Symptom Self-Management

Strategies used by older adults receiving treatment for cancer

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BACKGROUND: Older adults are at high risk for cancer treatment–related symptoms but often accept them as inevitable. This may have a negative impact on patient outcomes.

OBJECTIVES: The purpose of this study is to examine symptom self-management strategies used by older adults receiving cancer treatment, determine the effectiveness of these strategies, and examine relationships between symptom self-management and demographic and treatment characteristics.

METHODS: 100 adults aged 65 years or older from a community cancer center participated in this descriptive, exploratory study. Demographic, treatment, and self-management data were collected using an investigator-developed tool. Symptom presence was collected using part 1 of the Symptom Representation Questionnaire.

FINDINGS: Participants reported an average of 7.15 symptoms and 3.36 self-management strategies used at home. Taste changes were managed most, followed by fatigue and bowel changes. On average, strategies used to manage symptoms were moderately effective.

ADULTS AGED 65 YEARS OR OLDER REPRESENT 15% (42.6 million people) of the U.S. population, and this will grow to 22% by 2040 (Administration on Aging, 2016). About 60% of all cancers are diagnosed in people aged 65 years and older (American Society of Clinical Oncology, 2017). More than 900,000 people aged older than 65 years were estimated to be diagnosed with cancer in 2017 (American Cancer Society, 2017). With an increasing older population, the number of older adults with cancer also will increase, taxing limited healthcare resources. These factors make managing cancer and its symptoms in older adults a healthcare priority (Naeim, Aapro, Subbarao, & Balducci, 2014). Complications from cancer treatment are more common in older adults compared to younger adults (Balducci & Stanta, 2000). Because of aging and associated limitations in organ systems that prolong plasma levels of chemotherapy, older adults are at an increased risk for treatment-related toxicity and poor outcomes (Hurria et al., 2016). Because of this increased risk for treatment-related toxicity, older adults should be encouraged to manage their care at home. Unfortunately, many older adults experience unplanned hospital admissions and emergency department visits for complications from surgery (De Oliveira et al., 2015) and uncontrolled treatment-related symptoms (Geddie, Loerzel, & Norris, 2016).

Overall, most older adults are diagnosed with at least one comorbid condition (e.g., arthritis, heart disease, diabetes) (Williams et al., 2016). A study by Bender et al. (2008) revealed that older adults with a history of cancer report more comorbid conditions compared to people without cancer (seven versus five, respectively); however, symptoms related to comorbid conditions are not unique to people with cancer. A study by Geddie et al. (2016) indicated that, although cancer treatment often results in a myriad of treatment-related symptoms, symptoms may be more related to comorbid illnesses instead of cancer and its treatment. In addition, a study by Williams et al. (2016) confirmed that comorbid illness symptoms may make treatment-related symptoms worse. Symptoms from comorbid conditions also may be present at diagnosis, making the onset of some treatment-related symptoms (e.g., fatigue, bowel disturbances, sleep disturbances, pain) difficult to discern.

Symptom self-management literature shows that symptoms generally are accepted and perceived as inevitable by adults. Most adults modify their activities to reduce the impact of a symptom rather than actively engage in