## Oncology as an important centre for researches on hrqol

Health & Medicine, Cancer



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Over the decades, Oncology has become an important centre for researches on HRQOL. Patients with cancer exhibit many symptoms and losses of functional ability. Many of the symptoms and functions are not measureable with laboratory tests or imaging procedures and it is necessary to rely on the patients' self-reports. Some examples are role functioning, social functioning, sense of wellbeing, pain, fatigue. Most of the studies of HRQOL in cancer survivors were concentrated on patients with Brain cancer, Breast cancer, Prostate cancer, Colorectal cancer and Lung cancer.

A review of several trials assessing the HRQOL in cancer patients have shown that, quality of life is more affected by the treatment related side effects than by disease per se. Women treated for breast cancer have problems associated with their general appearance, sexual problems, lymphedema numbness, muscle stiffness, aches and pains, tendency to take naps, and difficulty concentrating, affecting their overall physical functioning and well-being. Similar deterioration of quality of life was noted in prostate and colorectal cancer patients. However, a paradigm shift with better results was noted in their quality of life with the present treatment protocols supporting organ preservation in eligible patient groups. In brain cancer patients, apart from the health related quality of life issues, deterioration in neurocognitive functioning is also an area of serious concern.

Certain studies have shown that, patients experiencing recurrence of disease suffered greater decrements in HRQOL, particularly in symptoms and physical functioning, than did patients with metastatic disease or primary,

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non-metastatic disease. Another area of supportive care is doctor- patient communication during treatment. According to certain reviews, Patients who have answered HRQOL questionnaires report that there is better exchange of information between them and their physicians and nurses and that they are more satisfied with their overall interaction with the healthcare providers than patients who have not answered questionnaires. It has added to an improvement in their HRQOL scores.

Understanding of the patterns of HRQOL is important for patient information and shared decision-making. Patients need to know what their HRQOL outcome will be during therapy, and also during palliative care. Individual problems may be identified with the assistance of QOL questionnaires prior to, during and subsequent to therapy; therefore, supportive care may be initiated. For an effective evaluation of treatment outcomes, it is crucial to identify changes in HRQOL that occur as result of the tumour, the therapy or other issues.