The Experience of a Diagnosis of Advanced Lung Cancer: Sleep Is Not a Priority When Living My Life

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Sleep is essential to physical health, cognitive functioning, memory, and quality of life (Banks & Dinges, 2007; Durmer & Dinges, 2005); however, the role of sleep in the lives of patients with lung cancer is relatively uninvestigated. Lung cancer is the second most common form of cancer and the leading cause of cancer death in the United States (Siegel, Ward, Brawley, & Jemal, 2011). Limited research indicates that, when compared to other types of cancer, patients with lung cancer have the poorest sleep quality, and 52%–79% of those patients experience sleep-wake disturbances compared to the general population (10%–15%) (Davidson, MacLean, Brundage, & Schulze, 2002; Ginsburg, Quirt, Ginsburg, & MacKillop, 1995; Silberfarb, Hauri, Oxman, & Schnurr, 1993; Vena et al., 2006). Silberfarb et al. (1993) used polysomnography to demonstrate that patients with lung cancer had more trouble falling asleep and staying asleep, napped longer and more frequently, and stayed in bed longer; however, they did not get more sleep compared to patients with breast cancer and normal sleepers. These studies found that those objective measures often did not correlate with subjective measures of sleep and that the participants did not recognize the significance of their sleep-wake disturbances. Therefore, little is known about patients’ perceptions and experiences of problematic sleep and whether sleep disturbances were preexisting to the lung cancer diagnosis. Few qualitative studies were concerned with sleep disturbances except for one in which insomnia was one of the most disturbing problems, along with pain and fatigue (Tishelman, Lövgren, Broberger, Hamberg, & Sprangers, 2010).

Minimal discussion has centered on the experiences of sleep disturbances that ultimately affect daily life. Disease- and treatment-related symptoms such as pain, dyspnea, and fatigue may interfere with sleep homeostasis and result in sleep-wake disturbances (Vena et al., 2006). When poor sleep is combined with any of those symptoms, symptom distress increases significantly with a decline in functional status and quality of life (Given, Given, Azzouz, & Stommel, 2001). In fact, studies have shown that patients with lung cancer consider the combination of insomnia, fatigue, and pain the most distressing of all symptom clusters (Degner & Sloan, 1995; Portenoy et al., 1994; Sarna, 1993). In addition, higher symptom distress scores are predictive of decreased survival time in patients with lung cancer, regardless of age.