

Researchers: Quality of life as important as quantity of life

April 27 2012

Researchers at Moffitt Cancer Center have placed new emphasis on gathering data on cancer patient quality of life during both treatment and survivorship. Their focus is on gathering and using that data to develop interventions to improve the quality of life for patients in treatment and for cancer survivors.

Much of the quality of life and survivorship research is carried out by researchers in Moffitt's Department of [Health Outcomes](#) & Behavior.

"Among the several research goals of the Department of Health Outcomes & Behaviors is the evaluation and improvement of quality of life and quality of care," said department chair Thomas H. Brandon, Ph.D. "We aim to understand and improve a patient's quality of life throughout the disease course by identifying clinical practices and health outcomes that can inform our efforts to improve the quality of [cancer](#) care."

Quality of life should be considered

"The question of how well people are surviving cancer is as important as how long they survive cancer," said lead author Paul. B. Jacobsen, Ph.D., associate center director for Population Science, and Heather S.L. Jim, Ph.D., of Health Outcomes & Behaviors. Their study on patient quality of life was published in a recent issue of *Cancer Epidemiology, Biomarkers & Prevention* (2011; 20).

Assessment of quality of life factors is important, said the authors, but many of the measurements for assessing quality of life, particularly for cancer survivors, need development.

"Quality of life is a multidimensional construct about daily functioning - from physical to social - which is most often assessed by patient self-report," Jim said. "It is important that clinical trials include quality of life as an endpoint because if two treatments are found to work equally well, the treatment that offers the best quality of life for [cancer survivors](#) should be prescribed."

Prolonged fatigue after treatment

In a recent study published in *Cancer*, researchers from Moffitt found that when [patients](#) treated with chemotherapy or chemotherapy and radiation for breast cancer were compared to a control group who had not had cancer, the patients who had experienced chemotherapy and/or radiotherapy had more fatigue. These patients also had fatigue that lasted years after their therapy.

"This finding was contrary to our expectations," Jacobsen said.

"Conventional thinking is that patients receiving chemotherapy would, over time, experience less fatigue and would eventually see their fatigue diminish to the levels of controls who had not had cancer, or to the level of fatigue they had prior to their chemotherapy."

One variable that could have affected the group with prolonged fatigue, noted the researchers, was a lack of supportive care, such as exercise and cognitive behavioral therapy. Interventions such as these could have an impact on patient fatigue and thus help improve quality of life, they noted.

Pain helped by psychosocial care

In a study published recently in the *Journal of Clinical Oncology*, Moffitt researchers who teamed with colleagues at five universities across the United States concluded that psychosocial interventions could have an effect on patient's pain severity during cancer treatment.

"Our study looked at randomized, controlled studies of psychosocial interventions for pain published between 1966 and 2010 in which pain was measured as an outcome for adults with cancer or those undergoing procedures to diagnose cancer," Jacobsen said.

When they analyzed 37 past studies, the researchers found that the most successful psychosocial, nonpharmacological interventions were skill-based or educational.

"Skill-based interventions focused on changing a patient's dysfunctional beliefs about pain and promoted the use of skills - such as distraction and relaxation - to manage it," explained Jacobsen. "We found that psychosocial interventions could improve pain severity and interference with daily activities."

Stigma affects quality of life of lung cancer patients

When Moffitt researchers Jacobsen and Brian D. Gonzalez, M.A., of Health Outcomes & Behavior, studied depression among patients with [lung cancer](#), they found that perceived stigma related to their disease corresponded to greater levels of depression, and that patients with depression had more "dysfunctional attitudes."

"Given its strong association with tobacco use, lung cancer may be viewed as a preventable disease, so patients might blame themselves and

feel stigmatized," explained Jacobsen.

The aim of the study, according to Gonzalez, was to examine rates of social rejection, financial insecurity, internalized shame and social isolation, and develop psychosocial interventions for depression.

"Therapy that focuses on altering the patient's thoughts and feelings associated with their perceptions of stigma could prove effective in reducing symptoms of depression and improve patient [quality of life](#)," Gonzalez said.

Provided by H. Lee Moffitt Cancer Center & Research Institute

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