

Patient Preferences for Cancer Symptom Assessment Scales

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Introduction

- ◊ Polysymptomatic (Median 10)
- ◊ Systematic Vs Open Ended Enquiry
- ◊ Multidimensional Vs Unidimensional

Categorical Response Scale (CRS)

1. How has your **pain** been over the past week? Circle one response below.

None	Mild	Moderate	Severe
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Numerical Rating Scale (NRS)

2. How has your **pain** been over the past week? Circle a number from 0 to 10.

No Pain	0	1	2	3	4	5	6	7	8	9	10	Severe Pain
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Visual Analogue Scale (VAS)

3. How has your **pain** been over the past week? Mark a point on the line below.

No Pain	_____	Severe Pain
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Aims

1. Determine scale preferences for 3 common symptoms
 - ◊ Pain
 - ◊ Fatigue
 - ◊ Loss of Appetite
2. Assess clinical utility

Methods

Population: Consecutive Cancer Admissions to SPC Unit

Inclusion Criteria: Cancer Diagnosis
≥18 years
ECOG Performance Status ≤ 4
English Speaking
1st Week of Admission

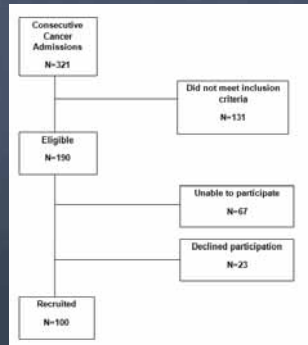
Exclusion Criteria: Too Unwell
Dementia
Unable to Complete Scales

Methods

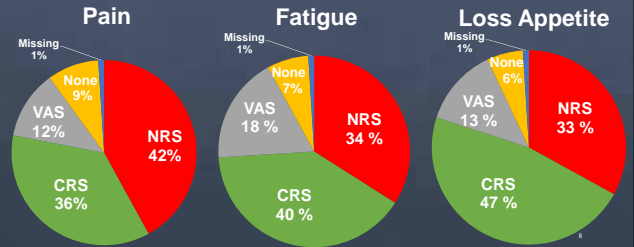
- ◊ Ethics Approval
- ◊ Recruitment: MDT Meeting
- ◊ Written Consent
- ◊ Data Collection
 - Bedside Confusion Scale
 - 3 Symptoms (Pain, Fatigue, Loss of Appetite)
 - 3 Scales (CRS, NRS, VAS)
 - Researcher's Perceived Clinical Utility

Results

- Age:** Median years: 71 (38-93)
- Gender:** Male 44%; Female 56%
- Primary Site:** Lung, Colorectal, Prostate, Breast, Oesophageal
- ECOG:** Median 2 (0-4)
- BCS:** Median 1 (0-5)



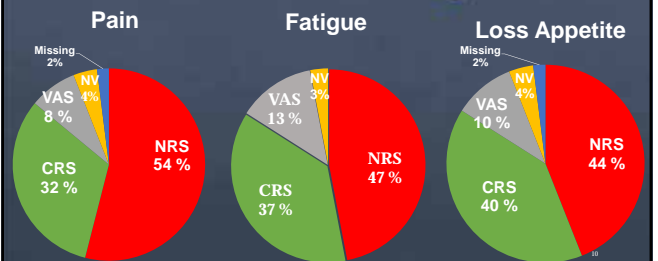
Scale Preference



Patient Scale Preference

N=100 (95% CI)	CRS	NRS	VAS
Pain	36% (28-46)	42% (33-52)	12% (7-20)
Fatigue	40% (31-50)	34% (26-44)	18% (12-27)
Loss of Appetite	47% (38-57)	33% (25-43)	13% (8-21)

Clinical Utility



Discussion

Summary

- Inter-Patient Variation
- Intra-Patient Consistency
- VAS Consistently Least Preferred
- Clinical Utility Vs Participant Preference

Discussion

Researchers' Observations

- Increased Fatigue
- NRS Training
- Restructure VAS as Numerical Scale
- Difficulty With "Loss of Appetite"

Discussion

↳ Limitations

- Educational Attainment
- Gate-Keeping
- Performance Status/Cognitive Function

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Conclusions

1. Clinical Significance

- VAS Least Preferred
- Scale Preference
- Establish Patients' Understanding/Preference

2. Research Significance

- Role of VAS in hospice research is challenged

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