An Individualized Representational Intervention to Improve Symptom Management (IRIS) in Older Breast Cancer Survivors: Three Pilot Studies

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Purpose/Objectives: To test the feasibility and acceptability of an individualized representational intervention to improve symptom management (IRIS) in older breast cancer survivors and test the short-term effects of an IRIS on symptom distress.

Design: Two small randomized clinical trials and one pre-experimental study.

Setting: Oncology clinic and community.

Sample: 41 women with breast cancer (aged 65 years and older) in pilot study 1, 20 in pilot study 2, and 21 in pilot study 3.

Methods: In pilot study 1, women were randomized to the IRIS or usual care control. In pilot study 2, women were randomized to the IRIS or delayed IRIS (wait list) control. In pilot study 3, all women received the IRIS by telephone. Measures were collected at baseline, postintervention, and follow-up (up to four months).

Main Research Variables: Feasibility, acceptability, symptom distress, symptom management behaviors, symptom management barriers, and quality of life.

Findings: Across three pilot studies, 76% of eligible women participated, 95% completed the study, 88% reported the study was helpful, and 91% were satisfied with the study. Some measures of symptom distress decreased significantly after the IRIS, but quality of life was stable. Women in the IRIS group changed their symptom management behaviors more than controls.

Conclusions: Preliminary evidence supports the need for and feasibility of an IRIS.

Implications for Nursing: Nurses may help older breast cancer survivors manage their numerous chronic symptoms more effectively by assessing women's beliefs about their symptoms and their current symptom management strategies.

More than a decade ago, the Oncology Nursing Society (ONS) recognized that oncology nurses will be caring for a growing number of older (aged 65 years or older) adults with cancer and that nursing care must meet the unique cancer-specific needs of this population (Boyle, 1992). The sentiment was revisited in 2007 in ONS's joint position with the Geriatric Oncology Consortium on cancer care for older adults. For older breast cancer survivors, the impact of a cancer diagnosis and cancer treatment combined with the physical and health changes commonly associated with aging result in unique survivorship issues (Deimling, Bowman, Sterns, Wagner, & Kahana, 2006; Deimling, Sterns, Bowman, & Kahana, 2005; Keating, Norredam, Landrum, Huskamp, & Meara, 2005; Yancik et al., 2001). One such issue is the experience of numerous, often chronic, symptoms that can be caused by cancer diagnosis and treatment, comorbid chronic health problems, and aging in general. These symptoms affect quality of life (QOL), including physical function, emotional well-being, and existential concerns. In clinical practice, healthcare providers are faced with trying to assist older breast cancer survivors in managing these symptoms. Yet, with a few exceptions (Sherwood et al., 2005), research has focused on testing symptom interventions that address a single symptom (Dodd et al., 2001).

Nursing interventions are needed to address the symptoms faced by older breast cancer survivors. To this end, an individualized representational intervention to improve symptom management (IRIS) was developed. The underlying hypothesis guiding the IRIS was that it would improve symptom management behaviors, resulting in decreased distress from symptoms. Lower symptom distress would, in turn, improve QOL. Three pilot studies were carried out to test the feasibility and acceptability of an IRIS in older (aged 65 years or older) breast cancer survivors and to test the short-term effects of an IRIS on symptom distress.