life, and Almeras et al. (2003) who found that the overall quality of life for prostate cancer patients was similar for healthy people.

However, it differs with Lindstrom et al (2004) results which showed a decrease in all sub-measures of quality of life, as well as All et al (2000), Inge et al. (2005) where patients with pain perceived quality of life as low.

This result could be explained by time of evaluation. It has been shown that the quality of life is particularly low during the first period of the disease, but tends to improve over time. This improvement is the result of the interaction of a group of factors, where quality of life is affected in particular by the results of treatment, the patient's perception of illness, and the ability to appraise the situation and coping with challenges. Also, the size of the perceived social support is an important factor in improving the quality of life. It contributes to increase the sense of hope and satisfaction by accepting patients' disease and supporting them.

The second hypothesis

To know the most affected dimension of health-related quality of life in cancer patients, the arithmetic mean has been used. Table 2 explains The results.

Table 2. Mean, average mean of H.R.Q.O.L domains.

H.R.Q.O.L domains	av.mean	Mean
Physical well-being	14	15.09
Family / Social well-being	14	21.06
Emotional wellbeing	12	15.70
Functional well-being	14	19.13

From the table, it can be seen that the mean scores of the sample in the health-related quality of life are all larger than the average mean in each dimension. We also find that the arithmetic mean of family / social well-being among cancer patients is the biggest with a value of (21.06) and the arithmetic mean of physical well-being, is

the smallest with a value of (15.09), which indicates that physical well-being is the most affected dimension in cancer patients.

These results differ with the results of Rajae study (2011), which showed that emotional problems were prominent, followed by social problems, while patients did not suffer from physical performance problems. Keck study (2005) found that The most different dimension in the quality of life is the psychological dimension, followed by the physical and functional and family and socio-economic.

Patient's response to cancer diagnosis and treatment is influenced by the support factor, which is important in giving hope to the patient. Psychological support is the most important type of support for cancer patients, whether provided by friends or couples. Others acceptance of disease, and their support, increased susceptibility to cope with cancer pain, which is positively reflected on their social and family well-being. On the other hand, the physical well-being in our study got the last rank, that is explained by the fact that physical aspect is the mirror of disease more than the rest of health-related quality of life domains . It is greatly affected because of disease and treatments effects as Nausea, pain, fatigue, lack of energy and inability to perform activities which are the most common side effects of cancer treatment.

Conclusion:

From the study it is clear that cancer patients are experiencing better Health related quality of life. Their physical well-being is the most domain probably affected by the disease and its treatment. In general Health related quality of life reflects the ways of maintaining the psychological, social and physical well-being of the individual's daily life.

One of the reasons that leads researchers to study Health related quality of life ,is its importance in determining the impact of the disease on various aspects of individual's daily life. In the light of the results, it indicated the need for studies interested in psychological variables, which could have an important role in determining and improving health related quality of life in cancer patients.

References

- 1.All, A.C., Fried, J. H., & Wallace,D.C(2000).Quality of life, Chronic pain, and issues for health care professionals in rural communities , online journal of rural nursing and health care,vol.1, no. 2.
- 2.Almeras, C.,Zerbib,M.,Eschwege, F., & Debré, Bernard(2003) .Questionnaire de qualité de vie UCLA/RAND Prostate Cancer Index après radiothérapie externe pour cancer de prostate localise :retentissement des complications et qualité de vie générale, Progrès en Urologie, 13, p:256-265.
- 3.B. R., Dow, Karen H(1997) .Quality of Life Among Long-Term Cancer Survivors, oncology Review Article, Survivorship.At : <http://www.cancernetwork.com/survivorship/quality-life-among-long-term-cancer-survivors#sthash.4BDmzTfj.dpuf>.
- 4.Harila,M(2011) .Health-related quality of life in survivors of childhood acutelymphoblastic leukaemia. University of Oulu, Finland.
- 5.Health Services and Research Outcomes (HSRO).(2010). Functional Assessment of Cancer Therapy-General (FACT-G).
- 6.M.S., Hassanpour,D.,A. ,& Solati,D.K(2011). Factors affecting quality of life in cancer patients undergoing chemotherapy, African Health Science. 11(2): 266–270. on :<http://www.ncbi.nlm.nih.gov/>.
- 7.keck, Sherry D. A(2006) .pain locus of control and quality of life , index scores in chronic pain patient, a thesis for the degree master of science in nursing, university of north Carolina, Greensboro.
- 8.Osoba,D.(2011). Health-related quality of life and cancer clinical trials, Ther Adv Med Oncol; 3(2): 57–71.
- 9.Rajae,N.(2011) .Evaluation prospective de laqualite de vie Des patients cancéreux suivis (apropos de 61 cas) au service d'oncologie medicale du CHU Hasan II de Fes, These du Doctorat en medecine, université Sidi Mohammed Ben Abdellah Faculte de medecine et de pharmacie Fes Maroc.
- 9.Richardson M.A.et al.(1997).Coping, life attitudes, and immune responses to imagery and group support after breast cancer treatment. Sep; 3(5):62-70.