A SYSTEMATIC REVIEW WITH THE EPIDEMIOLOGICAL APPROACH TO THE QUALITY OF LIFE OF CANCER PATIENTS

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Abstract

Introduction: Cancer is a disease that can have a negative impact on the quality of life of people with the disease. Empirical studies have shown that quality of life can be considered as an indicator of the quality of health care and is part of the treatment plan and measuring it in chronic illnesses will provide more information about the health and disease to the planner. Therefore, considering the importance of quality of life in cancer patients, the present study was conducted with the aim of systematically reviewing the epidemiological approach to the quality of life of cancer patients.

Materials and Methods: The present study is a systematic study using the articles published in the last 20 years regarding the epidemiological approach to the quality of life of cancer patients. Searching articles in search engines, Embase, Researchgate, Sciencedirect, Google Scholar, and PubMed in Persian and English were searched for. In the first stage, 43 articles were found. Among them, 20 articles related to the topic that were published in the last 20 years were reviewed.

Results: In our studies, we have been focusing on improving the quality of life of cancer patients. In one of these studies, there was a significant difference in the mean of fatigue and quality of life according to the level of hemoglobin in the blood. There was a significant negative correlation between hemoglobin level and quality of life and severity of fatigue.

Conclusion: Considering the studies that have been done, several cases have led to an increase in the quality of life of cancer patients, including the significant role of religious and spiritual beliefs in improving the quality of life of cancer patients. Group therapy also reduced the anxiety and depression and increased quality of life in patients with cancer. By performing group motivational interviews, there was a significant difference in the quality of life score in patients with colon cancer with permanent stoma.

Keywords: Quality of Life, Cancer Patients, Epidemiologic Approach

Introduction:

Cancer is the second most common cause of death after cardiovascular disease worldwide and in developed countries, and is the third leading cause of death after cardiovascular disease and accidents in less developed countries (1). The increasing importance of examining changes in the expression of genes in the development of various types of cancers

and the emergence of new biotechnological methods has led to such molecular studies to be of particular importance in recent years in studies of the etiology of this disease (2).

One of the causes of cancer is diabetes. Diabetes mellitus is one of the metabolic diseases that is caused by a disorder of secretion or action of insulin or both (3-5). Diabetes will be the seventh cause of death in the world by 2030, with more than 80% of

deaths occurring in low and middle income countries. Diabetes has grown significantly throughout the world, especially in developing countries. Statistics show that in 2004 more than 3.4 million people died from diabetes complications (6-10). Epidemiologic evidence suggests that increased type 2 diabetes is associated with an increased risk of certain specific cancers, such as breast cancer, colorectal cancer, liver cancer and pancreatic cancer (11).

Cancer is one of the chronic and non-communicable diseases that includes a wide range of diseases. This disease, like all other chronic diseases, occurs in every person, age group, and race, and is considered as a major health problem affecting the health of the community (12). Unlimited proliferation potential, reduced apoptosis, increased angiogenesis, invasive tissue and metastasis are factors of cancer progression (13).

Meanwhile, cancer is a disease that can have a negative impact on the quality of life of people with the disease. Empirical studies have shown that quality of life can be considered as an indicator of the quality of health care and is part of the treatment plan and measuring it in chronic illnesses will provide more information about the health and disease to the planner. This information can also be considered helpful as a guide to improving the quality of care (14).

Therefore, considering the importance of quality of life in cancer patients, the present study was conducted with the aim of the epidemiological approach to the quality of life of cancer patients

Materials and Methods:

In order to achieve the goal of the study and to improve the accuracy of its study and its comprehension, this integrated overview study was conducted based on the Broome method. The purpose of this method was to achieve the purpose of the study and to enhance the study's thoroughness and comprehension. The method is based on three steps in the search of texts, data evaluation and data analysis. In the search phase of the texts, the studies after the retrieval were examined in terms of the criteria for entering the study in four stages. After obtaining the terms of entry into the study, the content of the study is evaluated and at the end the analysis of the data was done.

The studies studied were written in English or Persian, access to their full text was published and

printed over the past 20 years, entered the study, and unnamed and non-academic studies were deleted.

To achieve relevant studies, a wide range of keywords including Quality of Life, Cancer Patients, Epidemiologic Approach was used as a one-to-one search, combined with the method "And" and "OR".

This study is a systematic review of the epidemiological approach to the quality of life of cancer patients using published articles in the last 20 years. And searched for articles in search engines and reputable scientific databases SID, Embase, researchgate, Sciencedirect, Google Scholar, PubMed, Springer in Persian and English. In the first stage, 43 articles were found. Among them, 20 articles related to the topic that were published in the last 20 years were reviewed.

Results:

Cancer is the second most common cause of death after cardiovascular disease worldwide and in developed countries, and is the third leading cause of death after cardiovascular disease and accidents in less developed countries (1). Cancer is one of the chronic and non-communicable diseases that includes a wide range of diseases. This disease, like all other chronic diseases, occurs in every person, age group, and race, and is considered as a major health problem affecting the health of the community (12). Cancer is also a disease that has a great impact on the quality of life of individuals. In this systematic review, we plan to examine the quality of life of cancer patients with an epidemiological approach by reviewing 20 papers.

In a study, common symptoms of cancer and its treatment, and the quality of life of breast cancer patients undergoing chemotherapy for yoga are improved. In both case and control groups, the symptoms of illness negatively affected quality of life. After intervention, there was a significant decrease in all scores related to the scales (15). In another study, the results of this study showed a significant improvement in depression and quality of life in patients with breast cancer three months after the end of the disease treatment. Also, there was no significant difference in the quality of life scores in patients who referred to the psychiatrist (16). In another study, chemotherapy reduced the quality of life of patients with breast cancer under chemotherapy. In this study, after the four

chemotherapy regimens, the mean of functional quality of life dimensions including physical, social, emotional, cognitive and sexual dimensions was significantly lower than before chemotherapy (17).

Also, the study showed that the use of reflexology in patients with breast cancer can improve the quality of life. Also, there was a significant difference between the mean score of overall quality of life before and two weeks after intervention in both the experimental and placebo groups. The mean of total quality of life score in the two weeks after the intervention was significantly higher in the test group than in the placebo group. The results also showed that there was a significant difference in overall quality of life scores between the three groups of test and placebo and control after intervention (18). In another study, group logarithm decreased anxiety and depression and increased quality of life in patients with cancer. In this study, the findings indicated a significant decrease in mean scores of anxiety and depression and a significant increase in the mean scores of quality of life in the experimental group as compared to the control group (19). In a study that showed the results of covariance of quality of life in this study, the effect of independent variables (spirituality therapy) on the quality of life of women with breast cancer was higher and the difference was significantly higher in the control group. Also, the results of multivariate analysis of quality of life subscale showed that in the three subscales (physical health, mental health and social relation), the mean score of the experimental group was higher in the post-test than the control group and was statistically significant (20).

In another study, there was a significant difference in the mean of fatigue and quality of life in terms of hemoglobin levels. There was a significant negative correlation between hemoglobin level and quality of life and severity of fatigue (21). In another study, a statistically significant difference was observed between the two groups after the intervention, under the scales of quality of life, general health status, physical function, emotional functioning, role function, social function, mental image and futurism. Also, the results of the study regarding the symptoms associated with quality of life showed a statistically significant difference based on the number of patients in the test group who had symptoms of fatigue, nausea and vomiting, insomnia, anorexia, constipation, systemic side effects, upper limb symptoms, breast symptoms Concerns about hair loss

have been equal to or less than the mean (symptom relief), compared with those in the control group (22). In a study, the educational pamphlet on occupational therapy programs affected many of the issues related to the quality of life of women with breast cancer (23).

In a study carried out, the results of the data indicated a significant difference between the experimental group in the quality of life scale and the general health sub-measures, emotional performance, sexual function, and symptom relief (24). The results of the study showed that the hope-based therapy group increased the mean scores of the functional domain and the quality of life of the patients in the intervention group. However, no significant difference was observed in the area of symptoms (25). The results of this study showed that by performing group motivational interviews, a significant difference was found in the quality of life score of patients with intestinal cancer with permanent stoma (26). The results of these researches (27-33) indicated that spiritual therapy can be considered as an appropriate treatment for improving the quality of life and physical, psychological and social dimensions of patients suffering from breast cancer. Also, research findings (34) showed that fatigue was the most significant symptom of self-illness or complications of the disease in patients with breast cancer. Having a child had a positive effect on the quality of life of these patients. The feeling of tiredness was the most obvious symptom of the disease itself or the complications of the disease in those with breast cancer.

Discussion:

Cancer is a disease that can have a negative impact on the quality of life of people with the disease. Empirical studies have shown that quality of life can be considered as an indicator of the quality of health care and is part of the treatment plan, and its measurement in chronic illnesses provides planners with more information about the health status and disease. Therefore, considering the importance of quality of life in cancer patients, the present study was conducted with the aim of systematically reviewing the epidemiological approach to the quality of life of cancer patients.

In a study that was carried out (17), we examined chemotherapy to reduce the quality of life of patients with breast cancer under chemotherapy, anemia in

chemotherapy patients is common, and during chemotherapy, hemoglobin levels decrease with Increased fatigue and decreased quality of life (21). Therefore, nurses with appropriate interventions and training of self-care measures can help reduce anemia and fatigue as well as improve the quality of life. Therapeutic hope has a significant impact on improving the various dimensions of health-related quality of life in men and women with cancer. Spiritual interventions in the treatment of cancer patients are in fact the ability to exploit their resources and their spiritual resources to solve physical, mental, and better life problems, through the control of the environment, purpose and orientation in life, acceptance and filling the semantic vacuum is possible. In a study (23), the educational pamphlet on occupational therapy programs affected many of the issues related to the quality of life of women with breast cancer.

In another study (15), in which common symptoms of cancer and its treatment and the quality of life of breast cancer patients were improved under yoga chemotherapy, in order to adapt to the disease, many infected and survivors Breast cancer uses complementary medicine. Yoga is among the most common types of complementary therapies. According to the results of studies on the effect of yoga in promoting the quality of life of women with breast cancer undergoing radiation therapy and reducing the symptoms and complications of illness and treatment. Yoga can be used as an effective, comfortable and low-cost way to enhance the quality of life of this class of caregivers.

Also, according to some studies (26), by performing a group motivational interview, there was a significant difference in the quality of life scores of patients with bowel cancer with permanent stoma, also considering that some studies showed that the family and the child also had Psychosocial, family, social and economic support can improve the quality and life expectancy of breast cancer patients undergoing various surgical, chemo-therapeutic and radiotherapy therapies.

Conclusion:

Considering the studies that have been done, several cases have led to an increase in the quality of life of cancer patients, including the significant role of religious and spiritual beliefs in improving the quality of life of cancer patients. Group therapy also reduced the anxiety and depression and increased quality of

life in patients with cancer. By performing group motivational interviews, there was a significant difference in the quality of life score in patients with colon cancer with permanent stoma.

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