Unmet Supportive Care Needs of Patients With Colorectal Cancer: Significant Differences by Type D Personality

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Colorectal cancer (CRC) is the fourth leading cause of death from cancer, accounting for 608,000 deaths worldwide annually (World Health Organization, 2013). The crude incidence of CRC increased from 19% in 2000 to 33% in 2009, but the global five-year survival rate increased from 69% to 75% via surgical resection (Andreoni et al., 2007; Bureau of Health Promotion, Department of Health, 2012; Paulson, Mahmoud, Wirtalla, & Armstrong, 2010). The number of patients with CRC receiving active treatment and survivors in Taiwan also is increasing (Lai et al., 2009).

Patients with CRC struggle with distress related to their daily lives during and after treatment. A substantial amount of evidence has demonstrated that physical (e.g., nausea, vomiting, fatigue) and psychological (e.g., anxiety, depression) distress accompany active treatment (Börjeson, Starkhammar, Unosson, & Berterö, 2012; Toftthagen, McAllister, & McMillan, 2011). After completing treatment, patients may continue to experience symptoms (e.g., fatigue, sleep disturbance, diarrhea, constipation) and late side effects (e.g., peripheral neuropathy, bowel dysfunction, pelvic fractures, urogenital dysfunction) (Schneider et al., 2007). Physical and psychological distress could increase the level of unmet supportive care needs, and high levels of unmet needs may decrease quality of life (Denlinger & Barsevick, 2009; Faul, Shibata, Townsend, & Jacobsen, 2010).

Supportive care needs in cancer commonly are found across many domains, including psychological, health system and information, physical and daily living, patient care and support, and sexual needs (Boyes, Gargas, & Lecathelinais, 2009; Schofield, Gough, Lofti-Jam, & Aranda, 2012; Shih et al., 2009; Sutherland, Hill, Morand, Pruden, & McLachlan, 2009). Previous studies have found that disease and treatment status,