

Symptom Monitoring, Alleviation, and Self-Care Among Mexican Americans During Cancer Treatment

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Monitoring the occurrence and severity of symptoms among Mexican American adults undergoing cancer treatments, along with their self-care to alleviate symptoms, are understudied; the current study aimed to fill this gap in the literature. A total of 67 Mexican Americans receiving outpatient oncology treatments in the southwestern United States participated. Instruments included a patient-report checklist, the Therapy-Related Symptom Checklist (TRSC), the Symptom Alleviation: Self-Care Methods tool, and a demographic and health information form. At least 40% of participants reported the occurrence of 12 symptoms: hair loss, feeling sluggish, nausea, taste change, loss of appetite, depression, difficulty sleeping, weight loss, difficulty concentrating, constipation, skin changes, and numb fingers and toes. More than a third also reported pain, vomiting, decreased interest in sexual activity, cough, and sore throat. The helpful self-care strategies reported included diet and nutrition changes; lifestyle changes; and mind, body control, and spiritual activities. Patient report of symptoms during cancer treatments was facilitated by the use of the TRSC. Patients use symptom alleviation strategies to help relieve symptoms during their cancer treatment. The ability to perform appropriate, effective self-care methods to alleviate the symptoms may influence adherence to the treatment regimen.

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Cancer is the second leading cause of death in the United States, exceeded only by heart disease (American Cancer Society [ACS], 2014b). Cancer is an illness that affects Americans of all racial and ethnic groups. The economic and psychosocial burdens associated with cancer treatment are substantial for patients and their families (Barry & Dancey, 2005; Basch et al., 2005; Dodd, Miaskowski, & Paul, 2001; Williams et al., 1997, 2001; Williams, Balabagno, et al., 2010; Williams, Graham, et al., 2013; Williams, Lopez, et al., 2010; Williams, Piamjariyakul, et al., 2006; Williams, Williams, Smith, et al., 2011; Yabroff, Lawrence, Clauser, Davis, & Brown, 2004; Youngblood, Williams, Eyles, Waring, & Runyon, 1994).

Epidemiologic data show increasing cancer incidence and mortality in minorities (Clegg, Li, Hankey, & Edwards, 2002; Ward et

al., 2004)—particularly among Hispanics, a fast-growing ethnic group in the United States (ACS, 2014b; Ramirez & de la Cruz, 2008). Hispanics of Mexican origin constitute the single largest subgroup of the Hispanic population (67%), and the number of Hispanics living in the United States is predicted to reach 102 million by 2050 (U.S. Census Bureau, 2008). Cancer accounts for 20% of all deaths in Hispanics (ACS, 2014b). Breast cancer is the leading type of cancer among Hispanic women, and lung and bronchus cancers are the leading types among Hispanic men (ACS, 2014b; Blackman & Masi, 2006; Collins, Villagran, & Sparks, 2008; Lopez-McKee, McNeill, Bader, & Morales, 2008; Ward et al., 2004; Zambrana, Breen, Fox, & Gutierrez-Mohamed, 1999). Cancer is the third focus area in the U.S. Healthy People 2010 report; a major objective is to reduce the number of new