137/ QUALITY OF LIFE IMPACT ON SATISFACTION WITH CARE IN CANCER INPATIENTS

Emmanuel Desandes, Thierry Conroy, Recherche Clinique, Centre Alexis Vautrin, Vandoeuvre-les-Nancy, France; Serge Briançon, Francis Guillotin, Fabienne Empereur, Epidemiologie et Evaluation Cliniques, Chu de Nancy, Nancy, France; Francois Guillotin, Chirurgie, Isabelle Leonardi, Recherche Clinique, Centre Alexis Vautrin, Vandeuvre-les-Nancy, Nancy, France; Anne Bredart, Urde du Psycho-oncologie, Institut Curie, Paris, France; Pierre Bey, Radiotherapie, Centre Alexis Bautrin, Vandeuvre-les-Nancy, France.

There is an increasing interest to incorporate patient views into a comprehensive assessment of quality of care. The aims were to investi-gate satisfaction with care and its possible relationships to quality of life (QoL) at admission and QoL changes after discharge among cancer in-patients. Three hundred and fifty-one patients completed three QoL questionnaires (SF-36, EuroQoL, EORTC QLQ-C30) at admission and received the Patient Judgment of Hospital Quality (PJHQ) questionnaire and the same QoL questionnaires fifteen days after discharge. Construct validity of PJHQ French version was checked. Multiple linear regression was used to determine relationships between QoL levels of satisfaction with care ratings. Responses were obtained from 76.9% of patients. Overall scores of 265 respondents on the PJHQ questionnaire (0-100 scale) were high (means ranging from 72.5 ± 16.1 for "Hospital environment and ancillary staff" to 87.7 ± 15.2 for "Recommendations and Intentions"). High levels of internal consistency, items convergent and discriminant validity were achieved except for the two-items dimensions "Recommendations and Intentions" and "Overall quality of care and services". We identified several QoL determinants of highest postdischarges patients ratings of satisfaction with care: decrease of physical functioning, low initial pain ratings, high initial social functioning and fatigue levels. Satisfaction with care is correlated to QoL level at admission and QoL changes fifteen days after discharge. Adjustment for QoL is essential to evaluate satisfaction with care. QoL measurement is of high interest in interpreting results of satisfaction questionnaires. Work supported by a PHRC 1996 grant.

138/ IMPACT OF COPING, FUNCTIONALITY, AND SYMPTOMS ON THE QUALITY OF LIFE OF HAEMATOLOGICAL CANCER PATIENTS TREATED AT S. JOAO L. PALIS-RIBEIRO, Faculdade de Psicologia, Universidade do Porto, Porto, Portugal; Eufrásia SA, ISPA, ISPA, Lisboa, Portugal.

The aims of the present study is to identify the contribution of coping variables, health status variables, and demographic variables, to the prediction of Quality of Life of haematological Cancer Patients. The sample includes 122 haematological cancer patients (52.5% females), aged between 18 and 74 years (M=45.65; 63.9% are married; school level M=3.7 years. We used the EORTC QLQ-C30 (v.3), a 30-item scale that includes five functional scales, three symptom scales, six single symptom items, and a global health status/QOL scale. We use also one coping scale based on the Metaill Adjustment to Cancer Scale with five dimensions: Fighting Spirit; Helplessness/Hopelessness; Anxious Preoccupation; Fatellism. A standard multiple regression analysis was performed between the QOL scale as the dependant variable (DV) and the four scales of coping. and the 14 dimensions of QLQ-C30, as independent variables (IV). Analysis was performed using SPSS regression (Stepwise procedure). The IV's, Fatellism (p=0.001), Dyspnoea (p=0.001), Fatellism (p=0.01), Financial Difficulties p=0.02, and Pain (p=0.07), stay in the equation, and contributed significantly to the prediction of QOL. All the other variables were excluded from the equation. The four IV's in combination predicted 50.85% (84.27% adjusted) of the variability of QOL. Results suggest that for this group of patients, the specific cancer items (or the symptom items) more the fatellistic scale of the coping scale (accepts the diagnosis, does not seek further information, adopts a fatellistic attitude) where the best predictors of QOL.

139/ AN EMPIRICAL META-ANALYSIS OF FIVE DIFFERENT STUDIES EXPLORING QUALITY OF LIFE AFTER PROSTATE CANCER

J. U. Siebmann, M. Berand, T. Küchler, Referenzz Centre Quality of Life, Christian-Albrechts-University, Kiel, Germany.

Recently the debate on the impact of different treatment modalities for patients with prostate cancer on different aspects of quality of life has increased among urologists. One of the major issues of this discussion in Germany is which instrument to use to cover not just general quality of life aspects but as well prostate specific symptoms. Between 1998 and 2005 5 different groups (Esfer, M., Kläas, G., Galatake, B., Biermann, C., Kurek, R.) conducted retrospective studies using the EORTC QLQ-C30 and the disease specific module on prostate cancer developed by Biermann and Küchler (1996). We performed an empirical meta-analysis on those five studies with a total N of 1185, of which 947 had complete quality of life data. First steps of analysis indicate the overall good psychometric properties of the modules which divide into the following nine factors: "fatellism," "con-fidence," "excitement," "sexual activity," "relationship," "psychic strain," "pain," "hot," and "diet" in which Cronbach's alpha range from 0.70 to 0.86 except for "urination" (a = 0.61) and "diet" (a = 0.51). Since these retrospective data cover up to 10 years after cancer treatment (for very few patients even more: N=23, max. 14.38 years), we are able to present results that show the development of various (especially prostate specific) quality of life aspects within this comparatively large timeframe. In short, "physical functioning" and "role functioning" tend to decline over the years while "global health" remains relatively stable on a moderate level between 60 and 70. We found that erectile dysfunctions (av. mean on symptom scale > 80) and a related decrease in sexual pleasure and activity (av. mean on symptom scale > 80) are main problems after treatment, which seem to stagnate. Furthermore, QLC-C30 and prostate module both indicate a slow and steady rise of "pain" beginning two years after treatment.