Symptom Experience in Older Adults Undergoing Treatment for Cancer

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Adults aged 65 years or older represent 14% (43.1 million people) of the U.S. population, and by 2040, older adults will represent 21% of the population (Administration on Aging, 2013). Older adults account for the majority of cancer diagnoses (American Cancer Society, 2015) because about 63% of all cancers are diagnosed in people aged 65 years or older (Surveillance, Epidemiology, and End Results Program, 2015). However, few studies specifically focus on the symptom experience of older adults undergoing chemotherapy treatment for cancer or the symptom experience within the context of aging, which is critical because the cancer experience will likely be influenced by comorbidities, functional limitations, and other declines associated with aging.

Complications from cancer treatment are more common in older adults compared to younger adults (Balducci & Stanta, 2000). Aging and associated limitations in organ systems prolong plasma levels of chemotherapy (e.g., renal, gastrointestinal, and liver dysfunction) (Jakobsen & Herrstedt, 2009; Sawhney, Sehl, & Naeim, 2005; Sehl, Sawhney, & Naeim, 2005). An increased risk of treatment-related toxicity and poor outcomes exists for older adults, including development of comorbidity, polypharmacy, functional and physical limitations, and poorer emotional status (Balducci, Colloca, Cesari, & Gambassi, 2010; Jakobsen & Herrstedt, 2009). The majority of older adults already report at least one comorbid condition (e.g., arthritis, heart disease, diabetes) (Administration on Aging, 2013). Older adults with a history of cancer report more comorbid conditions compared to people without cancer (seven versus five, respectively) (Bender et al., 2008). Other studies have shown that older adults receiving cancer treatment report functional loss (Given, Given, Azzouz, & Stommel, 2001; Goodwin, 2007; Kurtz, Kurtz, Given, & Given, 2006), and adults with more treatment-related symptoms report poorer functioning and quality of life than adults with fewer symptoms (Cheng & Yeung, 2013; Miaskowski et al., 2006). In some older populations, a higher number of treatment-related symptoms have been associated with functional decline and subsequent increased use of hospital and emergency department services (Kurtz et al., 2006). For these reasons, understanding the symptom experience of older adults during treatment for cancer is important.