

EVALUATION OF SYMPTOMS OF A PATIENT WITH BLADDER CANCER RECEIVING PALLIATIVE CARE: A CASE STUDY*

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ABSTRACT: This study aimed to assess the symptoms of a patient with bladder cancer receiving palliative care. It is a case study, undertaken in March – June 2015, in a hospital service in the South of Brazil, with one male participant, with bladder cancer, and the main caregiver (daughter) who was 47 years old. Data was taken from the paper care records, electronic medical records, and 12 nursing assessments, using the Edmonton Symptom Assessment System (ESAS). The predominant symptoms were: tiredness, sleepiness, reduction in appetite, depression, anxiety, and reduced self-esteem. The study suggests that the symptoms – when not controlled – are directly related to lower quality of death; the importance was observed of using a specific scale for assessing the symptoms of patients receiving palliative care, in order to improve the care provided.

DESCRIPTORS: Palliative care; Urinary Bladder Neoplasms; Oncology nursing; Symptom assessment.

AValiação de Sintomas do Paciente com Câncer de Bexiga em Cuidados Paliativos: Estudo de Caso

RESUMO: O objetivo deste estudo foi avaliar os sintomas do paciente com câncer de bexiga em cuidados paliativos. Estudo de caso, realizado no período de março a junho de 2015, em um serviço hospitalar no sul do Brasil, com um participante do sexo masculino, com câncer de bexiga e a cuidadora principal (filha) de 47 anos. Realizada coleta de dados de prontuário físico, eletrônico e 12 avaliações de enfermagem, com a Escala de Avaliação de Sintomas Edmonton. Os sintomas predominantes foram: cansaço, sonolência, diminuição do apetite, depressão, ansiedade e bem-estar diminuído. O estudo sugere que os sintomas, quando não controlados, estão diretamente relacionados à menor qualidade de morte; observou-se a importância da utilização de uma escala específica para avaliação de sintomas de pacientes em cuidados paliativos, para melhorar a assistência prestada.

DESCRIPTORIOS: Cuidados paliativos; Neoplasias da bexiga urinária; Enfermagem oncológica; Avaliação de sintomas.

Evaluación de Síntomas del Paciente con Cáncer de Vejiga en Cuidados Paliativos: Estudio de Caso

RESUMEN: La finalidad de este estudio fue evaluar los síntomas del paciente con cáncer de vejiga en cuidados paliativos. Estudio de caso, hecho en periodo de marzo a junio de 2015, en servicio de un hospital del sur de Brasil. Participaron un individuo del sexo masculino con cáncer de vejiga y la cuidadora principal (su hija) de 47 años. Los datos fueron obtenidos por medio de prontuario físico, electrónico y de 12 evaluaciones de enfermería, con la Escala de evaluación de Síntomas Edmonton. Los síntomas predominantes fueron: fatiga, somnolencia, disminución del apetito, depresión, ansiedad y bienestar reducido. El estudio sugiere que los síntomas, cuando no controlados, se asocian directamente a la menor calidad de muerte. Se observó la importancia de la utilización de una escala específica para evaluación de síntomas de pacientes en cuidados paliativos, con fines de mejorar la asistencia prestada.

DESCRIPTORIOS: Cuidados paliativos; Neoplasias de la vejiga urinaria; Enfermería oncológica; Evaluación de síntomas.

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● INTRODUCTION

Bladder cancer is four times more common in men than in women. The risk factors which stand out are smoking and exposure to products such as ink, rubber, leather, aluminum and arsenic⁽¹⁾. Late diagnosis is owed to the few specific symptoms, such as dysuria, haematuria and pollakiuria. As, in this case, the chances of cure are reduced, it is necessary to offer palliative care (PC) which aims to provide quality of life and dignified death⁽²⁾. Dignified death is considered to be the natural process of dying, in which the health professionals aim neither to accelerate nor delay death – but, rather, to provide comfort and relieve physical and emotional symptoms⁽³⁾.

There are various instruments for assessing symptoms, including the Edmonton Symptom Assessment Scale (ESAS), elaborated at the University of Alberta in Edmonton, Canada, which aims to assess common symptoms in patients who have cancer and who are receiving palliative care, in addition to improving the management of the care⁽⁴⁾. The following guiding question was defined: What are the symptoms presented by the patient with advanced bladder cancer? The following objective was defined: to assess the symptoms of the patient with bladder cancer, receiving palliative care. The decision was made to study this case because it is not common to find patients with bladder cancer receiving PC.

● METHOD

This is a case study⁽⁵⁾ of a patient with bladder cancer receiving PC, cared for in a General Hospital in the South of Brazil. The 'case study' is defined as an empirical investigation which seeks to investigate in depth a contemporary phenomenon⁽⁵⁾ and which makes it possible to investigate this phenomenon in the real context of nursing, with various sources of evidence which allow reflection and the seeking of alternatives for solving the problems present⁽⁶⁾.

After the project's approval by the Research Ethics Committee, under Opinion N. 970,798, the patient and the family caregiver were invited to participate in the study. They signed the terms of free and informed consent, in line with Resolution 466/12⁽⁷⁾.

Data collection took place on a weekly basis in March – June 2015. The sources of data were: paper care records, the electronic medical records, and clinical evaluation. The instruments used were: sociodemographic and clinical profile; the Edmonton Symptom Assessment Scale (ESAS) and the Performance Palliative Scale (PPS).

The PPS assesses the functional dimensions: ambulation, activity and evidence of disease, self-care, intake and conscious level, with 11 levels of performance, and values ranging from 0 to 100%⁽⁸⁾. The ESAS has nine symptoms: pain, drowsiness, nausea, depression, anxiety, sleepiness, appetite, shortness of breath and well-being; the 10th item is free to choose, with scores ranging from 0 to 10. The patient provides a score between 0 and 10, with 0 being equivalent to the absence of symptoms, and 10, the symptoms' greatest intensity⁽⁴⁾.

The data were analyzed through simple descriptive statistics for the data, referent to the PPS and ESAS. The CARE Checklist⁽⁹⁾ was used in structuring the case study.

● CASE REPORT

Identification: the patient was 73 years old, male, had not completed his junior high school education, was married, had nine children, of whom one had predeceased him, had retired due to old age, had worked as an industrial mechanic, and was from the city of Rio de Janeiro in the state of Rio de Janeiro (RJ), resident at that time in the city of Araucária in the state of Paraná (PR), although due to his illness and treatment, he lived with a daughter in Curitiba, in the state of Paraná.

History of current illness: the patient was diagnosed with low-grade invasive papillary urothelial carcinoma in the lamina propria in 2011 and underwent surgery via transurethral resection. He did

not undertake treatment in the health institution; towards the end of 2014, he presented severe pain in the suprapubic region and sought attendance in the hospital which was the study scenario. He was referred to the PC service, underwent further transurethral resection, and received a second diagnosis of high grade urothelial carcinoma, associated with pulmonary metastasis and splenic nodule; in the beginning of 2015, he began palliative chemotherapy treatment; in June 2015 this treatment was suspended, due to renal failure. He presented degenerative changes in the lumbar spine; and on 26/06/2015 died in hospital.

Table 1 presents the progress of the assessment of the symptoms recorded using the ESAS.

Table 1 - Assessment of the symptoms of the patient with bladder cancer receiving palliative care. Curitiba, PR, Brazil, 2016

Week	Variables assessed										Total
	Pain	T	D	N	Ap	S.O.B	Dep	Anx	W.B	Others	
1 st	3	9	7	5	7	0	5	7	5	5	530
2 nd	1	5	7	3	4	0	5	5	5	0	350
3 rd	8	8	8	5	7	3	5	5	6	0	550
4 th	0	5	5	0	3	1	5	5	3	0	270
5 th	0	4	4	0	4	1	7	7	7	3	370
6 th	3	5	4	0	4	1	7	7	7	0	380
7 th	3	5	4	0	4	1	7	7	7	0	380
8 th	3	5	4	0	6	1	7	7	7	0	400
9 th	5	5	4	2	7	2	7	7	7	0	460
10 th	6	6	4	2	7	4	8	8	8	0	530
11 th	6	7	5	2	7	4	8	8	8	0	550
12 th	5	8	10	3	10	9				3	685*

Key: T – tiredness; D - Drowsiness; N – nausea; Ap – appetite; S.O.B - shortness of breath Dep – depression; Anx – anxiety; W.B - well-being

Table 2 presents the result of assessment with the PPS.

Table 2 – Evaluation using the PPS of the patient with bladder cancer receiving palliative care. Curitiba, PR, Brazil, 2016

PPS (%)	Initial evaluation	Follow-up evaluations/Weekly										
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
1. Ambulation	70	70	60	80	70	60	60	60	50	50	50	30
2. Evidence of the disease												
3. Self-care												
4. Intake												
5. Conscious level												

In all, 12 evaluations of the symptoms were undertaken. The first, third, fourth, sixth, seventh and ninth were undertaken in the outpatient center, while the second, fifth, eighth and 11th were carried out via tele-monitoring with the patient, and the 10th and 12th during inpatient treatment. During the evaluations, the patient remained interactive and participative. When evaluating the item “other symptoms”, the patient mentioned constipation and haematuria and, during the 11th evaluation,

oliguria and edema of the lower limbs.

The 12th evaluation was undertaken with the main family caregiver – the daughter, aged 47 years old, married, born and resident in Curitiba (PR). The patient was dependent, confined to bed, with renal failure and reduced acceptance of food, and oscillated between periods of mental confusion and drowsiness. His score on the PPS was 30%. The subjective items were not evaluated, in accordance with the ESAS guidelines⁽⁴⁾.

● DISCUSSION

A high grade papillary urothelial carcinoma is characterized by the rapid proliferation rate, probability of recurrence one year after transurethral resection, and by its probability of progression from 15 to 70% in five years. The main sites of metastasis are the liver, lungs and bones⁽¹⁾.

One randomized study showed that patients receiving PC associated with dignity therapy (short-duration psychotherapy for patients with life-limiting illness) presented a beneficial effect on the intensity of their depression and anxiety, compared with those who were referred only for PC⁽¹⁰⁾.

Fatigue affects approximately 50 to 90% of patients with cancer, with a severe negative effect on quality of life⁽¹¹⁾. Methylphenidate and modanafil, an agent which stimulates erythropoietin in cases of anemia, and corticoids are used in the final phase of life with severe fatigue; as well as cognitive-behavioral therapies (conservation of energy and organization of daily activities undertaken), physical exercise and sleep therapies⁽¹⁰⁾.

Anorexia can lead to cachexia, which covers asthenia, hypoalbuminemia, weight loss and metabolic dysfunction. This could be related to previous treatment, delayed toxicities, lower expectation of survival, and psychosocial distress. The treatment for anorexia includes the administration of metoclopramide and the use of appetite stimulants, hormones and corticosteroids⁽¹¹⁾.

One American study aiming to identify symptoms associated with sleep syndrome in patients receiving PC concluded that these are more prone to reporting pain, depression, anxiety and reduction in well-being⁽¹²⁾.

Pharmacological treatment for sleep disturbance includes the classes of benzodiazepines and hypnotic nonbenzodiazepines, which bring benefits such as maintaining sleep latency, reduction in the period of wakefulness, and improvement in sleep efficiency⁽¹²⁾. The nonpharmacological treatment must be considered as the first line for controlling sleep disturbances and includes cognitive behavioral therapy, control of stimuli, reduction of naps during the day, relaxation and physical exercises⁽¹³⁾.

A further important aspect in PC is the presence of a family member; one Brazilian study has shown that the presence of a family member provides security and comfort, promoting a reduction in hospitalization time; nevertheless, it is emphasized that the family member also requires emotional, social and economic support⁽¹⁴⁾.

● FINAL CONSIDERATIONS

Among the symptoms which affected the patient studied were: anxiety, depression, tiredness, drowsiness and reduction in appetite and well-being. These symptoms – when not controlled – are associated with lower quality of death.

For nursing, the importance of the ESAS is emphasized as a positive point for assessing symptoms in patients receiving PC, as it provides concrete data regarding the symptoms' intensity, thus promoting planning for managing the symptoms; also emphasized is the need to supervise the treatment of the patient with cancer, so as to avoid the patient abandoning the treatment - and the consequent progression of the disease.

The method of the case study presents limitations, such as the impossibility of generalizing the results obtained; but, on the other, it contributes to the context in which the phenomenon was investigated.

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