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Life experience after prostate cancer treatment: A mixed methods study of the experiences of Thai elderly patients and their families

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Background: Prostate cancer remains a critical health problem in elderly men which is the third leading cause of cancer deaths in Thailand. The experience of elderly individuals living with prostate cancer remain largely unknown.

Aim: The aim of this study is to explore the life experience after prostate cancer treatment of Thai elderly patients and the effect on their families.

Methodology: A mixed method design was used to determine the life experience after prostate cancer treatment. Interview-administered questionnaire was used in patients (n=120) in combination with semistructured questions were approached in patients (n=18) and their significant others (n=18).

Results: Most of the elderly patients (86.4%) still performed basic activities daily living such as eating, dressing, and using toilet by themselves without engaging other people. Patients' assessment of quality of life was related to physical functioning in fatigue during a long walk, fatigue during a short walk, the need to be assisted in performing activities of daily living, limitations in performance of activities of daily living, limitations in following a hobby, the need to rest during the day, and feeling tired. There were strong correlations between those physical functioning scales ($p<0.01$). A total of 65 from 120 elderly patients showed global health status as good to excellent (53.8%). A moderate to fair state of global health status was reported by 44 patients (36.4%), while 9.8% reported poor to very poor quality of life. A total of 36.8% of elderly patients in this study decided to have their prostate cancer treated with surgery, even they knew it may not help for long, but the decision to have an operation was weighed against the chances of returning to a comfortable life. Another reason the patient's report was that the Thai Ministry of Public Health supported the costs of surgery, but some medical expenses were needed to pay for chemotherapy and radiotherapy treatment. Elderly patients who underwent combined treatment with surgery and hormonal therapy treatment reported actual loss of quality of life. Social functioning scales showed a significant difference, $p<0.05$ between, different treatments. Elderly patients who had chemotherapy treatment reported a low level of social functioning and had more incontinence aids than the others. Existence of financial problem significantly impairs the subjective assessment of quality of life by patients. The reasons of financial difficulty are: high cost of drugs, high cost of transportation as they stay in deprived area at the time of treatment. Themes from patient's interviews suggested a number of issues, including treatment decision making, and effects on physical functioning. Themes from the significant others included being a good carer, faith, and emotion. Both groups reported the issue of unmet patient and family support needs.

Discussion & Conclusion: Many elderly patients in Thailand were affected by prostate cancer with a substantial impact on themselves and their family. Some of them lived long distances away from treatment centres and had substantial cultural, social and practical challenges when adjusting to a prostate cancer diagnosis, treatment requirements and implications, and/or living with the condition. Findings of this study will help healthcare professionals to better understand the experiences and needs of elderly patients with prostate cancer and their families, and to target and develop service provision, to meet these needs.