Abstract

This dissertation involves a correlation study aimed to identify a possible relationship between nutritional status (actual and perceived) and chemotherapy-induced distress in patients treated for haematological cancers. As well as providing a physical support to patients, it is surmised that nutrition might have some sort of relationship also with their levels of distress, perhaps helping them to cope with challenges they meet. Whilst this study might not demonstrate a definite causative relationship between correlates, there seemed value in exploring possible relationships that might be examined further in future research. All patients were recruited from those admitted for a first treatment at a specific unit at the general hospital in Malta (between March and May 2009), under the care of the same Medical Consultant.

Ethics & Consent Issues

The participants were given pre-validated tools that could be filled in by the patients themselves. The scope of this was to increase the validity and reliability of the study. Consent to carry out the study was obtained from all the hospital authorities and from the Ethics Committee of the Institute of Health Care.

Methodology

The study sample consisted of seven men and six women. Although their treatment regimes differed in small degree, the side-effects of the treatment, those causing the distress to the patients were similar. Sample size was limited due to the short data collection period available, although I obtained a sample size amounting to 50% (n= 13) of

the total patient population during this period. The objectives of this study ranged from identifying a possible correlation mentioned above, comparing actual patients' nutritional status with their own perceived status, and also comparing their nutritional status across the treatment cycle. A subsidiary objective of the study, after all correlation data had been collected, was to invite patients to report whether they perceived their nutritional status as insulating them in some way against the side effects of treatment.

Results

Individual patient profiles showed no relationship between any of the variables compared, i.e. nutritional status, distress and other variables like patient-perceived nutritional status, the use of steroids and nutritional supplements. That means that, on an individual basis, patients did not seem to follow any trends. Their nutritional status and distress were based mostly on personal factors influenced by patient preferences, family support and past experiences. After conducting statistical analysis on the data obtained, the study showed no correlation between actual nutritional status and patient distress before chemotherapy started (P-value 0.309), although significant correlations were then found once the side-effects of treatment started to be experienced by the patients, up to the end of the treatment (P-values 0.508, 0.528 respectively). Secondary relationships were also found between B.M.I. (actual nutritional status) and patient-perceived nutritional status (P-value of 0.027 at data collection point 1 and 0.041 at data collection point 3).

Conclusion

Although statistically some correlations and relationships were found between nutritional status and patient distress, individual patient profiles did not show the same trends. The results of this study are therefore not conclusive although they start to shed light on the role of nutritional support in haematological cancer patients, an area of medicine which is rather scarcely researched and provides a basis for future research. It prompts for further studies going deeper into topic area, studying the various variables that might influence the patients' distress and nutritional status, treatment, different side-effects and other factors that are ingrained and form part of the daily treatment of these patients