Health related quality of life for cervical cancer women receiving chemotherapy at mansoura university hospitals

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Abstract:

Background: Cervical Cancer is regarded as the second leading cause of cancers deaths among women, and which substantially reduce the health related quality of life of women. **Aim of the study**: was to assess health-related quality of life for women with cervical cancer receiving chemotherapy. **Subjects & methods: Research design:** A Descriptive Research Design was used in this study. **Setting:** Oncology Center in Mansoura University Hospital. **Subjects:** consisted of 100 women with cervical cancer receiving chemotherapy. **Tools of data collection** : include; a structured interviewing schedule that included data about patient's personal characteristics, present history of cervical cancer, protocol of chemotherapy, knowledge of women concerning cancer and chemotherapy and health-related quality of life scale short form SF-36. **Results**: showed that most common problems encountered after cervical treatment with chemotherapy were malnourishment with highest percentage (93%). Almost all women complained of dryness of the vagina and dyspareunia (99.0% and 98.0%). Meanwhile, the highest affected dimension of health related quality of life was for physical dysfunction with mean of 66.45±19.27.**Conclusion:** The Study concluded that the majority of the studied women had many problems which affect their HRQOL**.** **Recommendations:** The Study recommended that an educational programme should be conducted to help women to cope with their problems and improve their HRQOL.

Key Words: Cervical Cancer; Chemotherapy; Health-Related Quality of Life.

Introduction:

Cervical cancer is a serious health problem since every year; around 500.000 women worldwide develop this disease. Most women with cervical cancer are diagnosed before the age of 50, older women remain at risk. More than 20% of new cases are diagnosed in women over 65. [(1)]In Egypt 866 new cervical cancer cases are diagnosed annually and it ranks as the 13th cause of female cancer in Egypt. Moreover, cervical cancer is the 10th most common female cancer in women aged 15 to 44 years in Egypt. [(2)]

There are two major types of cervical cancer: squamous cell carcinoma and adenocarcinoma. Squamous cell carcinoma is more common which arises in the squamous epithelial cells that line the cervix. About 69% of all cervical cancers are of this type. Adenocarcinoma develops from mucus-producing gland cells in the endocervix. It accounts for about 25% of all cervical cancers. Other rarer types comprise the remaining 6%. [(3)]

Human papillomavirus (HPV) Virtually all (99.7%) cervical cancers are caused by persistent infection with a high-risk type of human papillomavirus (HPV), there are more types of HPV, cervical cancer mostly caused by two of these, 16 and 18, responsible for about 70% of all cervical cancers. There are many other risk factors for cervical cancer such as, smoking, poverty, sexual activity, diethylstilbestrol (DES), diet, weight, Chlamydia infection, Oral contraceptives, multiple full-term pregnancies, first full-term pregnancy young age and suppressed immune system. These factors have been found to increase the risk of developing cervical cancer. [(4)]

Chemotherapy is the use of drugs

to kill cancer cells. The drugs travel through the bloodstream to reach all parts of the body. Chemotherapy can be effective in treating cervical cancer through spread beyond the cervix. However, the drugs that kill cancer cells may also damage healthy cells. To limit the damage to healthy cells, chemotherapy is usually given in cycles. Periods of chemotherapy treatment are alternated with rest periods when no chemotherapy is given. Side effects usually still occur, but are manageable. Most side effects are temporary, they include: nausea, loss of appetite, mouth sores, increased chance of infection, bleeding or bruising easily, vomiting, hair loss, fatigue and Constipation. (5)

Health-related quality of life (HRQL) can be defined as that part of a person's overall quality of life that is determined primarily by their health status and which can be influenced by socioeconomic factors, age, gender, presence of disease and treatment. QOL examine how patients experience and perceive. Most studies on QOL have focused only on identifying the relationship between disease-related variables such as disease severity, etiology and QOL or it can defined as a person's appraisal of her current level of functioning and satisfaction with it compared with a perceived ideal. (6)

Significance of the study:

Egypt has a population of more than 25.76 million women above ages of 15 years. Current estimates indicate that every year 514 women are diagnosed with cervical cancer and 299 die from the disease. Cervical cancer ranks as the 14th most frequent cancer among women in Egypt, and the 12th most frequent cancer among women between 15 and 44 years of age. About 10.3% of women in the general population are estimated to have cervical human-papilloma virus. (7) Despite these severe problems due to cancer in the genital region, the physical and psychosocial consequences of illness and specific interventions such as chemotherapy have rarely been investigated.(8) Therefore, the assessment of the health related quality of life of women with this cancer is considered of paramount importance.

Aim of the study:

Assess health related quality of life for women with cervical cancer receiving chemotherapy.

Research Questions:

- What are the characteristics of women with cervical cancer undergoing chemotherapy?
- What is the health related quality of life for women with cervical cancer undergoing chemotherapy?

Subjects and methods:

Research Design:

A descriptive research design was utilized in this study.

Study Setting:

The current study was conducted at Mansoura Oncology Center and Mansoura University Hospital from the beginning of June 2013 till end of December 2013.

Study subjects:

The study population consisted of all women who had a gynecologic cancer diagnosis and receiving chemotherapy. The sample consisted of 100 women recruited during the study period (6 months) from the above mentioned setting, with the following inclusion criteria:

- Adult women >45 years old with cervical cancer receiving chemotherapy .
- Had been receiving at least one cycle of chemotherapy.
- Patients with psychiatric disorders and accompanying severe medical conditions were excluded

Tools of data collection:

Three tools were used for data collection:

Tool (1): Interview Schedule Form*:* It was developed by the researcher for collection of the following data:

- Socio-demographic characteristics: such as women's age, level of

education, marital status, work nature, and monthly income and residence.

- Reproductive history including; parity, abortions, delivery type, complications of delivery, contraceptive use, the age of menopause.
- In addition, researchers reviewed medical records to document and verify cancer type, discovery of disease, cancer treatment status and protocol of chemotherapy and problem encountered after cervical cancer treatment.

Tool (2): Assessment of Knowledge: for women with cervical cancer receiving chemotherapy. It included questions about; cancer definition, types, causes and treatment. It also, included questions about the purpose of the chemotherapy, its routes and side effects.

Scoring System:

Patient assessment sheet for knowledge consists of (13) closed ended questions, it was formed of multiple choice, the answer was evaluated using model key answer prepared by the researcher, the score was (0) score for incorrect answer & (1) score for incomplete answer (2) score for complete answer, the total score for knowledge were (28) and was categorized in to: satisfactory level if the percent score was 60% and more and unsatisfactory level if less than 60%.

Tool (3): Health related Quality of Life Scale (HQLQv1): It is adopted from Al Abdulmohsin, Coons and Hays. [9] It comprises of 36 items that assess eight health concepts: physical functioning: (3-12), role limitations caused by physical health problems:(13- 16), role limitations caused by emotional problems: (17-19), social functioning:(20 and 32), emotional wellbeing:(24-28 and 30), energy / fatigue:(23, 27, 29, and 31), pain: (21 - 22), and general health perceptions:(1, 2, 33-36)

Scoring System:

All questions were scored on a scale from 0 to 100, with 100 representing the highest level of functioning possible. The scores of the items were summed- up and the total divided by the number of the items, giving a mean score. These scores were expressed in means and standard deviations.

Content validity:

The tools were revised for content validity by a jury of five experts in obstetrics and gynecological nursing in Mansoura and Port Said University who reviewed the developed instrument for clarity, relevance, comprehensiveness, simplicity, and applicability; minor modification were done**.**

Pilot Study:

The sample of the pilot consisted of 10% of women diagnosed with cervical cancer and receiving chemotherapy. Simple necessary modifications were done as revealed from the pilot study results in the form of omissions and rephrasing of certain items. The pilot sample was not included in the main study sample.

Administrative and ethical considerations:

Official permissions were obtained by submission of an official letter to responsible authorities of the above mentioned settings using proper channel of communication after explanation of the aim of study.

As for the Ethical considerations, the aim of the study was explained to every woman before participation, which was totally voluntary. Women were reassured that any obtained information will be confidential, and will be used only for the purpose of the study. The study maneuvers had no actual or potential harms on women. Professional help was provided whenever needed.

Field Work:

Once permission was granted to proceed with the study, the researcher contacted each woman individually in the unit ward and explained to her the purpose and nature of the study. Upon obtaining her oral consent, the researcher started the interview. The woman

participated in a 20 - 40 minute, face to face, structured interview conducted by the researcher in a private area of the clinic. Each woman was interviewed separately to give her chance to talk freely. The questions were given in Arabic language and pilot tested among a group of healthcare workers. Collection of data covered a period of six months, three days per week, from June 2013 up to the end of December 2013. Data collection was average four cases per week.

Limitations of the study:

The researcher took a long time and hard effort to convince woman to talk freely or participate in the research.

Statistical analysis:

All data collected were organized, entered and analyzed using appropriate statistical significance test. The data were collected, coded and entered to computer. The data were analyzed by using SPSS, (Statistical Package for Social Sciences), soft – ware program version 14, which was applied to frequency tables, statistical significance and associations were assessed using chi-square test and coefficient correlation to detect the relation between the variables (P value), number and percentage, mean, standard deviation (SD), minimum, maximum, median were also used. The observed differences and associations were considered as the following: Non significant (NS): $P>0.05$, significant (S) : $P\leq0.05$ and highly significant (HS): $P<0.001$

Result:

Table (1): Reveals that the majority (79.0%) of the studied women were 65 years and more with a mean of 62.5 ± 10.3 years. Almost three fifths (61.0%) of patients were living in rural areas and 54.0% were illiterate or could read and write. Meanwhile; less than half of the studied women (47.0%) were married and most of them had not enough income.

Table (2): Displays that more than one third (38.5%) of studied women had three para and more and 21.0% were primipara. Moreover, almost half (51.0%) of the patients were exposed to vaginal delivery. Meanwhile, three fifths (60.0%) of them used contraceptive. More than two fifths (43.2%) of women used IUD and 40.9 % used contraceptive pills while, capsules and injections were used by 9.1%% and 6.8% respectively.

According to **Table (3)** the great majority of the symptoms encountered consisted of vaginal discharge (93.0%), followed by dysmenorrhea (88.0%), abnormal uterine bleeding (86.0%) and menorrhagia (76.0%).

Table (4): shows that almost half (52.0%) of the studied women started chemotherapy within less than six months after surgery and were compiled to the treatment (50.0%). Meanwhile, most of them (71.0%) were monthly exposed to the chemotherapy, and received more than ten doses (47.0%). In addition only one fifth of the women had satisfactory knowledge (21.0%) but the majority (79.0%) had unsatisfactory knowledge about cancer and the use of chemotherapy.

Table (5): Illustrates the distribution of the studied women according to problems encountered after cervical treatment with chemotherapy. The most common problem was malnourishment with highest percentage (93%) followed by abdominal cramps (90%) and vomiting (76%). Meanwhile, the majority (74%) of women were suffered from oliguria and urgency and dysuria (74.0%, 55.0% and 50.0% respectively). Concerning sexual complication the almost all women complained of dryness of the vagina (99.0%). Meanwhile a sizable proportion was suffered from vaginal bleeding (89.0%). In addition 92.0% experience loss of taste as an appetite problem and 88.0% suffered from insomnia and different kinds of sleeping disorders. Also, it is noticed in the same table that all of them were exposed to hair loss.

Table (6): Represents the mean of quality of life dimensions among the studied women. The highest affected

dimension was for physical functioning with mean of 6.45±19.27, followed by partially similar mean of fatigue, emotional and social wellbeing (35.66±11.76, 41.32±10.99 and 47.31±11.81 respectively). Meanwhile the least affected dimension was for role limitation due to emotional health with mean of 28.83±40.95.

Table (7): Presents the numbers and percentage distribution of physical functioning dimension in order of impact. Thus, the highly limited functioning was more observed in the aspect of doing vigorous activities (63.0%), followed by climbing several flights of stairs (62.0%) and walking more than a mile (39.0%). On the other hand women were able to bath and dress themselves, walking one block and bending, kneeling, or stooping (95.0%, 90.0% and 95.0% respectively).

Fig (1): shows the problems that the patients may confront with their work or other regular activities as a result of any emotional problem. It is clear that, a sizable proportion did not do work as carefully as usual or accomplished less than they would like (67.0% and 66.0% respectively). Meanwhile, the majority of them (81.0%) cut down the amount of time they spent on work or other activities.

Discussion:

The finding of present study revealed that, the mean age of the participants was 62.5±10.3 with most common age group being 65 and more years. This finding is in contrast with American Cancer Society, who reported that cervical cancer tends to occur in midlife. [10] the result of the present study showed that less than half of women were married. This finding might be related to the selected age groups of the studied sample. It is in accordance with what has been reported by Rustagi [11] who found that the high rates of the disease in formerly married women are probably related to its association with number of sexual partners.

The current study portrayed that, a sizable proportion of the studied women were housewives and had insufficient family income and this interfere with the financial demand for the treatment of cancer. Such finding is in the same line with Sichanh**,** which indicated that most of the participants were unemployed and having a lower economic status. [12]

In the present study the most of studied women had 3 Para and more, this might be due to Egyptian culture about early marriage of the female and increase fertility rate in Egypt. In congruence with this finding, a study about risk factors for cervical cancer in Northeastern Thailand showed that most of the studied women have ≥ 3 deliveries. [13] In the present study the majority of the studied women had positive history of abortion. This may be due to lack of health care centers and associated health education services related to pregnancy, and follow up. Conversely, Raychaudhuri & Mandal, found that the majority of studied women have no abortion. In addition, more than half of studied women had normal labor which may be due to normal progression for labor process in the studied sample. [14]This finding is in line with Sogukpınar, who reported that more than two third of his studied women were delivered through vagina. [15]

The current study results support previous research done to evaluating whether the use of a particular method of contraception is associated with an increased or decreased risk of cervical cancer. The study has concluded that women who use oral contraceptives are possibly at increased risk of invasive cervical cancer; users of barrier methods probably have a decreased risk (although the protective effect may differ between the various types of barrier method); and that users of other methods of contraception do not have an altered risk. [16]

Meanwhile, more than half of the studied women discovered the disease when they sought medical advice for the

symptoms facing them. These include; vaginal discharge, dysmenorrhea, abnormal uterine bleeding, menorrhagia. This is in agreement with Gyenwali, who emphasized that discovery of the disease was by the presence of symptoms such as foul smelling vaginal discharge, lower abdominal pain and abnormal vaginal bleeding. (17)

More than half of the studied women starting monthly the chemotherapy within less than six months after surgery, and took more than ten doses of chemotherapy. These results are consistent with result of Mohammed, who found that half of sample starting chemotherapy from one to three months and more than half of sample receive from 2-6 cycles of chemotherapy. (18)

The physical health domain of patient with cervical cancer receiving chemotherapy encompasses the physical changes and disruption of daily activities caused by the disease and its treatment. Several studies have been carried out to assess the prevalence of physical and functional effects in cancer of the cervix patients treated with chemo-radiotherapy studied QoL of patients with cervical cancer treated with chemo-radiotherapy and found that they suffer GIT complications (diarrhea, malnourishment, vomiting, bleeding and fecal leakage that impair their QoL. Partially similar findings were also reported by the present study, although the reported problems were not much severe as the previously mentioned studies this might be due to the difference in the stage of cancer and the dose of chemo-radiotherapy that was given to those patients. (19-21)

The researchers reported urologic problems like urgency of urine, stress incontinence, dysuria and urinary leakage these were also reported by the finding of the present study in addition to sleeping disorders. These altered bodily functions may inhibit a patient's ability to resume satisfactory functional life.(22)

Studying psychological and social morbidity with cancer of the cervix is important because its treatment has been reported to threaten women self-concept and body image. (19) In partial agreement with the above study is the current study finding which shows that all women were exposed to hair loss and suffered the change in their body image. Psychological effects noted include, anxiety, depression and worries about the risk of recurrence and coping problems.

Almost half of the studied women were compiled to the treatment. This finding might be due to the severity of disease which required great budget for the treatment and specific recommendation toward therapy. In the same line Mohammed found that most of his studied sample faces limitations in their treatment journey. So they were not complied with chemotherapy treatment. (18)

The finding of the present study revealed that the majority of the studied women had unsatisfied knowledge score about cancer and chemotherapy, this might be due to majority of sample are from rural areas and more than half of them were illiterate or just read and write and lacking health awareness behavior. Also, due to health team overload which result in negligence of the health providers to this important aspect of health education. In congruence with this finding, Aswathy, found that scoring of knowledge levels showed that the majority of study sample had poor knowledge on the various aspects like symptoms, risk factors, screening test. (23) Also this result is in agreement with John**,** who showed that most of sample had poor knowledge. (24)

Concerning the highest affected dimension of quality of life, the current study revealed that, it was physical functioning. This result is in contrast with Dallabrida, who found that when the average scores of quality of life achieved in many areas were evaluated, it was found that in the scales of physical, cognitive and social functioning, the average ranged from 75.19 to 81.40, indicating a very satisfactory level of quality of life. (25)

Regarding the least affected dimension of quality of life, the current study showed that, the least affected one was for role limitation due to emotional health. This result is in the same line with Xie who reported that the least affected one was for role limitation due to emotional health. [26]

Conclusion

- According to the findings of the present study, it can be concluding that the great majority of patients discovered the disease when they sought medical advice for the symptoms facing them consisted of vaginal discharge followed by dysmenorrhea, abnormal uterine bleeding and menorrhagia.
- Almost half of the studied women were compiled to the treatment and the majority had unsatisfied total knowledge score about cervical cancer.
- The highest affected dimension of QoL was for physical functioning, social wellbeing, pain, emotional wellbeing, general health, energy/Fatigue, and role limitation due to physical health, while the least affected dimension was role limitation due to emotional health.

Recommendations:

On the basis of the most important findings of the study, the following recommendations are suggested:

- Intervention programs are necessary to improve the quality of life of patients treated for cancer of the cervix because of the considerable impact that treatment has on the physical, functional and psychological states of the patients.
- Women should be given adequate counseling and information about the effects of treatment and ways to minimize the morbidity because patients who know what to expect will hopefully be better at coping with their situation.
- Further researches about the factors that affect quality of life for patients after chemotherapy on a large probability sample in a various settings in order to generalize the results.

Table (1): Distribution of the studied women according to their socio-demographic characteristics (n= 100)

Personal Characteristics	N= 100	%
Age groups (in years)		
▪ 45-	2	2.0
▪ 55-	19	19.0
▪ >65 +	79	79.0
Mean ± SD = 62.5±10.3		
Residence		
▪ Rural	61	61.0
▪ Urban	39	39.0
Level of education		
▪ Illiterate	33	33.0
▪ Read and write	21	21.0
▪ High school	34	34.0
▪ University	12	12.0
Occupation		
▪ Working women	31	31.0
▪ House wife	69	69.0
Income		
▪ Not enough	79	79.0
▪ Enough	21	21.0
Marital status		
▪ Single	6	6%
▪ Married	47	47%
▪ Divorced	24	24%
▪ Widow	23	23%

Table (2): Distribution of the studied women according to their obstetric history (n=100)

Obstetric history	N=100	%
Parity (n=83):		
▪ Once	18	21.7
▪ Twice	16	19.3
▪ Three	17	20.5
▪ More than three	32	38.5
Number of Abortions (n= 95):		
▪ None	11	11.6
▪ Once	20	21.0
▪ Twice	21	22.2
▪ Three	20	21.0
▪ More than three	23	24.2
Delivery Type(n=83):		
▪ Vaginal	43	51.9
▪ Ceaserean section(CS)	15	18.0
▪ Both	25	30.1
Contraceptive use:		
▪ Yes	60	60.0
▪ No	40	40.0
#Different contraceptive methods use		
▪ Oral contraceptive pills	54	54.0%
▪ IUDS	57	57.0%
▪ Injection	12	12.0%
▪ Capsules	9	9.0%

Table (3): Distribution of the studied women according to the symptoms that lead to the discovery of cervical cancer (n=100)

Symptoms	N=100	%
Menorrhagia		
▪ Yes	76	76
▪ No	24	24
Dysmemprrhea		
▪ Yes	88	88
▪ No	12	12
Abnormal uterine bleeding		
▪ yes	86	86
▪ no	14	14
Vaginal discharge		
▪ Yes	93	93
▪ No	7	7

 # Categories are not mutually exclusive.

Table (4): Distribution of the studied women according to their protocol of chemotherapy and total women' knowledge about cancer and the chemotherapy (n=100)

Protocol of chemotherapy	N=100	%
Time of starting chemotherapy after surgery		
▪ Less than six months	52	52.0
▪ From six months to one year	37	37.0
▪ More than one year	11	11.0
Patient's compliance for the treatment		
▪ Yes	50	50.0
▪ No	50	50.0
Number of chemotherapy doses taken		
▪ From one to three doses	17	17.0
▪ From three to ten doses	36	36.0
▪ More than ten doses	47	47.0
Frequency of chemotherapy treatment		
▪ Weekly	25	25.0
▪ Monthly	71	71.0
▪ Every three months	4	4.0
Level of knowledge		
▪ Satisfactory	21	21.0
▪ Unsatisfactory	79	79.0

Table (5): Distribution of the studied women according to problems encountered after the treatment (*n*=100)

Problems Encountered	Sever		Moderate		mild	
	No.	%	No.	%	No.	%
Gastrointestinal						
▪ Nausea	50	50%	30	30%	20	20%
▪ Vomiting	76	76%	16	16%	4	4%
▪ Malnourished	93	93%	5	5%	2	2%
▪ Diarrhea	45	45%	15	15%	40	40%
▪ Constipation	25	25%	70	70%	5	5%
▪ Abdominal cramps	90	90%	8	8%	2	2%
▪ Abdominal bleeding	5	5%	10	10%	85	85%
Urological problems						
▪ Dysuria	50	50%	22	22%	28	28%
▪ Oliguria	74	74%	15	15%	11	11%
▪ Polyuria	49	49%	27	27%	24	24%
▪ Urgency	55	55%	17	17%	28	28%
▪ Stress incontinence	33	33%	64	64%	3	3%
▪ Dialysis	0	0%	0	0%	100	100%
Sexual complications						
▪ Vaginal dryness	99	99%	1	1	0	0
▪ Decrease sexual desire	75	75%	20	20	5	5
▪ Vaginal bleeding	89	89%	5	5	6	6
***A*ppetite problems**						
▪ Loss of taste	92	92	8	8	0	0
▪ Anorexia	78	78	12	12	10	10
▪ Polyphagia	39	39	48	48	13	13
Sleep disorders						
▪ Insomnia	62	62	37	37	1	1
▪ Irregular sleep rythm	88	88	9	9	3	3
▪ Delirium	23	23%	77	77	0	0
Hair loss	100	100	0	0	0	0

Table (6): Assessment of health related (Qol) issues according to sf-36 among the studied women (n=100)

QOL Dimensions	Mean±SD	Median
▪ Physical functioning	66.45±19.27	62.50
▪ Role limitation due to physical health	28.83±40.95	0.00
▪ Role limitation due to emotional health	28.75±40.26	0.00
▪ Energy/ fatigue	35.66±11.76	35.00
▪ Emotional wellbeing	41.32±10.99	44.00
▪ Social wellbeing	47.31±11.81	50.00
▪ Pain	42.10±17.49	42.50
▪ General Health	38.26±7.61	37.50

Table (7): Assessment of Physical Functioning Dimension among the Studied Patients (n=100)

Physical functioning dimension	Limited a lot		Little limitation		Not limited	
	No	%	No	%	No	%
Q1: Bathing or dressing myself.	1	1.0	4	4.0	95	95.0
Q2: Walking one block.	0	0.0	10	10.0	90	90.0
Q3: Walking several blocks.	4	4.0	41	41.0	55	55.0
Q4: Walking more than a mile.	39	39.0	29	29.0	32	32.0
Q5: Bending, kneeling, or stooping.	0	0.0	5	5.0	95	95.0
Q6: Climbing one flight of stairs.	3	3.0	48	48.0	49	49.0
Q7: Climbing several flights of stairs.	62	62.0	23	23.0	15	15.0
Q8: Lifting or carrying groceries.	7	7.0	39	39.0	54	54.0
Q9: Moderate activities, such as moving a table, pushing a vacuum cleaner.	9	9.0	60	60.0	31	31.0
Q10: Vigorous activities, such as running, lifting heavy objects, participating in strenuous….	63	63.0	35	35.0	2	2.0

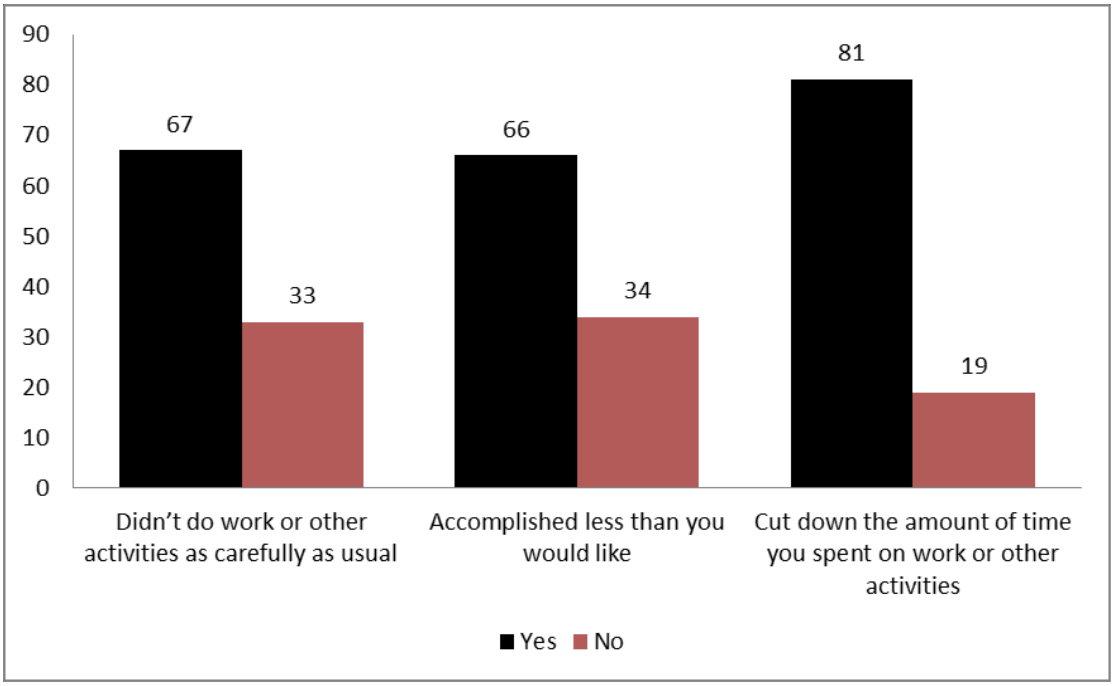

Figure (1): Assessment of role limitation due to emotional health dimension among the studied patients (n=100)

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جودة الحياة للسيدات المصابات بسرطان عنق الرحم الخاضعات للعلاج الكيماوى فى مستشفيات جامعة المنصورة

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مقدمة :

يعد سرطان عنق الرحم من أخطرالمشاكل الصحية التي تواجه السيدات سنويا . حوالي ٥٠٠،٠٠٠ من النساء يعانين من هذا المرض في جميع أنحاء العالم. و العديد من النساء يتم تشخيصهن بهذا المرض قبل سن الخمسين ولكن لا تزال النساء الأكبر سنا في خطر . فهناك أكثر من ٢٠ ٪ من الحالات الجديدة بين النساء أكثر من ٦٥ سنة. هناك نوعان رئيسيان من سرطان عنق الرحم أحدهما الأكثر شيوعا والذي ينشأ في الخلايا التي تبطن عنق الرحم . حوالي ٦٩ ٪ من جميع سرطانات عنق الرحم هي من هذا النوع. بينما النوع الأخر يتطور من الخلايا المنتجة للغدد المخاطية في عنق الرحم ويشكل نحو ٢٥ ٪ من جميع سرطانات عنق الرحم . وتشمل أنواع أخرى نادرة ما تبقى من ٦ ٪. فيروس الورم الحليمي البشري (HPV) هو السبب الرئيسي للاصابه بسرطان عنق الرحم تقريبا (٩٩.٧ ٪) من الاسباب. وهناك أنواع عديدة من هذا الفيروس ومن بين هذه الأنواع نوعين هما أكثر مسببات الاصابة بهذا المرض. ويعد العلاج الكيماوي من الطرق الفعالة في علاج سرطان عنق الرحم. وعادة ما يعطى العلاج الكيماوي في صورة جرعات. معظم الآثار الجانبية مؤقتة، و تشمل: الغثيان، وفقدان الشهية، وتقرحات الفم، وزيادة فرصة الإصابة بالمرض، ونزيف أو كدمات بسهولة والقيء، وفقدان الشعر، والتعب والإمساك. تعرف جودة الحياة الصحية بأنها النظرة الشخصية لتأثير المرض على المريض وتتضمن طرق العلاج والصحة العامة وجودة الحياة عموما والتي يمكن أن تتأثر بالعوامل الاقتصادية والاجتماعية والعمر والجنس .وأهمية قياس جودة الحياة الصحية في نقل معلومات هامة عن المرضى، بدون عمل تقييم تقليدي للمريض أو حتى إجراء فحوصات عادية.

الهدف من الدراسة:

تقييم جودة الحياة الصحية للسيدات المصابات بسرطان عنق الرحم والخاضعات للعلاج الكيماوي.

التصميم البحثى :

تم استخدام تصميم وصفي.

مكان الدراسة:

أجريت هذه الدراسة في مركز الأورام و قسم أمراض النساء في مستشفى جامعة المنصورة.

عينة الدراسة :

العينة تمثل ١٠٠ سيدة مصابه بسرطان عنق الرحم خاضعات للعلاج الكيماوي على الأقل ثلاث جرعات تم اختيارهن خلال فترة الدراسة (٦ اشهر).

أدوات جمع البيانات:

وتتضمن الاستبيان علي ثلاثة أجزاء رئيسية:-

- **الأداة الاولـــى:** استبيان مقابلة وتشمل بيانات عن الخصائص الشخصية للسيدة، التاريخ الحالي لسرطان عنق الرحم، بروتوكول العلاج الكيماوي.
- **الأداة الثـانـيـة:** وتضمن البيانات الواردة عن المعرفة فيما يتعلق بالسرطان والعلاج الكيماوي.
- **الأداة الثـالـثـة**: استبيان يحتوى على ٣٦ عنصر حول النوعية ذات الصلة بالصحة من حياة النساء المصابات بسرطان عنق الرحم والذي يتكون من ثمانية محاور صحية : الصحة الجسدية ، الدور الاجتماعي الناتج عن مشاكل جسدية، الدور الاجتماعي الناتج عن مشاكل عاطفية، الوظيفة الاجتماعية، الاستقرار العاطفي، النشاط/ التعب، الألم والحالة الصحية العامة.

النتائج:

كانت أهم النتائج التي أسفرت عنها الدراسة على النحو التالي:

- غالبية العينة (٧٩٪) أكبر من ٦٥ عاما فأكثر وأن ما يقرب من ثلاثة أخماس من النساء (٦١٪) تعيشن في المناطق الريفية. وأن ٥٤٪ من الأميين أو ممن يمكنهن القراءة والكتابة. وفي الوقت نفسه ٤٧٪ كن متزوجات ومعظمهن لم يكن لديهن دخل شهري كافي.
- كان أكثر من ثلث العينة (٣٨.٥٪) من النساء لديهم ثلاثة مرات ولادة و أكثر. تعرضت ٥١ ٪ من المرضى إلى الولادة المهبلية. و ثلاثة أخماس (٦٠٪) منهم استخدمت وسائل منع الحمل.
- الغالبية العظمى من الأعراض التي واجهتهن تتألف من الإفرازات المهبلية (٩٣٪) ، تليها عسر الطمث (٨٨٪) ، نزيف الرحم غير طبيعي (٨٦٪)، و غزارة الطمث (٧٦٪) .

- ما يقرب من نصف العينة (٥٢٪) من النساء قد بدأن العلاج الكيماوي في غضون أقل من ستة أشهر بعد الجراحة. ٥٠٪ من العينة يخضعن للعلاج. وفي الوقت نفسه، معظمهن (٧١ ٪) تعرضت شهريا للعلاج الكيماوي، وحصلن على أكثر من عشر جرعات. خمس العينة فقط لديهن معرفة مرضية ٢١ ٪ ولكن الغالبية ٧٩٪ لديهن معرفة غير مرضية.
- أعلى الجوانب المتضررة كان عن الوظائف البدنية مع متوسط٦٦.٤٥+١٩.٢٧ ، يليه متوسط مماثل جزئيا من التعب، والرفاهية النفسية والاجتماعية (٣٥.٦٦+١١.٧٦ ، ٤١.٣٢+١٠.٩٩، ٤٧.٣١+١١.٨١ على التوالي) . وفي الوقت نفسه كان الجانب الأقل تأثرا حد الدور بسبب الصحة العاطفية مع متوسط ٢٨.٨٣+٤٠.٩٥. والأكثر ملاحظة من الأنشطة البدنية هو القيام بأنشطة قوية٦٣٪، تليها صعود الدرج ٦٢٪ ، والمشي أكثر من ميل ٣٩٪. أكثر من ثلثي العينة قد وجدن صعوبة في أداء العمل ٦٦٪ ، محدودة علي نوع العمل الذي ينبغي القيام به ٦٧. ٪ وأنجزن أقل مما يودون ٦٧٪.

الخلاصة :

وقد خلصت الدراسة إلي :

أن الغالبية العظمى من المرضى اكتشفن المرض عندما طلبن المشورة الطبية للأعراض التي تواجههن وتتألف من الإفرازات المهبلية تليها عسر الطمث، و نزيف الرحم الشديد وغزارة الطمث. ما يقرب من نصف النساء منتظم في أخذ العلاج الكيماوي. وكانت الغالبية لديهن معلومات غير مرضيه حول سرطان عنق الرحم. الجانب الأعلى تضررا من جودة الحياة للعمل البدني، والرفاهية الاجتماعية، والألم، والرفاهية العاطفية، والصحة العامة، والطاقة / التعب، والحد من الدور بسبب الصحة البدنية، في حين كان البعد الأقل تضررا الحد من دور بسبب الصحة النفسية.

التوصيات:

فى ضوء الدراسة الحالية، تم اقتراح التوصيات التالية:

- ضرورة عمل برنامج لتحسين نوعية حياة المريضات اللاتى تعالجن من سرطان عنق الرحم بسبب التأثير الكبير الذي تخلفه علي الجوانب البدنية والفنية والنفسية لهن.
- إعطاء المرأة المشورة والمعلومات بقدر كافى حول آثار العلاج وطرق للتقليل من الإصابة بالأمراض لأن المريضات اللاتى تعرفن ما يمكن توقعه يتوقع أن يكون لديهن قدرة أكبر على التأقلم مع المرض.
- إجراء المزيد من الأبحاث حول العوامل التي تؤثر على نوعية الحياة للمرضى بعد العلاج الكيميائي على عينة أكبر فى أماكن أخرى من أجل تعميم النتائج .