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Treatment-Related Decisional Conflict, Quality of Life, and Comorbid Illness in Older Adults with Cancer

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Background

- Sixty percent of cancers and two-thirds of cancer deaths occur over the age of 65 years (American Cancer Society, 2013)
- On average, people 65 years of age and over, with cancer, suffer from three additional diseases (Marenco et al., 2008)
- Cancer treatment-related decisions are multifactorial and complex for health care providers, patients, and families
- Decisions can lead to **decisional conflict**: "a state of uncertainty about which course of action to take when choices among competing actions involve risk, loss, regret, or challenge to personal life values" (Legare, O'Connor, Graham, Wells, & Tremblay, 2006, p. 374)
- With their focus on patient-centered care, oncology nurses are a crucial part of the multidisciplinary cancer team that can empower older cancer patients to communicate their values and preferences regarding cancer treatment.

Purpose

The purpose of this study was to examine the relationships between and among treatment-related decisional conflict, comorbid illness, and quality of life (QOL) in older adults with cancer.

Research Questions

1. What is the relationship between and among treatment-related decisional conflict, QOL, and comorbidity in older adults with cancer?
2. To what degree does the variability in QOL and level of comorbidity predict decisional conflict?

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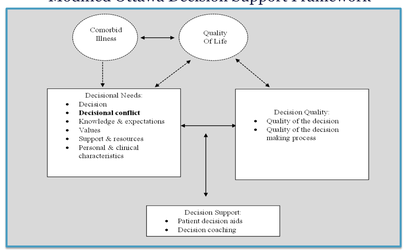
Methodology

Study design:

- Cross-sectional
- Descriptive
- Correlational
- Survey method

Modified Ottawa Decision Support Framework



Instruments:

- **Decisional Conflict Scale (DCS)** (O'Connor, 1995)
  - 16 items consisting of 5 subscales:
    - Informed
    - Values clarity
    - Support
    - Uncertainty
    - Effective decision
  - 5-point Likert scale (0=strongly agree, 5=strongly disagree)
  - Scores range from 0 (no decisional conflict) to 100 (extremely high decisional conflict)
- **Self-Administered Comorbidity Questionnaire (SCQ)** (Sangha et al., 2003)
  - 13 items with the option of adding 3 additional conditions in an open-ended fashion
  - For each medical condition, the following is asked:
    - Do you have the problem?
    - Do you receive treatment for it?
    - Does it limit your activities?
  - Maximum of 3 points per condition/item
- **European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-C30)** (Aaronson et al., 1993)
  - 30 items
    - 5 function scales (physical, role, cognitive, emotional, social)
    - 3 symptom scales (fatigue, pain, nausea/vomiting)
    - 2 Global health/QOL
    - Additional symptoms
  - Global health/QOL items: 7-point Likert scale (1=very poor, 7 = excellent)
  - Remaining items: 4-poing Likert scale (1=not at all, 4=very much)
- Demographic Information Form
  - 17 items
    - 5 open-ended items
    - 12 items with list of choices

Results

Descriptive statistics:

- N=200
- 73.1 years mean age
- 51% female
- 50.5% married
- 87.5% white
- Lung cancer most common (n=46)

Measure	Mean	SD	Range
DCS Total	22.1	12.5	0-70.3
EORTC QLQ-C30 Global Health Status/ QOL	44.2	20.7	0-100
SCQ	9.6	4.1	3-23

Correlation analyses:

- Decisional conflict and QOL: $r_s(196) = .185$, $p = .009$*
- QOL and comorbidity: $r_s(198) = .240$, $p = .001$*
- Decisional conflict and comorbidity: $r_s(196) = .129$, $p = .070$

Key points:

- Mean DCS total score was low
- Global health status/QOL was poorer in this sample compared to other studies
- There may be a relationship between decisional conflict and QOL
- There may be a relationship between QOL and comorbidity
- Several physical, psychosocial, and spiritual variables may positively or negatively impact DCS score

Regression analyses:

Regression model	Variable	B	p
DCS total	Emotional function	-.201	**.001
	Diarrhea	-.131	**.002
	Financial problems	.076	**.024
DCS 1 (informed subscale)	Financial problems	.130	**.002
	Spiritual support	-9.486	*.021
DCS 2 (values clarity subscale	Physical function	.145	*.019
	Emotional function	-.201	**.002
	Insomnia	-.114	**.004
	Diarrhea	-.107	*.020
DCS 3 (support subscale)	Emotional function	-.140	*.012
	Fatigue	-.167	*.031
	Diarrhea	-.133	**.001
	Year diagnosed	-.744	**.002
DCS 4 (uncertainty subscale)	Emotional function	-.233	**.006
	Diarrhea	-.146	*.018
	Financial problems	.105	*.034
DCS 5 (effective decision subscale)	Global health status/QOL	.117	*.043
	Emotional function	-.239	**.000
	Nausea/ vomiting	-.132	*.032
	Diarrhea	-.133	**.003
	Spiritual support	-10.956	**.002

* = p < .05, ** = p < .01