

Whether you feel 73 or 37, age perception alone does not spur treatment decisions

December 19 2018



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One 80-year-old patient told Wilmot Cancer Institute investigators that he felt 20. A 74-year-old who felt like he was 40 had a goal of outliving his 90-year-old father. But for these vibrant older adults, age was only

one of the complex factors influencing their decisions to receive chemotherapy, a study found.

The study volunteers were eligible if they had undergone cancer surgery and if additional standard care called for chemotherapy. Among those who opted for no [treatment](#), one 74-year-old who felt 60 said: "I'm not looking to live to be 100...I don't want to go through this stuff."

On the other hand, a 72-year-old patient who felt 50 believed that chemotherapy was the best option and said: "I've had a good run. I've stayed healthy all these years...I want a good 10 more years like this."

Still others acknowledged ambiguity. "Life is very difficult when you go through this," said an 83-year-old who felt 73. "It makes a difference when you're an older person and widowed and on your own."

The study concluded that discussing a patient's perceived age is important because it opens the door to issues such as perceived health, goals for longevity, family, and other age-related concerns that could influence treatment decisions and outcomes. Led by Jason Zittel, M.D., a geriatric oncology fellow at Wilmot, the study recently won the 2018 BJ Kennedy Award for best poster presentation at the International Society of Geriatric Oncology (SIOG) annual meeting.

Marsha Wittink, M.D., associate professor of Psychiatry and Family Medicine, and an expert on mixed methods research, was senior author for the analysis. Her research centers on how to empower patients to reflect on what they really want. She develops decision tools that help them to unpack information that will lead to treatment decisions.

At the outset, the research team believed that patients who felt younger would certainly choose chemotherapy. But during audio-recorded interviews with 21 patients ages 70 and older, other themes emerged and

the investigators learned otherwise.

"Some patients clearly had a goal for longevity. Some patients have other people in their lives telling them, 'You are much younger than your age. You should go for it.' And other patients feel like they're in a good place and they don't want to rock the boat with treatment," Zittel said. "It showed us that asking about [age perception](#) alone is not enough. You have to dig deeper."

Understanding the complex relationship between age and treatment choice is important for physicians as well as patients, Zittel said. Oncologists are more apt to rely on data related to a person's physiology. For example, does the older patient have COPD or heart issues? And some patients misrepresent to doctors how young they actually feel.

"They may say they feel 21," he said, "but are they really getting out and exercising every day or are they sitting in a chair?"

Moving forward, Zittel and his colleagues who treat older adults with cancer will use the research to inform their communications with patients. "Almost all of our [patients](#) say they tend to feel younger than they are, even when they go through cancer," he said. "That's not bad—but as providers, we need to ask more questions about what that means to each individual patient."

Provided by University of Rochester Medical Center

Citation: Whether you feel 73 or 37, age perception alone does not spur treatment decisions (2018, December 19) retrieved 19 April 2024 from <https://medicalxpress.com/news/2018-12-age-perception-spur-treatment-decisions.html>

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