

Self-Reported and Performance-Based Evaluations of Functional Status in Older Women With Breast Cancer

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OBJECTIVES: To evaluate self-reported and performance-based functional status (FS) in older women with breast cancer according to stage and time of visit during treatment.

SAMPLE & SETTING: 72 women with breast cancer aged 78 years or older and receiving any type of treatment at a midwestern outpatient clinic.

METHODS & VARIABLES: FS was evaluated using grip strength, the Index of Activities of Daily Living (ADLs), the instrumental ADLs (IADLs) scale, and the Timed Up and Go Test (TUGT). Mixed models were fit for grip strength and the TUGT, and generalized estimating equations were used to fit binary logistic regressions for the Index of ADLs and the IADLs scale. Continuous FS outcomes were evaluated using means and standard deviations.

RESULTS: Cancer stage and time of visit did not affect self-reported or performance-based FS scores. Most participants were considered independent on the Index of ADLs, the IADLs scale, and the TUGT, which did not change significantly between visits. Self-reported measures revealed less impairment.

IMPLICATIONS FOR NURSING: Monitoring FS using self-reported and performance-based measures can ensure that older patients receive timely support.

KEYWORDS functional status; older adults; breast cancer; activities of daily living; grip strength

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About 7% of people aged 65 years or older and 21% of people aged 85 years or older require some type of help with activities associated with personal care (Centers for Disease Control and Prevention [CDC], 2017). Nearly 9.5 million people aged 65 years or older report difficulty in at least one domain of functioning (CDC, 2021a). In the United States, more than 10% of adults aged 75 years or older require help with activities of daily living (ADLs), and nearly 19% require help with instrumental ADLs (IADLs) (CDC, 2016). People aged 65 years or older who live in poverty are more likely to require assistance with ADLs and are disproportionately affected by comorbidities, such as osteoarthritis, leading to problems with mobility (Stevens et al., 2016; Thompson et al., 2019). Functional status, as opposed to chronological age, is a prime factor in cancer treatment decisions (Soto-Perez-de-Celis et al., 2018).

People aged 80 years or older who are not functionally impaired tend to experience less postoperative complications (Saraiva et al., 2017). Functional impairment is related to mortality at one year following breast cancer surgery (Tang et al., 2018) and is a predictor of severe toxicity (Vázquez et al., 2017). Survival, treatment toxicity, cancer treatment feasibility, treatment decisions, and fewer postoperative complications, as well as older age and type of cancer treatment, are all associated with functional status (Couderc et al., 2019; van Abbema et al., 2017). Anticipating decline can inspire early intervention (Travers et al., 2019) before a person must leave their home or is not offered aggressive treatment for cancer (Bano et al., 2016; Jacobs et al., 2016).