

# Impact of cognitive functions on oral cancer therapies

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The development of oral cancer drugs as a modality therapy over the last decade has highlighted the problem of non-adherence. Only cancer drugs that are taken can actually work. Contrary to what is expected, a significant share of cancer patients doesn't take their cancer drugs as prescribed. Presented at the ESMO Congress 2016, the results of a new study by Professor Florence Joly and Dr Melanie Dos Santos of the Centre Francois Baclesse in Caen, on the "Impact of cognitive functions on oral anticancer therapies adherence" highlights that cognitive disorders may be an under-estimated major parameter (notably among elderly patients).

Professor Joly explains, "The objective of this initial study was to assess the relationship between cognitive functions and oral medication adherence in order to identify the patient profiles who are more likely to be non-adherent.

"This study included patients starting a new oral therapy and half were over 70 years of age. Before starting treatment, a standardised neuropsychological test battery including an assessment of autonomy, depression and anxiety were performed. Information on socio-demographic conditions was also collected. Adherence to oral therapy was evaluated by self-assessment questionnaires and an observance sheet."

The study concluded that working memory dysfunctions (frequently observed among elderly patients) and depression appear to be predictors

of non-adherence. Focusing on cognitive functions before initiation of oral anticancer therapy is therefore relevant to identify the patient profiles more likely to fail self-management of oral anticancer therapy and therefore help clinical decision-making, particularly with [elderly patients](#).

Due to the importance of patients adhering to cancer treatments, ESMO 2016 Congress is also devoting a Patient Advocacy Track session to the issue. Non-adherence to oral cancer treatments may impact the efficacy of treatment and even survival, with high costs for the patient and healthcare systems.

Focusing on intentional non-adherence, Dr Bettina Ryll, Chair of the ESMO Patient Advocacy Working Group, adds, "I believe the current concept of adherence is too narrow i.e. physicians expect patients to take their medication as prescribed and non-adherence is considered a form of disobedience. Intentional non-adherence, the patient deciding not to take medication as indicated, is actually revealing patients' true preferences and these might simply be very different from what physicians and other stakeholders consider relevant. So instead of enforcing adherence against patients' preferences, we need to first understand and then tackle the true reasons underlying non-adherence."

Dr Ryll stated that oncologists needed to understand the driving factors and characteristics of patients that drive non-adherence to cancer therapies, in order to improve outcomes of those patients at risk.

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