

Bedside assessment may provide better outcomes for older cancer patients

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In geriatric medicine, the adage that age is just a number holds true. New research from Wake Forest Baptist Medical Center uses a simple assessment tool to determine how well older adults diagnosed with acute myelogenous leukemia (AML) can handle treatment.

"We're trying to develop better assessment strategies for older adults with this particularly [aggressive disease](#) because, functionally, they encompass a broad age spectrum," said Heidi D. Klepin, M.D., M.S., of Wake Forest Baptist and the study's lead author. "It's well known that older patients with [acute leukemia](#) do not tolerate and benefit from standard, aggressive therapies as much as younger patients. However, certain older individuals can clearly benefit from [aggressive treatment](#). We know we need to treat their cancer, but can we individualize the treatment to each patient and get them through their [cancer treatment](#) in better shape?"

Most treatment recommendations are based on [chronological age](#) stratification, said Klepin, an assistant professor of internal medicine, hematology/oncology. Research has importantly focused on how to better treat the tumor, but there has been little focus on the individual patient as a whole to quantify how functional they are across the board to withstand the aggressive treatment, she added.

For Klepin, this means looking beyond the patient's chronological age. "You're 70, but what kind of a 70-year-old are you? Are you a very functional 70-year-old and pass all these assessments with flying colors?"

she said. "Then you should be treated like a 55-year-old. But if you're a frail 70-year-old, we need to take that into consideration and figure out ways to get you through the treatment better or consider alternative treatment strategies that can be better tolerated."

The study, published in this month's issue of the [Journal of the American Geriatrics Society](#), looked at whether a bedside geriatric assessment (GA) can be a useful tool to evaluate cognitive function, [psychological state](#), physical function and co-morbid disease to identify those patients most vulnerable to the side effects of AML chemotherapy. This is the first study to evaluate the feasibility of performing a comprehensive GA among newly diagnosed older adults with AML to provide better, more individualized treatment.

The study was conducted at Wake Forest Baptist over an 18-month period and involved 61 patients; the mean age was 70.8. Klepin said that as a group, these patients presented with depressive symptoms, distress and physical function impairments and had more difficulty with mobility tasks. The simple questionnaires and functional tests done as part of this assessment picked up symptoms and impairments that standard oncology assessments do not routinely identify, she explained.

"Ultimately, information gained from a geriatric assessment could help optimize therapeutic decision making and clinical outcomes for [older adults](#) with AML," said Klepin. "Our hope is to take this assessment and streamline it so any nurse can administer it at the bedside and give the clinician more information about that patient than they would have had before. This will help so we can get them through their treatments in the best shape possible."

Provided by Wake Forest Baptist Medical Center

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