As the population in the United States increases in age, so does the incidence of cancer. Nearly 80% of all cancers are diagnosed in individuals 55 years and older (American Cancer Society, 2000). As a result, an increasing number of individuals are receiving chemotherapy, radiation therapy, or both (Naylor & Rudd, 1996). With the advent of colony stimulating factors, chemotherapy agents are being administered in increasingly larger doses to effect a better response. Thus, the potential for side effects is greater than it was in the past (Wickham, 1996). The regimen prescribed by oncologists can only control or cure the cancer if patients complete the prescribed number of cycles. The side effects associated with these treatment modalities must be effectively controlled (Morrow, Lindke, & Black, 1991a).

Multiple studies have identified nausea and vomiting as common side effects of cancer treatments (Bovbjerg et al., 1992; Fetting et al., 1992; Foltz, Gaines, & Gullatte, 1996; Hursti et al., 1992; Jens, 1994). From patients’ perspectives, nausea and vomiting often are reported as the most distressing adverse effects associated with chemotherapy (Jenns).

Nausea

Often, nausea and vomiting are treated as a single entity when, in fact, they are two separate physiologic conditions. Nausea is a subjective sensation that may or may not precede vomiting. Jenss (1994) defined nausea as “an awareness of potential vomiting” (p. 488). Accompanying this awareness are physical changes, such as diminished gastric tone, reduced peristalsis, and reflux of intestinal content into the stomach. Vomiting is the actual emptying of the stomach (Fessele, 1996).

Types of Nausea

Although nausea is associated with chemotherapy, patients with cancer also experience nausea for other reasons. Nurses must assess their patients to determine the reason(s) for their nausea, as treatment varies with the cause. Metabolic alterations such as hypercalcemia, found in 10% of patients with cancer, and uremia may trigger the chemoreceptor trigger zone (CTZ) in the brain. Narcotics can cause a gastric stasis that leads to

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Objectives for CE Enrollees

On completion of this CE, the participant will be able to

1. Discuss key characteristics of anticipatory nausea.
2. List factors associated with the development of anticipatory nausea.
3. Discuss nursing interventions relevant to the treatment of anticipatory nausea.

Key Points . . .

➤ Ineffective treatment of chemotherapy-induced nausea leads to the development of anticipatory nausea.
➤ As a result of uncontrolled anticipatory nausea, patients may delay or discontinue treatment, or clinicians will delay or reduce the prescribed dose of chemotherapy. Any one of these can affect patient survival.
➤ Although prevention is the best strategy, behavioral interventions such as hypnosis, guided imagery, and progressive muscle relaxation, have been shown to mediate the effects of anticipatory nausea.
➤ The majority of studies reporting successful interventions have been described mainly in the psychology literature. Nurses need to be aware of and implement these strategies to make a positive impact on patients’ quality of life.