

# Symptom Distress and Quality of Life in Patients With Cancer Newly Admitted to Hospice Home Care

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**Purpose/Objectives:** To evaluate the relationships between quality of life (QOL) and symptom distress, pain intensity, dyspnea intensity, and constipation intensity in people with advanced cancer who were newly admitted to hospice home care.

**Design:** Descriptive and correlational.

**Setting:** A large hospice that provides primarily home care.

**Sample:** 178 adult hospice homecare patients with cancer who were accrued to a clinical trial funded by the National Institutes of Health focusing on symptom management and QOL. Patients were excluded if they received a score lower than seven on the Short Portable Mental Status Questionnaire.

**Method:** The patients were invited to participate in the clinical trial within 48 hours of admission to hospice home care. Among the questionnaires they completed were a QOL index and a distress scale. Scales measuring present intensity of pain, dyspnea, and constipation also were administered.

**Main Research Variables:** QOL, symptom distress, pain intensity, dyspnea intensity, and constipation intensity.

**Findings:** The most frequently reported symptoms among the sample were lack of energy, pain, dry mouth, and shortness of breath. Lack of energy caused the greatest distress, followed closely by dry mouth and pain. The results of the regression analysis indicated that total distress score, pain intensity, dyspnea intensity, and constipation intensity were related to QOL at the univariate level. When all predictors were considered simultaneously, only the total distress score remained a significant predictor of QOL ( $p < 0.001$ ), accounting for about 35% of variance.

**Conclusions:** QOL was affected by symptom distress in people with advanced cancer near the end of life.

**Implications for Nursing:** The symptoms most commonly reported and those that cause the greatest patient distress should be addressed first by hospice nurses. Continued effort is needed in the important area of symptom management.

## Key Points . . .

- ▶ Fatigue, pain, dyspnea, and dry mouth are symptoms reported frequently by people with cancer who were newly admitted to hospice home care.
- ▶ Pain, dyspnea, and constipation intensity are related negatively to quality of life.
- ▶ Symptom distress is the strongest predictor of overall quality of life in people with advanced cancer.

by an interdisciplinary team and is designed to relieve distress from symptoms and promote overall quality of life (QOL) for patients and their families. Although QOL is multifaceted (Cella, 1995), uncontrolled symptoms clearly have a negative impact on all aspects of QOL, including emotional and spiritual well-being, social relationships, and functional abilities (Kurtz, Kurtz, Given, & Given, 1993; McMillan & Weitzner, 1998).

Rhodes, McDaniel, and Matthews (1998) wrote that a patient's symptom experience may be defined as the person's perception and response to symptom occurrence and symptom distress. Symptom occurrence is said to include the frequency and severity with which the symptom occurs and the duration or persistence of the symptom. Symptom distress refers to the amount or level of physical or mental upset, anguish, or suffering experienced by a person with a specific symptom.

Limited research is available about the distress caused by symptoms experienced by hospice patients and the impact of the distress on their QOL. The purpose of this study was to describe and evaluate, in people with advanced cancer

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The American Cancer Society (ACS) (2002) estimates that 1.2 million new cancer cases are diagnosed annually, and, although many cases are cured or controlled, more than 550,500 people die from cancer each year (ACS). As people with advanced cancer approach death, they often need symptom relief and may be admitted to hospice care near the end of their lives. Hospice care is provided