Mini Review
Volume 11:02, 2023

Journal of Health Education Research & Development

ISSN: 2380-5439

Open Access

Chemotherapy-treated Cancer Patients' Quality of Life

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Abstract

Life-quality tests are the reason for surveying the state of oncological patients. They make it possible to get valuable information from patients about not only the symptoms of the disease and the side effects of treatment, but also how their mental, social, and spiritual well-being is being assessed. The well-being of patients, their families, and caregivers, as well as satisfaction with interdisciplinary and holistic oncological care, all benefit from taking into account the patient's assessment of their quality of life as the disease progresses.For the purpose of evaluating the quality of life of cancer patients participating in the study, a population-based, multi-area cross-sectional study was carried out. The study used a clinical interview as its method. Quality of Life Questionnaire, the Carnovsky Performance Status, our own symptom checklist, the Edmonton Symptom Assessment, and the Visual Analogue Scale were used to assess quality of life. Results: After applying the Karnofsky fitness index to the subjective fitness assessment, it was demonstrated that of patients reported being able to engage in routine physical activity. Patients had the most severe issues with self-care in the profile, quality of life, and psychometric properties assessment, percent and feeling restless and discouraged Patients' quality of life is unquestionably negatively impacted by cancer, which is influenced by the course of the disease, the treatment they receive, and how long the condition lasts.

Keywords: Cancer • Quality of life • Chemotherapy

Introduction

Modern oncology, in addition to pharmacological treatment, a deeper comprehension of the experiences of patients and their families is prioritized, as is the planning and delivery of all-encompassing care that will have a measurably positive impact on quality of life The concept of quality of life in cancer patients is dynamic and multidimensional. It includes all aspects of the patient's life as well as the needs of the patient. It is constantly evaluated to find a balance between the actual situation and the ideal situation at any given time. The needs, beliefs, values, and attitudes of an individual largely determine quality of life; besides, a worth changes over the long run. According to a review of the literature, cancer patients may have very distinct needs. The illness is an unsavoury encounter to which each individual responds independently. Mental responses connected with sickness and the patient's requirements rely upon character attributes and he’s comprehension patient might interpret what is going on. A patient's mental state changes over time, as the disease progresses and treatment begins, and maintaining a positive outlook is crucial to the recovery process.

A populace based, multi-region cross-sectional review was led among patients of the Podkarpackie Oncology Center, Clinical Common Emergency clinic. In order to evaluate the quality of their lives, cancer patients were invited to participate in the study. It was essential to include patients whose characteristics were fairly consistent due to the small sample size. A package of information was given to eligible patients by their medical specialist, who was a part of the research group. A non-consent sheet, a consent-to-contact form for patients who were interested in the study and a letter outlining the study's goals and requirements were included in the information package. An interviewer who was a member of the research group conducted the interview at the clinic after informed consent was obtained. The interview lasted about forty minutes. In order to maintain the patients' physical and mental comfort, the interview was broken up into parts in the event of patient exhaustion.

Literature Review

A populace based, multi-region cross-sectional review was led among patients of the Podkarpackie Oncology Center, Clinical Common Emergency clinic in in 2018-2020. In order to evaluate the quality of their lives, cancer patients were invited to participate in the study. It was essential to include patients whose characteristics were fairly consistent due to the small sample package of information was given to eligible patients by their medical specialist, who was a part of the research group. A non-consent sheet, a consent-to-contact form for patients who were interested in the study, and a letter outlining the study's goals and requirements were included in the information package. An interviewer who was a member of the research group conducted the interview at the clinic after informed consent was obtained. The interview lasted about forty minutes. In order to maintain the patients' physical and mental comfort, the interview was broken up into parts in the event of patient exhaustion [1,2].

Patients were recruited for the study by members of the research group's medical professionals. Being diagnosed with cancer at least three months prior to the study, having a life expectancy greater than six months, being over the age of 18, receiving chemotherapy, not having a history of other chronic diseases, and being aware of the diagnosis were the primary indicators of participation in the study. Since haematological cancer patients typically have a very different quality of life trajectory and prognosis than solid cancer patients, we only recruited patients with solid cancer. Because the initial period of diagnosis and treatment is associated with a significant psychological burden and the need to adapt to the new situation, we excluded from the study patients whose cancer diagnosis was less than three months old. Errors in the results may result from this. Patients under the age of 18 or who were illiterate in Polish were excluded because they were too physically ill or emotionally distressed. We also excluded people who had received hospice or home-based care or were only receiving palliative care for more than two weeks in order to avoid having a very diverse sample. In the wake of marking the educated assent structure, data was gotten from patients with respect to their sociodemographic qualities, family background of disease, first side effects owing to malignant growth saw by the patient, side effect discernment and response to early side effects. Patients were also asked to complete a questionnaire about their

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Received: 01 March, 2023, Manuscript No. jbhe-23-96196; **Editor Assigned:** 03March, 2023, PreQC No. P-96196; **Reviewed:** 15 March, 2023, QC No. Q-96196; **Revised:** 20 March, 2023, Manuscript No. R-96196; **Published:** 27 March, 2023, DOI: 10.37421/2380-5439.2023.11.100066

health-related quality of life at the same time. Quality of Life Questionnaire, the Karnofsky Quality of Life Questionnaire, the Karnofsky Performance Status, our own symptom checklist, the Edmonton Symptom Assessment, and the Visual Analogue Scale were used to assess quality of life.

The EQ-5D-5L Personal satisfaction Evaluation poll incorporates inquiries regarding strolling capacity, taking care of oneself, day to day movement, agony and distress, uneasiness and discouragement. The questions pertain to the day that the patient completed the questionnaire; one of 5 reactions was chosen for each scale. The Karnofsky Execution Status (KPS) is a technique for deciding actual working utilizing a metric evaluation of the level of practical freedom communicated as a solitary number. This evaluation is put on a scale from 0 to 100: From 0 (death) to 100 (fully active), It is presumptuous to believe that higher scale values indicate improved health and quality of life. When applied to oncological patients, this scale yields results that have a strong correlation with survival time. The purpose of the symptom checklist is to evaluate how the treatment for cancer affects the occurrence of mental and physical symptoms. The following symptoms are associated with the psychological factor: apprehension, gloom, trouble dozing, uneasiness and trouble concentrating. The actual element incorporates the accompanying side effects: loss of craving, exhaustion, queasiness [3].

Discussion

During treatment, the majority of patients reported feeling well, while of patients reported feeling unwell. The majority of patients rated their health as average great and as lacking of patients experienced significant disease-related stress. The vast majority of patients responded negatively when asked if they felt attractive and satisfied with their appearance of patients used a variety of methods to make they look better. The majority of respondents, 65 percent, 95 percent acknowledged being dissatisfied with their sexual lives. There was a statistically significant relationship between the respondents' sex and illness duration, according to the findings of a straightforward analysis of the level of self-assessment of attractiveness and the use of various methods of improving one's appearance. Women were more likely than men to feel unattractive and to take advantage of opportunities to enhance their physical appearance. Patients who had been ill for more than three years frequently felt ugly.the differences were statistically significant. During the evaluation of the symptoms, fatigue, lack of appetite, difficulty sleeping, constipation, and pain were the most frequently reported symptoms [4-6].

Conclusion

Patients' quality of life is unquestionably negatively impacted by cancer, which is influenced by the course of the disease, the treatment they receive, and how long the condition lasts. Cancer patients' quality of life is significantly diminished by frequent hospitalizations, negative emotions, and numerous somatic ailments that change over time. At every stage of the disease, patients experience somatic symptoms, which are linked to increased disability and diminished quality of life. The elements that altogether impact the event of side effects rely upon the period of the illness, the patterns of chemotherapy and the term of the sickness. It is essential to regularly assess patients' quality of life in order to quickly assess the issues in each sphere of life in order to achieve the best quality of life possible despite disease. This will enable the identification of patients at high risk and prompt intervention based on the identified needs or deficits. Disorders that go undiagnosed and untreated can hinder cancer treatments, lower patients' quality of life, and raise healthcare costs.

Acknowledgement

None.

Conflict of Interest

There are no conflicts of interest by author.

References

1. Hamet, Pavel and Johanne Tremblay. "Artificial intelligence in medicine." *Metab* 69 (2017): S36-S40.
2. Malik, Paras, Monika Pathania and Vyas Kumar Rathaur. "Overview of artificial intelligence in medicine."*J Fam Med Prim Care Rev* 8 (2019): 2328.
3. Haleem, Abid, Mohd Javaid and Ibrahim Haleem Khan. "Current status and applications of artificial intelligence (AI) in medical field: An overview." *Curr Med Res Pract* 9 (2019): 231-237.
4. Zhavoronkov, Alex, Quentin Vanhaelen and Tudor I. Oprea. "Will artificial intelligence for drug discovery impact clinical pharmacology?." *Clin Pharmacol Ther* 107 (2020): 780-785.
5. Masters, Ken. "Artificial intelligence in medical education." *Med Teach* 41 (2019): 976-980.
6. Tidermark, Jan. "Quality of life and femoral neck fractures." *Acta Orthop Scand Suppl* 74 (2003): 1-62.

How to cite this article: Lewandowska, Anna. “Chemotherapy-treated Cancer Patients' Quality of Life.” *J Health Edu Res Dev* 11 (2023): 100066.