

PHYSICAL SYMPTOM IMPROVEMENT AND ANXIETY CHANGE OF ADVANCED CANCER PATIENTS IN A PALLIATIVE CARE UNIT, EVALUATED USING THE JAPANESE VERSION OF THE SUPPORT TEAM ASSESSMENT SCHEDULE: STAS-J

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Key Messages

In advanced cancer patients,

Symptom improvement

Irrespective of

General condition

Important roles in

The management of psychosocial problems

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INTRODUCTION

Association between physical symptoms and psychosocial difficulties of cancer patients have been reported widely. However, physical symptom control effects and anxiety change in such patients have not been investigated adequately.

•Hypothesis
An association exists between the transitional change of cancer patients' anxiety, pain, and other symptoms in palliative care settings.

METHODS

- Design: Retrospective Observational Study
- Patients: patients with advanced cancer admitted to a palliative care unit during August 2018 – June 2022
- Data collection: Patient backgrounds Age, Sex, Primary site, Hospital Stay Palliative Prognostic Index (PPI) ¹⁾ STAS-J ^{2,3)} for control of symptoms and anxiety at admission and after two weeks Overall survival

STAS-J: Support Team Assessment Schedule Japanese version
Surrogate tool to evaluate control of patients' pain and other physical symptom, anxiety and disease recognition of patients and their caregivers, communication level of patients, their surroundings and medical staff in charge. Each item is evaluated with zero to four rank scale. In this study, pain and other physical symptoms scored as two and more were considered as requiring control. For anxiety, scores of 2 or more is considered as higher.

701 patients were analyzed. Improvement of physical symptoms after 2 weeks was not associated with the PPI total score or actual survival ($p=0.105$ and 0.999). Worsening of anxiety was observed less in patients who had experienced improvement of pain or other symptoms after two weeks ($p=0.027$).

Patient physical data taken on admission (n=701)

	n	Mean ± SD (median, range) or number (%)
Age (y.o.)	n=701	72.8±12.8 (74.0, 18–98)
Sex	n=701	Male 336(47.9) Female 365(52.1)
PPI total score	n=676	6.3±3.5 (6.0, 0–15.0)
Primary site	n=701	Lung 132 (18.8%) / Pancreas 94 (13.4%) / Colorectal and cecum 93 (13.3%) / Others 382 (54.5%)
Hospital stay (days)	n=701	18.9±19.0 (13.0, 0–147)

Evaluation of pain, other symptoms, and patient anxiety using STAS-J

A) On admission

STAS-J	0	1	2	3	4	Total
Pain	180	214	111	51	7	563
Other symptoms	58	162	219	95	24	558
Patient anxiety	19	232	99	35	14	399

B) After two weeks

STAS-J	0	1	2	3	4	Total
Pain	67	92	51	14	0	224
Other symptoms	30	87	73	27	4	221
Patient anxiety	13	108	30	21	0	172

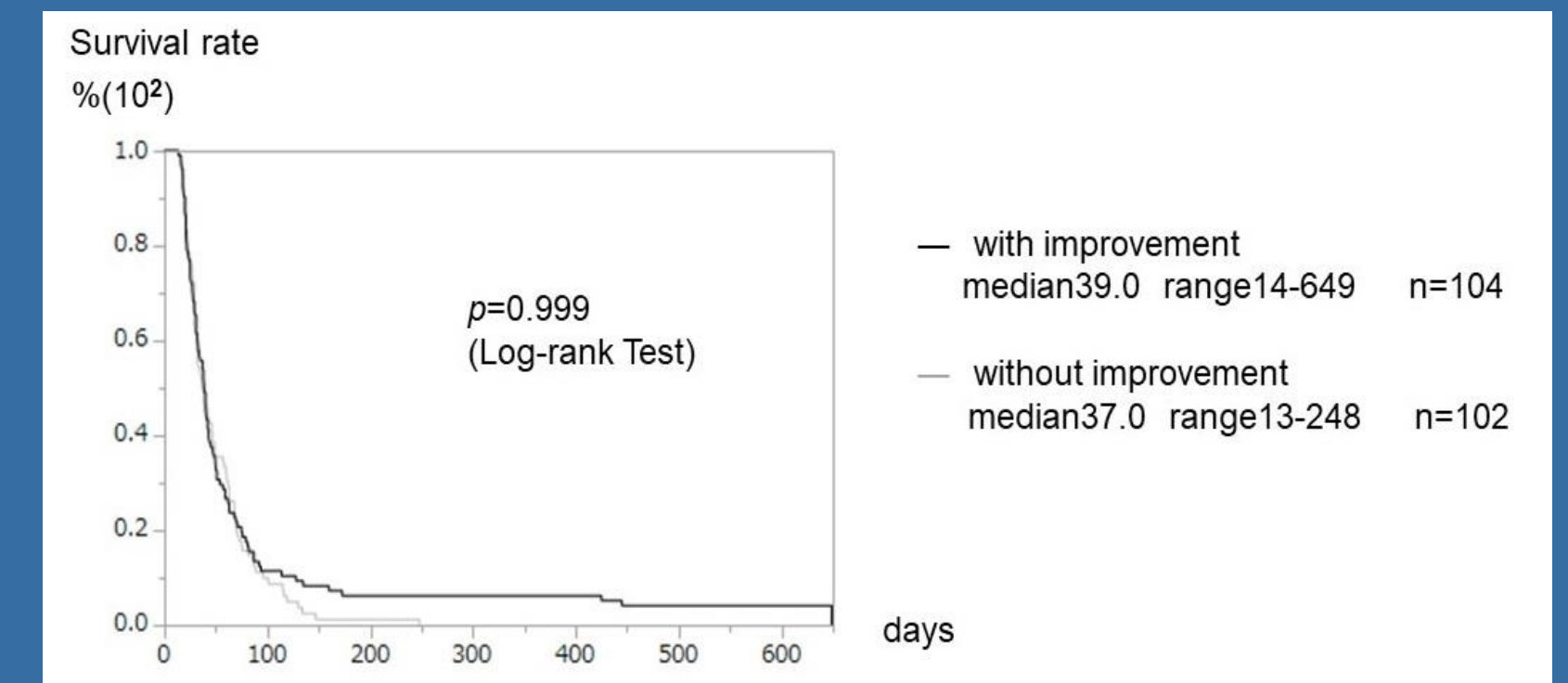
RESULTS

PPI total score on admission and improvement in pain or other symptoms after two weeks

	With improvement	Without improvement	p
PPI total score	Median, range n	Median, range n	
	5.0, 0.0–12.0 n=102	4.5, 0.0–15.0 n=102	0.105

(Wilcoxon rank sum test)

Patient survival and improvement in pain or other symptoms after two weeks



Improvement of pain or other symptoms and transitional change of anxiety during two weeks

	With worsening of anxiety
Without improvement in pain or other symptoms	31.1% (23/74)
With improvement in pain or other symptoms	14.5% (9/62)

$p=0.027^*$ Fisher's exact test)

DISCUSSION and CONCLUSIONS

Symptoms of patients with advanced cancer were improved irrespective of the general condition indicated with actual survival and prognosis–predictive factors. Results suggest the importance of pain and other symptoms' improvement and its important roles in the management of patient psychosocial problems such as anxiety.

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