

What factors affect quality of life in older patients with cancer?

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A new study provides insights on the factors that affect health-related quality of life in older adults with cancer. Published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society, the findings support the importance of addressing persistent symptoms, managing comorbidities, promoting leisure-time physical activity, and addressing financial challenges.

Of the 15 million people living with [cancer](#) in the United States in 2016, 62 percent were aged 65 years or older. This proportion is growing over time, and soon three-quarters of cancer survivors will be in this age group. Understanding the most important factors that contribute to improving or maintaining good [quality](#) of [life](#) beyond the initial treatment period can help identify survivors who are most vulnerable and at risk for poor health outcomes.

To investigate the issue, Maria Pisu, PhD, Associate Professor in the Division of Preventive Medicine, Gabrielle Rocque, MD, Assistant Professor in Hematology and Oncology, and their colleagues at the University of Alabama at Birmingham surveyed 1457 adults aged 65 years or older. Most of the respondents were not actively receiving cancer treatment at the time of the survey and were one year or more past their diagnosis. The survey explored factors in physical, psychological, social, and spiritual domains that could impact quality of life.

The researchers found that the physical and mental components of

quality of life were likely affected by factors across different domains. The most important contributors associated with worse physical quality of life included more severe symptoms of pain, fatigue, and disturbed sleep in the week leading up to the survey, as well as other medical conditions that patients had besides cancer. Also important were social domain factors related to support needs, such as needing help when fatigued. Being physically active appeared to be an important contributor to better physical quality of life. The most important contributors linked with worse mental quality of life were again the severity of symptoms such as fatigue and disturbed sleep. Other likely contributors included the need for emotional support and having financial hardship events.

"Quality of life studies tend to focus on one cancer at the time, on the period during treatment, and on specific cancer drugs or treatments; however, as people live longer after a cancer diagnosis, it is important to understand the contribution of other factors to quality of life regardless of cancer type or treatment," said Dr. Pisu. "Cancer type and [treatment](#) received were not among the most important factors affecting quality of life in our group of survivors."

Dr. Pisu noted that the contribution of financial hardship to the mental component of quality of life was somewhat unexpected. "Financial and economic hardships have usually been found to be less concerning for [older adults](#)," she said.

The study's results have implications for the care of older cancer survivors. "The approach to care for this population has to be one of comprehensive health promotion that includes appropriate management of symptoms and comorbid conditions and the promotion of healthy lifestyles," said Dr. Pisu. "Moreover, their care should recognize the importance of older survivors' social contexts and the support needs that they may have, including those related to financial challenges."

More information: Maria Pisu et al, Most impactful factors on the health-related quality of life of a geriatric population with cancer, *Cancer* (2017). [DOI: 10.1002/cncr.31048](https://doi.org/10.1002/cncr.31048)

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