Correlation among two scales for diagnosis of the tumoral asthenia in primary health care services

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Abstract

Tumor asthenia (AT) or methodological tumor syndrome. It is a complex multidimensional syndrome that affects all areas of the person: physical, cognitive, psycho-emotional and social, eroding quality of life considerably. Its prevalence in neoplastic patients without specific treatment is 35%, reaching 99% during or after treatment with chemotherapy and radiotherapy 2,3,6,10,11,13 10 in its etiology found different causes: substances produced by the tumor, Comorbidities (anemia, malnutrition, endocrinopathies, infection), factors, pain, insomnia or, above all, as a side effect of some tratamientos1, 12, 14

Objective: Diagnosis of fatigue in cancer patients in primary health care services: an opportunity for assessment and grading the fatigue with two scales, the International Classification of Diseases (ICD-10) criteria and the Karnosfky Index (KI).

Design: Observational study conducted in the Basic zone of Health of Utrera (Seville), includes seven care centres. Initially we studied 67 patients suffering from cancer disease, but finally only 61 were included.

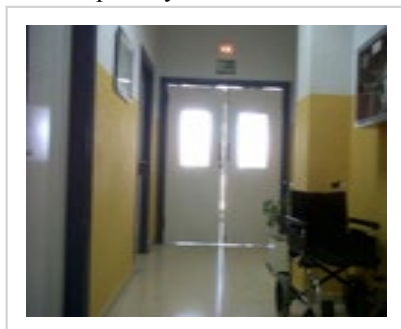**Inclusion criteria:** agreement to participate in the study, adult and cancer diagnosis.

Exclusion criteria: no agreement to participate, clinical evidence of non-tumour origin fatigue, cognitive impairment or severe psychiatric disorder. Personal interview recording: age, sex, type of tumour, antitumour specific treatment in the last twelve months, terminal oncological disease, KI and tumour asthenia detection according to ICD-10 adapted, gradations being established between both scales. Statistical analysis: descriptive, and non-parametric correlational and inferential analysis.

Results: According to adapted ICD-10 criteria, fatigue is found in 70.5% of the cases and 78.7% presents a minor or equal KI index. The partial correlation between most common tumours, the adapted ICD-10 and graduated KI shows statistically significant differences in lung cancer, breast, prostate and colon and rectum, referring to the presence of fatigue in cancer patients. Moreover, there is a negative relationship between these two main instruments (correlation coefficient -0.902) as for breast, lung and prostate statistically significant ($p<0.001$), proving the existence of a linear and inverse correlation between which is detected by adapted ICD-10 and graduated by KI.

Conclusions: Adapted ICD-10 criteria can assess and graduate fatigue in cancer patients and these results can be supported by using the KI as a complementary tool.

Biography

Calle Cruz L F is a Medical Doctor in the department of primary care at Servicio Andaluz de Salud in Spain.

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