

# Frequency of symptoms in patients with advanced cancer

BÜLENT YALÇIN, ABDULLAH BÜYÜKÇELİK, FİLİZ ÇAY ŞENLER, GÜNGÖR UTKAN, İBRAHİM TEK, MUTLU DOĞAN, HATİCE DORUK, AHMET DEMİRKAZIK, HAKAN AKBULUT, FIKRI İÇLİ

Ankara University Medical School, Department of Medical Oncology, Ankara-Turkey

## ABSTRACT

In advanced cancer, aggressive palliative care remains inadequate. We aimed to determine frequency of symptoms in patients with advanced cancer who were admitted to outpatient clinic of medical oncology at least two times for treatment or follow up, by using a questionnaire. Total 236 consecutive patients with various advanced cancer were recruited to this study. The median age of patients was 53 years (range, 17-84 years) and female/male ratio was 103/133. The most frequent symptoms were fatigue (71%), irritation (50.4%), pain (45.1%), anorexia (45.1%), nausea (45.1%), xerostomia (42.1%), distress (41.5%), weight loss (39.4%), cough/sputum (37.7%), constipation (36%), tastelessness (35.2%), forgetfulness (32.6%), vertigo (30.9%), and insomnia (30%) in all of patients. In conclusion, this study is informative about the frequency of symptoms in advanced cancer patients. [Turk J Cancer 2005;35(4):177-180].

## KEY WORDS:

Advanced cancer, questionnaire, supportive treatment, symptoms

## INTRODUCTION

According to widespread opinion of society, cancer means pain and painful death. Cancer is known a major burden on people and it ranks second on the list of causes of death after cardiovascular diseases (1). There are a lot of symptoms related to cancer or treatment in patients with advanced cancer. These interfere with the patient's daily activity and quality of life. Advances and insights into the mechanisms of cancer and cancer treatments have resulted in hope of increased survival and cure in some cancer populations. Unfortunately, efforts to promote quality of life through a commitment to rehabilitation and aggressive palliation have remained insufficiency (2). The majority of oncologists defer supportive treatment at the end of life in advanced cancer patients.

In this study, we aimed to determine frequency of symptoms, whether cancer related or anticancer therapy related or others, in patients with advanced cancer by using a questionnaire.

## PATIENTS AND METHODS

From October 2002 to June 2003, advanced cancer patients who were admitted for at least two times and treated at outpatient clinic of medical oncology, were given

**Table 1**  
**Frequency of symptoms**

Symptoms	N of patients (%)
<b>General symptoms</b>	
Pain	107 (45.1)
Fatigue	168 (71.1)
Anorexia	107 (45.1)
Weight loss	93 (39.4)
<b>Gastrointestinal system symptoms</b>	
Xerostomia	100 (42.1)
Tastelessness	83 (35.2)
Burp	62 (26.2)
Hiccup	33 (13.9)
Oral ulcers	31 (13.1)
Dysphagia	43 (18.2)
Nausea/vomiting	107 (45.1)
Diarrhea	31 (13.1)
Constipation	85 (36)
Early satiety	70 (29.6)
Abdominal distention	56 (23.7)
<b>Respiratory system symptoms</b>	
Dyspnea	78 (33)
Cough/sputum	89 (37.7)
Hemoptysis	15 (6.3)
Dysphonia	21 (8.8)
<b>Cardio-vascular system symptoms</b>	
Edema	28 (11.8)
Palpitation	48 (20.3)
<b>Neuro-psychological symptoms</b>	
Insomnia	71 (30)
Hypersomnia	42 (17.7)
Distress	119 (50.4)
Mourn-episodes	59 (25.1)
Forgetfulness	77 (32.6)
Anxiety dream	33 (13.9)
Paresthesia	23 (9.7)
Deafness	15 (6.3)
Blindness	20 (8.4)
<b>Dermatologic symptoms</b>	
Pruritus	38 (16.1)
Dry-skin	47 (19.9)
<b>Uro-genital symptoms</b>	
Dysuria	16 (6.7)
Urinary incontinence	9 (3.8)
Vaginitis (female)	9 (8.7)
Amenorrhea (female)	19 (18.4)
Dyspareunia (female)	2 (1.9)
Libido loss	32 (13.5)
Unsatisfaction of sexual life	55 (23.3)
Impotence (male)	14 (10.5)

questionnaires about existence of symptoms. In the questionnaire, there were the following groups of symptoms: general symptoms, gastrointestinal symptoms, respiratory symptoms, cardiovascular symptoms, neuro-psychological symptoms, dermatologic symptoms and urogenital system symptoms. All patients marked all existing self symptoms.

## RESULTS

A total of 236 patients with advanced cancer were included in this study. The median age of patients was 53 years (range, 17-84 years) and female/male ratio was 103/133.

Fatigue (71%), irritation (50.4), pain (45.1%), anorexia (45.1%), nausea (45.1%), xerostomia (42.1), distress (41.5), weight loss (39.4%), cough/sputum (37.7%), constipation (36%), tastelessness (35.2), forgetfulness (32.6%), vertigo (30.9%), and insomnia (30%) were found to be the most frequent symptoms. The prevalence of symptoms in all patients are shown in table 1.

The highest prevalences of symptoms were found 50, 45, 37, 23, 20 and 19% in subscales of neuro-psychological, gastrointestinal, respiratory, urogenital/sexual life, cardiovascular and dermatologic symptoms, respectively (Table 1).

## DISCUSSION

In this questionnaire study, we found that advanced cancer patients seemed not to have been managed adequately for cancer- or cancer treatment-related symptoms, although our study had some limitations. The study population consisted of those receiving and not receiving chemotherapy and we weren't able to differentiate the prevalence of symptoms between these groups.

Generally, most oncologists don't dwelled on supportive treatment as much as anticancer therapy. Actually, it has been recommended that symptoms of patients with advanced cancer must be managed when diagnosed, although in daily practice the management of symptoms is done in terminal period of disease (2).

Fatigue is a highly prevalent condition among cancer patients. It has been recognised as a major obstacle to normal functioning and a good quality of life (2). Epidemi-

ology of fatigue has been poorly defined, and the variety of clinical presentations remains anecdotal, although it is extremely common in advanced cancer patients (3,4). However this symptom is a nearly universal complaint in patients undergoing anticancer treatment (5). We found the most frequent symptom was fatigue with a prevalence of 71%, which was similar to the results in the literature (3). Management of cancer-related fatigue has been recommended by treating underlying causes if possible. In addition, this may include elimination of nonessential centrally acting drugs, treatment of a sleep disorder, reversal of anemia or metabolic abnormality, or management of major depression (6-9). In our study population, the prevalence of neuropsychological symptoms was found to be approximately 50%, which might be contributing to fatigue.

Pain related to cancer or its treatment affects 50-70% of cancer patients (10). Despite advances in pain management, there is evidence that cancer-pain remains inadequately treated (11,12). In the present study, the prevalence of the pain was 45%. We believe this finding suggest inadequate treatment for cancer-pain.

Respiratory system symptoms related to cancer including cough is a common symptom that interferes with the patient's daily activity and quality of life. We found that the prevalence of respiratory symptoms was 40%. In the literature, this rate varied from 18 to 65% Respiratory symptoms could be managed with bronchodilator and

antitussive drugs including centrally acting opioids and non-opioids, peripherally acting directly/indirectly (13).

Sexual dysfunction is an important problem for patients with cancer as well as cancer survivors. Unfortunately, sexual difficulties are often not identified by the oncologists. We found the prevalence of sexual dysfunction to be around 25%. Usually, either oncologists or patients are hesitant about discussing the sexual function in the most society like Turkish people. The dysfunction rate is between 20-80% in the literature, which parallels our results (14,15).

Nausea and vomiting including gastrointestinal symptoms are common problems related to chemotherapy and/or related to cancer including bowel obstruction, central nervous system metastases or electrolyte disturbance. We found that the prevalence of nausea-vomiting was 45%. This suggests it may be managed with antiemetics such as corticosteroids, 5-HT<sub>3</sub> receptor antagonist, anti-depressants (16-18).

In conclusion, this study is informative despite the small number of study population. Hence, well-designed prospective studies should be performed to clarify the issue. Inadequately managed cancer related or cancer treatment related symptoms result in negative impact on patient's quality of life. We believe that all symptoms of patients with advanced cancer should be managed adequately. Management of symptoms should not be deferred until terminal period of disease.

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