Physical Activity and Self-Rated Health Status Among Older Adult Cancer Survivors: Does Intensity of Activity Play a Role?

Hee Yun Lee, PhD, LCSW, Jeehoon Kim, PhD, MSW, and Joseph R. Merighi, PhD, MSW, LISW

lthough the aim of treatments for cancer is to prolong life, they often can lead to diminished quality of life in multiple domains. Cancer treatments are linked to decreased levels of physical and mental health. In particular, the side effects caused by cancer treatments include fatigue, weight changes, muscle loss or weakness, depression, anxiety, and decreased general well-being (Brunet & Sabiston, 2011). All of these side effects can lower a survivor's level of physical activity, a particular concern among older adult survivors who face the highest cancer burden for most types of cancer (Maramaldi & Lee, 2006; Parry, Kent, Mariotto, Alfano, & Rowland, 2011) and who have more chronic health conditions and poorer physical health than older adults without cancer (Holmes et al., 2014; Smith et al., 2008). For this population, regular exercise has been significantly related to improved physical fitness, reduced risk of cardiovascular disease, and higher quality of life (McTiernan, 2004; Mosher et al., 2009; Winters-Stone, Bennett, Nail, & Schwartz, 2008). To better understand how exercise contributes to these positive outcomes, the researchers investigated the link between intensity of routine physical activity and self-rated health status among a sample of older adults.

Research has shown physical activity to be an essential factor for minimizing negative cancer-related symptoms, such as fatigue, decreased physical functioning, depression, and additional comorbidities among survivors (Courneya & Karvinen, 2007). Recreational physical activity has been significantly related to lower risk of death from all causes in breast cancer survivors and male survivors with varying cancer diagnoses (excluding those with nonmelanoma skin cancer) (Lahart, Metsios, Nevill, & Carmichael, 2015; Lee, Wolin, Freeman, Sattelmair, & Sesso, 2014). Across

Purpose/Objectives: To examine the association between routine physical activity and self-rated health status in older adults with cancer.

Design: Cross-sectional.

Setting: Community-dwelling older adult survivors who completed a screening tool and subsequent detailed interview from the 2004 wave of the National Long-Term Care Survey, a nationally representative study of Medicare beneficiaries aged 65 years or older.

Sample: 251 older adult cancer survivors who regularly engaged in routine physical activity.

Methods: Participants were asked about chronic health conditions, depression, activities of daily living, participation in physical activities, self-rated health status, and sociodemographic characteristics. A weighted ordered probit model was used to estimate variables that predict self-reported health status.

Main Research Variables: Self-rated health status and participation in physical activity.

Findings: Age and higher education level were found to be significant correlates of health status (p < 0.05) in the first model. Although education was not significant in subsequent models, age, functional disability, and depression all were identified as significant correlates of health status (p < 0.01). In the final model, in which moderate and vigorous activity participation were entered, older adult survivors who engaged in vigorous physical activity showed higher levels of health status than those who engaged in light physical activity (p < 0.05), but number of chronic health conditions was not significantly associated with health status.

Conclusions: The association between vigorous activity and health status points to the primacy of physical activity within a post-cancer treatment health regimen.

Implications for Nursing: Health programs and policies need to address physical activity to improve the overall well-being of older adult cancer survivors.

Key Words: physical activity; cancer survivor; older adult; self-rated health; intensity

ONF, 42(6), 614-624. doi: 10.1188/15.ONF.614-624