Quality of Life and Health Status of Dyads of Women With Lung Cancer and Family Members

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Purpose/Objectives: To describe and compare the quality of life (QOL) and health status of dyads of women with lung cancer and their family members and to explore the correlates of family members' QOL.

Research Approach: Descriptive, cross-sectional.

Setting: Interview, self-report.

Participants: 51 dyads consisting of women with lung cancer and their family members.

Methodologic Approach: One-time assessment of family members' and patients' QOL, health status, and demographics and patients' clinical characteristics.

Main Research Variables: Family and patient QOL and health status.

Findings: QOL of the dyads was not significantly related. Poorer physical QOL of family members was associated with older age, comorbid conditions, less education, and alcohol use. Poorer emotional QOL of family members was associated with younger age, depressed mood, and not being a spouse. Fifty-nine percent of family members had comorbid conditions. Significantly more family members continued to smoke and use alcohol.

Conclusions: The QOL of family members of patients with lung cancer is diminished when their own health status is compromised. Further study is needed.

Interpretation: Additional study is needed to identify family members at risk for diminished QOL and with compromised health status because these factors might affect ability to support patients with lung cancer.

Key Points . . .

➤ More than 80,000 American families will be affected by the experience of having a female family member diagnosed with lung cancer in 2006.

➤ Knowledge about the impact of the disease is limited.

➤ Family members' own health issues may affect their quality of life (QOL) as well as the experience of coping with patients' illness.

➤ The assessment of family members' QOL and health status may provide important information about their capacity to support their family members with cancer.

Lung cancer emerged as the leading cause of cancer death among women in the mid-1980s (Jemal et al., 2006). In 2006, 81,770 American families are projected to experience the collateral impact of lung cancer in female family members (Jemal et al.). Lung cancer is one of the most common and deadly cancers for men and women, and incidence increases with age in the majority of patients diagnosed with the disease at age 70 or older (Basche & Kelly, 2003). Thus, spouses of

The experience of cancer is not limited to people with the disease but rather has wide-ranging impact on families' physical and emotional well-being (Ferrell, Grant, Borneman, Juarez, & ter Veer, 1999; Given, Given, & Kozachik, 2001; Northouse, Templin, Mood, & Oberst, 1998). However, such impact can be variable and is not related consistently to patients' health status and quality of life (QOL) (Chen, Chu, & Chen, 2004; Given et al., 1993; Hagedoorn, Buunk, Kuijer, Wobbes, & Sanderman, 2000; Kim, Duberstein, Sorensen, & Larson, 2005; Pinquart & Sorensen, 2003). If an individual suffers from serious health problems, he or she may have diminished QOL and be less able to provide the needed physical care and emotional support to a family member coping with a diagnosis of cancer. The assessment of the physical and emotional well-being of family members may provide important information about their capacity for patient support (Given et al., 2001; Given & Sherwood, 2006). In one study of emotional impact on 135 dyads (survivors and family caregivers), family members reported significantly higher levels of psychological distress than survivors (Matthews, 2003).

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