Sleep, Mood, and Quality of Life in Patients Receiving Treatment for Lung Cancer

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Lung cancer is the second most common form of cancer but the leading cause of cancer death in both men and women (Siegel, Naishadham, & Jemal, 2013). In 2013, an estimated 228,190 individuals will be diagnosed with lung cancer and 159,480 will die from the disease (American Cancer Society [ACS], 2013). Although advances in knowledge about cancer biology and improvements in early diagnosis and treatment have increased the opportunities for long-term survival, the prognosis remains poor with a five-year survival rate of only 16% (ACS, 2013). As such, the impact of the disease and treatment on patients’ symptoms and quality of life (QOL) requires exploration.

The vast majority of patients with lung cancer are diagnosed with advanced disease, a high burden of symptoms (i.e., dyspnea, hemoptysis, cough, and chest pain), poorer QOL, and shortened survival (Buchanan, Milroy, Baker, Thompson, & Levack, 2009; Hopwood & Stephens, 1995, 2000; Siegel et al., 2013; Steinberg et al., 2009). Research has demonstrated that early integration of symptom management leads to meaningful improvements in QOL, mood, and survival in patients with lung cancer (Temel et al., 2010). However, few studies have focused on sleep as a factor influencing symptom burden and QOL.

Individuals with lung cancer are reported as having the highest or second highest level of sleep disturbances relative to other cancers and noncancer controls, and so may be a particularly at-risk population for sleep problems (Davidson, MacLean, Brundage, & Schulze, 2002; Palesh et al., 2010). A Canadian study using well-established diagnostic criteria and involving 982 outpatients revealed that those with lung cancer (n = 114) had a higher prevalence of sleep problems, including excessive daytime sleepiness, sleeping more than usual, severe fatigue, and using sleeping pills more often than patients with other solid tumors (Davidson & Jemal, 2013). In 2013, an estimated 228,190 individuals will be diagnosed with lung cancer and 159,480 will die from the disease (American Cancer Society [ACS], 2013). Although advances in knowledge about cancer biology and improvements in early diagnosis and treatment have increased the opportunities for long-term survival, the prognosis remains poor with a five-year survival rate of only 16% (ACS, 2013). As such, the impact of the disease and treatment on patients’ symptoms and quality of life (QOL) requires exploration.

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