

Aim and conclusion

This study explores what dimensions of a health related quality of life (QOL) questionnaire predict global ratings of overall QOL in lung cancer patients, in assessments by patients and significant others respectively. The results emphasise that both emotional functioning and fatigue are important as predictors of overall QOL. In this group of severely ill patients with high symptomatology and short life expectancy, these predictors may add relevant knowledge for clinical practice to increase the understanding of important areas for overall QOL.

Introduction

Patients with lung cancer are usually diagnosed with advanced disease, and palliative treatment is often the first and only choice for therapy. In palliative care, achievement of the best QOL for the patient and the family is the main goal and QOL has been suggested as a primary endpoint in the management of lung cancer. Therefore the understanding of the concept QOL is of interest to these patients and their families.

Material and methods

The analyses were based on 52 dyadic assessments from lung cancer patients and their significant others.

Outcome variables where the single item that provides a global rating of overall QOL from EORTC QLQ-C30. A subset of the functioning and symptom scales or items from the EORTC QLQ-C30 and the lung-cancer-specific module, LC13, was selected as potential predictors.

Two linear multiple regression models were computed, since it has been proposed that symptom status do not affect overall QOL directly but through functioning. In the first model the 10 symptom variables, and in the other the five functioning variables were entered simultaneously. The analyses were computed in both the patient and the significant other samples.

Results

Emotional functioning and fatigue were the dimensions that predicted assessments of the patients' overall QOL, in both the patients' and the significant others' assessments. In the significant others' assessments, physical functioning was also found to be a predictor.

The symptoms together explained 22% of the variance in both the patients and the significant others group. The functional scales together explained 27% of the variance in overall QOL in the patients group and 46% in the significant others group.

	Overall QOL Patient assessments			Overall QOL SO assessments		
	Standardized coefficient	t	p	Standardized coefficient	t	p
Functional scales						
Physical	-0.05	-0.35	0.73	0.32	2.15	0.04
Role	0.20	1.34	0.19	0.08	0.52	0.61
Emotional	0.30	2.00	0.05	0.35	2.95	0.01
Cognitive	0.23	1.38	0.17	0.10	0.82	0.42
Social	0.06	0.38	0.71	0.13	0.94	0.35
	Adjusted R ² =0.27			Adjusted R ² =0.46		
Symptoms						
Fatigue	-0.39	-2.13	0.04	-0.46	-2.60	0.01
Nausea/ vomiting	-0.24	-1.47	0.15	-0.22	-1.36	0.18
Pain	0.24	1.34	0.19	0.05	0.29	0.77
Insomnia	-0.14	-1.01	0.32	-0.16	-1.06	0.30
Appetite loss	-0.25	-1.46	0.15	-0.05	-0.27	0.79
Constipation	0.10	0.67	0.51	0.15	0.90	0.38
Diarrhoea	-0.01	-0.08	0.94	-0.03	-0.21	0.83
Financial difficulties	0.12	0.86	0.39	-0.03	-0.20	0.84
Dyspnoea	-0.18	-1.28	0.21	0.11	0.74	0.46
Cough	0.11	0.79	0.43	-0.16	-1.13	0.27
	Adjusted R ² =0.22			Adjusted R ² =0.22		

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