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Original Article

Quality of life of women with breast cancer at a tertiary care hospital

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ABSTRACT

Background: The diagnosis of breast cancer, despite improved overall survival, continues to generate fear and turmoil in the lives of women and their families.Prevalence studies of psychological distress indicates that one out of every three newly diagnosed patients experiences significant difficulty in adjustment. Quality of life (QOL) is a very frequent applied concept nowadays. Materials and methods: We conducted a cross sectional study on 58 breast cancer patients, admitted and treated in Shusrutha cancer hospital between February 2011 and June 2011. We used QOL-C30 questionnaire by EORTC module. Results: The mean age of study subjects was 48.8 ±10.26 years. The quality of life total score was 42.24± 10.23. The functional scores were high ranging from 80 to 90.5. The symptom scales of various symptoms were low ranging from 4 to 26.4. Working women had better QOL. Conclusion: The overall QOL was low and it was associated with occupational status.

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1. Introduction

Quality of life (QOL) is a very frequently applied concept nowadays [1]. It is a subjective concept and its definitions and the sub concepts involved have varied. QOL has been defined as the subjective evaluation of life as a whole or the patient's appraisal and satisfaction with their current level of functioning compared with what they perceive to be possible or ideal[2].

In a simple way, QOL is individual imaginations or thoughts from life style according to his/her objectives, expectations, standards and preferences. QOL is a multidimensional construct encompassing perceptions of both positive and negative aspects of somatic discomfort and other symptoms produced by a disease or its treatment [2]. The diagnosis of breast cancer, despite improved overall survival, continues to generate fear and turmoil in the lives of women and their families. Prevalence studies of psychological distress indicate that one out of every three newly diagnosed patients experiences significant difficulty in adjustment[3].

Further evidence suggests that the diagnosis of breast cancer generates more anxiety than any other cancer diagnosis [4].

At the time of diagnosis patients experience uncertainty, confusion, and distress. Surgical options that include mastectomy and reconstruction, present unique issues as the patient contemplates the advantage and disadvantage of each procedure [5]. Following surgery, adjuvant therapy generates additional physiological assaults that further affect the body image, sexuality and family life [6].

Long term consequences of therapy include painful and often debilitating lymph oedema, due to surgery or radiation therapy consequently, these patients are engaged with cancer and its outcomes and effects for a long time [7]. Therefore it is critical for health care professionals to become familiar with the impact of a breast cancer diagnosis and its treatment on patients QOL [7].

Aim of the study: The aim of the study is to assess the Quality of life of patient's diagnosed as breast cancer, in a tertiary care centre, in Karimnagar, Andhra Pradesh, India.

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2. Material and Methods

We conducted a cross sectional study on 58 breast cancer patients, admitted and treated in Shushruta Cancer Hospital between February 2011 to June 2011. This centre is a referral centre in and around Karimnagar district. Any female patients with a diagnosis of breast cancer, according to pathology report and clinical examination were included in the study. The exclusion criteria includes cancer diagnosis less than two months, other previous or concurrent malignancies.

We used QLQ-C30 questionnaire by EORTC group. The questionnaire had been validated on Indian patients [8]. The EORTC module QLQ-C30 is a 30 item questionnaire composed of five multi-item functional sub scales; physical health, role function, emotional function, cognitive function and social function; three multi item symptom scales measuring, fatigue, pain and emesis; a global health subscale and six items to assess the financial impact and general symptoms [8].

In addition to this, a few other issues related to demographic details including occupational and marital status were also assessed. The questionnaires are available in local language that is Telugu, which was administered to the patients through interview method.

Scoring of the QLQ-C30 was done according to the procedures described by the European Organization for Research and Treatment of Cancer (EORTC) manual [8]. Descriptive and inferential statistics were used in order to analyse the data. Socio Economic Status (SES) was calculated using BG Prasad method of social classification [9].

3. Results

In the present study 58 patients with breast cancer were studied for QOL study. Table 1, shows demographic profile of study population. Maximum (55.2%) were in the age group of 31 to 50 years, followed by age group of more than equal to 51 years(41.4%). 98.3% were from rural area and 89.7% were Illiterate and 62.1% were married. According to B.G. Prasad scale 91.4% belonged to lower SES. Occupation wise 75.9% were working (69% as Cooli -Labourers) and 24.1% were housewives The mean age of study subject was 48±10.26 years. The mean global health status score was less i.e. 42.24 + 24.8.

Table 1: Demographic Profile of Study subjects.

Characteristic	number (%)(n=58)
Age	
≤30	02(03.4)
31-50	32(55.2)
≥51	24(41.4)
Place	
Rural	57(98.3)
Urban	01(01.7)
Literacy	
Illiterate	52(89.7)
Literate	06(10.3)
SES	
Upper	05(08.6)
Lower	53(91.4)
Marital status	
Married	36(62.1)
Others	22(37.9)
Occupational Status Working	44(75.9)
Housewives	14(24.1)

Note : SES classified as per BG Prasad scale(upper class includes 2 and 3 class and lower includes 4 and 5)

Table 2, shows QOL measured on functional scale. The functional scores of the roles, physical, emotional, cognitive and social were high ranging from 80 to 90.5.

Table 2: Quality Of Life (Functional Scale)

Item scale	Mean Score	SD
Physical function	84.02	18.09
Role function	87.35	19.57
Emotional function	80.17	18.12
Cognitive function	90.51	14.00
Social function	85.63	19.10

Table 3, shows QOL measured on symptoms scale. The symptom scales of various symptoms were low ranging from 4 to 26.4.

Table 3: Quality Of Life (Symptom Scale)

Item scale	Mean Score	SD
Global health status	42.24	24.8
Fatigue	19.73	20.29
Pain	22.12	21.26
Insomnia	20.68	26.36
Appetite loss	25.86	30.61
Nausea vomiting	13.21	19.43
Constipation	8.04	19.05
Diarrhoea	4.02	14.06
Financial difficulties	26.43	27.75

Table 4, shows impact of occupation on QOL measured on functional scale using QLQ-C30 questionnaire. The global health status was significantly higher in working women than in housewives (p=0.03). The mean score of role function and cognitive function was also higher in working women compared to housewives. But this difference was not significant. The other parameters were higher in housewives as compared to working women but the difference was statistically not significant.

4. Discussion

In the present study the mean global health status was 42.24 + 24.8. This was very much lower compared to a study by Dubashi B et al [10], who reported it to be 77.93. This may be due to the fact that Dubashi B et al have conducted the study in the age group of less than 35 years, whereas our study population consisted of age group ranging from 30 to 70 years. Thus we can say that increasing age affects the QOL.

Table 4: Impact Of Occupational Status on QOL

Item scale	occu-pation	N	mean	SD	significance
Global health Status	Working	44	46.02	26.25	0.03
	Housewife	14	30.35	14.83	
Physical function	Working	44	83.18	17.81	0.53
	Housewife	14	86.66	19.39	
Emotional function	Working	44	80.49	17.96	0.94
	Housewife	14	80.95	27.62	
Role function	Working	44	89.39	16.11	0.05
	Housewife	14	79.16	19.26	
Cognitive function	Working	44	90.90	13.66	0.70
	Housewife	14	89.28	15.47	
Social function	Working	44	85.60	18.88	0.98
	Housewife	14	85.71	20.52	

The functional scores were high in our study ranging from 80 to 90.5. Similar finding was reported by Dubashi B et al [10]; whose scores ranged from 80 to 89. Safee et al [11], also reported the higher functional scale ranging from 57 to 72.

We observed that the symptoms scales of various symptom were low ranging from 4 to 26.4, similar finding was reported by Dubashi B et al10 (score range 5 to 20) and Safaee et al [11] (range 4 to 42).

The present study reports that there was significant association between occupational status and global quality of life. Safaee et al [11] noted in the univariate analysis, on among demographic factors, only occupational status was associated with global quality of life and employed women had better QOL.

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