A Symptom Cluster and Sentinel Symptom Experienced by Women With Lung Cancer

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Although numerous researchers have reported the symptoms and severity of symptoms experienced by individuals with lung cancer (Cooley, 2000; Hollen, Gralla, Kris, Eberly, & Cox, 1999; Hollen, Gralla, Kris, & Potanovich, 1993; Kuo, Chen, Chao, Tsai, & Perng, 2000; Lutz et al., 1997, 2001; Tishelman, Degner, & Mueller, 2000), few studies have examined the symptom experience of women with lung cancer. Meanwhile, lung cancer continues to be the leading cause of cancer death in women, and its incidence in women has increased in the United States since the mid-1960s (American Cancer Society, 2011). Symptom clusters associated with lung cancer have been studied minimally as well, although such clusters may increase distress and complicate interventions for relief. In addition, unrelieved symptoms are related to poorer patient outcomes (Miaskowski, Aouizerat, Dodd, & Cooper, 2007; Miaskowski, Dodd, & Lee, 2004). To provide optimal symptom management for women with lung cancer, their symptom experience, patterns, and associated factors must be studied to develop targeted symptom assessment and management strategies.

Background

Symptom Prevalence

Fatigue, cough, dyspnea, anorexia, pain, and insomnia were reported by patients with lung cancer as their most common symptoms, with remarkable consistency across studies (Cooley, 2000; Fox & Lyon, 2006; Hollen et al., 1993, 1999; Kuo et al., 2000; Lutz et al., 1997, 2001; Tishelman et al., 2000). In addition, emotional distress (Lobchuk & Kristjanson, 1997; Lobchuk, Kristjanson, Degner, Blood, & Sloan, 1997; Sarna, 1993; Sarna & Brecht, 1997; Tishelman et al., 2000) as well as nausea, vomiting, hair loss, dysphagia, and sore throat relative to chemotherapy and radiotherapy were reported in several studies cited in a review by Cooley (2000). Only two of the studies (Sarna, 1993; Sarna & Brecht, 1997) described the symptom experience of women with lung cancer. Most studies of lung cancer symptoms have focused on individuals with advanced disease who were receiving treatment or palliative care.

Findings:

Most women experienced at least three symptoms in the past day, and a five-symptom cluster occurred frequently and continued post-treatment.

Implications for Nursing:

Women who participated in the study were, on average, two years postdiagnosis, but most experienced three or more symptoms well past treatment; therefore, vigilant ongoing clinical assessment of these women is essential. A co-occurring sentinel symptom used as a clinical indicator for the presence of a symptom cluster may be useful for clinical assessment.