CORRELATION BETWEEN ESAS (EDMONTON SYMPTOM ASSESSMENT SCALE) SCORES ASSESSED BY PATIENTS AND NURSES

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INTRODUCTION & OBJECTIVES

Introduction
ESAS is a validated tool used to assess nine symptoms common in cancer patients and their severity[1,2]. Such questionnaire should give clinicians a better idea of the severity of principal patients'symptoms.
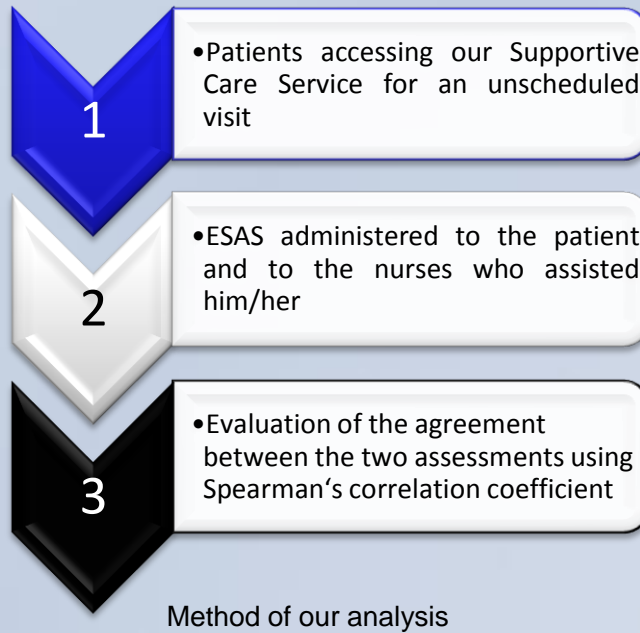
Objectives
We wanted to evaluate the concordance of the ESAS assessed by the patients and by the clinical figures caring for them.

METHODS

We administered ESAS questionnaire to our patients during an unscheduled visit in our Supportive Care Service. At the same time ESAS was completed by the nurse who was caring for him or her.
We analysed ESAS scores obtained from both evaluations and, by using Spearman's rank correlation coefficient (rho, ρ), we estimated the agreement between the two assessments.

1 • Patients accessing our Supportive Care Service for an unscheduled visit

2 • ESAS administered to the patient and to the nurses who assisted him/her

3 • Evaluation of the agreement between the two assessments using Spearman's correlation coefficient

Method of our analysis

RESULTS

We collected data from 137 patients.

Table 1 shows the values of Spearman's ρs for the nine considered symptoms, without considering the "other" item.

ITEM	CONCORDANCE AMONG PATIENT AND NURSE (Spearman's rank correlation coefficient)
1 (PAIN)	0.80
2 (TIREDNESS)	0.77
3 (NAUSEA)	0.74
4 (DEPRESSION)	0.77
5 (ANXIETY)	0.73
6 (DROWSINESS)	0.70
7 (LOSS OF APPETITE)	0.77
8 (WELLBEING)	0.65
9 (SHORTNESS OF BREATH)	0.58

Table 1 – Spearman's coefficient values for the different ESAS items.

We observe a general good concordance (ρ values approaching the unit) for all considered symptoms, with the only exception for well-being and shortness of breath.

CONCLUSIONS

We want to underline that a third evaluation by the treating physician would have been useful and of interest. Nonetheless, we can affirm that the evaluation made by the nurse is usually concordant with the patients' real perception of their clinical condition. We that strongly suggest to take into high consideration the nurse evaluation when assessing the severity of the patients'issues, especially in outpatients during unplanned visits. Such evaluation could then be implemented even in other steps of our patients' clinical path.

REFERENCES

1. The Edmonton Symptom Assessment System, a proposed tool for distress screening in cancer patients: development and refinement. Watanabe SM, Nekolaichuk CL, Beaumont C. *Psychooncology. 2012 Sep;21(9):977-85. doi: 10.1002/pon.1996. Epub 2011 Jun 13.*
2. The Edmonton Symptom Assessment System 25 Years Later: Past, Present, and Future Developments. Hui D, Bruera E. *J Pain Symptom Manage. 2017 Mar;53(3):630-643. doi: 10.1016/j.jpainsymman.2016.10.370. Epub 2016 Dec 29. Review.*