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LETTERS TO THE EDITOR

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DIMENSIONS OF WELL-BEING: EXPLORING QUALITY OF LIFE IN PATIENTS WITH CANCER IN A PAIN THERAPY UNIT

DIMENSIONES DEL BIENESTAR: EXPLORANDO LA CALIDAD DE VIDA EN PACIENTES CON CÁNCER EN UNA UNIDAD DE TERAPIA DEL DOLOR

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Dear. Editor:

The World Health Organization (WHO) defines palliative care as an approach to improving the quality of life of the patient and their family as they face the complications associated with a potentially fatal disease in advanced stages, this includes prophylaxis and mitigation of the suffering through the identification, estimation and treatment of physical, psychosocial and emotional spheres[1].

Similarly, the WHO biopsychosocial model considers that pathologies affect not only an organ or system but also the set of dimensions that make up an individual[2]. From this, the term "quality of life" has gained relevance when inquiring into the relationship of an individual, the pathology and the treatment. Preserving a sense of well-being in cancer patients in palliative care is a predominant objective in cancer control, therefore various instruments are available for measuring quality of life. However, it remains a challenge to quantify it and compare it between individuals, so it is essential to be diligent when selecting an instrument.

Certainly, "The Short Form-36 Health Survey" or SF-36 questionnaire is a tool translated into several languages, including Spanish, and validated in Peru since 2012, thus contributing to countless influential national studies. However, in order to expand the availability of tools that quantify and compare quality of life among cancer patients in the Pain Therapy Unit, other options could be chosen to implement.

One of the quality of life measurement instruments also validated in Spanish is the EORTC QLQ-C30[3,4]. It is a questionnaire with a length of 30 items immersed in 3 dimensions (functional, symptomatic and global quality of life status) that demonstrate the multidimensionality of quality of life in cancer patients. The functional dimension includes 15 items that develop physical, role, cognitive, emotional and social functioning; Here the daily activities that could be affected as a result of the pathology are reflected. The symptomatic dimension includes 13 items describing symptoms such as fatigue, pain, nausea/vomiting, dyspnea, insomnia, loss of appetite, constipation, diarrhea and financial difficulties. Finally, the global quality of life dimension is made up of 2 items that subjectively assess how the cancer patient discerns his or her quality of life from an affective perspective[5]. Kyranou et al. (2021) used the EORTC QLQ-C30 and the EORTC QLQ-SWB32 (spiritual well-being) in patients receiving oncological palliative care in Cyprus. The participating patients found the items understandable and consistent with the clinical utility proposed by the tool[6].

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Furthermore, Sommer et al. (2020) investigated the measurement invariance assumption of the EORTC QLQ-C30 in patients with hematological malignancies from multicenter studies conducted in Italy. This study provides support for measurement invariance across age, comorbidity, and time; also, support for partial scalar invariance for the dimension of cognitive, emotional, and physical functioning with respect to sex and illness. This shows that the QLQ-C30 is a specific and valid tool[7].

Likewise, Cocks et al. (2023) provided the QLQ-C30 to evaluate the concepts of functional health, symptoms, side effects, and quality of life in oncology patients of various types of cancer in the US and Europe. The proposed items were widely understood in all language versions and provided relevant information for the study, showing good evidence of validity[8]. In Latin America, Sánchez-Pedraza et al. (2020) evaluated the clinimetric properties of the EORTC QLQ C-30 when applied to patients from the Colombian population diagnosed with cancer, thus testing cross-cultural adaptation. They found that the instrument's reliability is adequate when measured with estimates of internal consistency and by comparison of repeated measures[9].

In Peru, Vidaurre T et al. (2019) assessed the quality of life and the socio-economic implications after the implementation of the National Plan against Cancer of Peru (Plan Esperanza) and the implementation of the telechemotherapy module (TELECHEMO) in a Lamas category II-E hospital (second level of care) in the department of San Martin. The proposed tool made it possible to prospectively evaluate the quality of life of the patients included in the research, highlighting the results corresponding to the family and social environment[10].

Table 1. Comparison between SF-36 and EORTC QLQ-C30 for quality of life evaluation.

Translation and validation	It has been translated into Spanish since 1995[11] and validated in Peru since 2012[12]	It has been translated into Spanish since 1995[13] and validated in Peru since 1997 [14]
Purpose and use	Generic evaluation of quality of life[15]	Evaluación específica para pacientes oncológicos[5]
Dimensiones y escala	8 scales:[12,15] •Physical function •Physical role •Body ache •General health •Vitality •Social function •Emotional role •Mental health	15 scales:[5] •Functional: physical, role, cognitive, emotional and social •Symptomatic: fatigue, pain, nausea/vomiting, dyspnea, insomnia, loss of appetite, constipation, diarrhea, and financial difficulties •Global quality of life status
Specificity and relevance	Less specific for particular diseases, suitable for comparisons between different health conditions[15]	Specific for cancer, captures aspects and symptoms relevant to oncologic patients[5]
Interpretation and sensitivity	Less sensitive to specific changes in particular diseases[15]	More sensitive and specific to detect changes in quality of life in cancer patients [5]
Number of items	36 items. [12,15]	30 items. [5]

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REFERENCES

1.Cuidados paliativos - OPS/OMS | Organización Panamericana de la Salud [Internet]. 2024 [citado el 5 de mayo de 2024]. Disponible en: https://www.paho.org/es/temas/cuidados-paliativos

2.Wang Y, Feng W. Cancer-related psychosocial challenges. Gen Psychiatry. 2022;35(5):e100871. doi:10.1136/gpsych-2022-100871

3.Cerezo O, Oñate-Ocaña LF, Arrieta-Joffe P, González-Lara F, García-Pasquel MJ, Bargalló-Rocha E, et al. Validation of the Mexican-Spanish version of the EORTC QLQ-C30 and BR23 questionnaires to assess health-related quality of life in Mexican women with breast cancer. Eur J Cancer Care (Engl). 2012;21(5):684–91. doi:10.1111/j.1365-2354.2012.01336.x

4.Arraras Urdaniz JI, Villafranca Iturre E, Arias de la Vega F, Domínguez Domínguez MA, Lainez Milagro N, Manterola Burgaleta A, et al. The eortc quality of life questionnaire QLQ-C30 (version 3.0). Validation study for Spanish prostate cancer patients. Arch Esp Urol. 2008;61(8):949–54. doi:10.4321/s0004-06142008000800017

5.Machingura A, Taye M, Musoro J, Ringash J, Pe M, Coens C, et al. Clustering of EORTC QLQ-C30 health-related quality of life scales across several cancer types: Validation study. Eur J Cancer Oxf Engl 1990. 2022;170:1–9. doi:10.1016/j.ejca.2022.03.039

6.Kyranou M, Nicolaou M. Associations between the spiritual well-being (EORTC QLQ-SWB32) and quality of life (EORTC QLQ-C30) of patients receiving palliative care for cancer in Cyprus. BMC Palliat Care. 2021;20(1):133. doi:10.1186/s12904-021-00830-2

7.Sommer K, Cottone F, Aaronson NK, Fayers P, Fazi P, Rosti G, et al. Consistency matters: measurement invariance of the EORTC QLQ-C30 questionnaire in patients with hematologic malignancies. Qual Life Res Int J Qual Life Asp Treat Care Rehabil. 2020;29(3):815–23. doi:10.1007/s11136-019-02369-5

8.Cocks K, Wells JR, Johnson C, Schmidt H, Koller M, Oerlemans S, et al. Content validity of the EORTC quality of life questionnaire QLQ-C30 for use in cancer. Eur J Cancer Oxf Engl 1990. 2023;178:128–38. doi:10.1016/j.ejca.2022.10.026

9.Sánchez-Pedraza R, Valdelamar-Jiménez A, Sánchez-Pedraza R, Valdelamar-Jiménez A. Validación para utilización en Colombia de la escala EORTC QLQ C-30 para evaluación de la calidad de vida de los pacientes con cáncer. Rev Colomb Cancerol [Internet]. 2020 [citado el 8 de mayo de 2024];24(2):61–71. doi:10.35509/01239015.128

10.Vidaurre T, Vásquez J, Valencia F, Alcarraz C, Más L, Poma N, et al. Implementation of a Telechemotherapy Module in the Peruvian Jungle with Adequate Quality of Life: Breaking the Access Gaps to Health with Teleoncology. J Cancer Ther [Internet]. 2019 [citado el 3 de junio de 2024];10(8):677–91. doi:10.4236/jct.2019.108056

11.Alonso J, Prieto L, Antó JM. La versión española del SF-36 Health Survey (Cuestionario de Salud SF-36): un instrumento para la medida de los resultados clínicos. Med Clínica. 1995;0(104):771–6.

12.Salazar FR, Bernabé E. The Spanish SF-36 in Peru: Factor Structure, Construct Validity, and Internal Consistency. Asia Pac J Public Health [Internet]. 2015 [citado el 4 de junio de 2024];27(2):NP2372–80. doi:10.1177/1010539511432879

13.M.j 1 Godoy Fernández, A.j RT, J GPJL y CI. FIABILIDAD Y VALIDEZ DE LA VERSIÓN ESPAÑOLA DEL EORTC QLQ-C30: MEDIDA DE LA CALIDAD DE VIDA EN PACIENTES ONCOLÓGICOS AVANZADOS. Rev Psicol SALUD. 1999;11(1):125–39. doi:10.21134/pssa.v11i1.796

14.Missiaggia E. Calidad de vida y hostilidad/cólera en pacientes con cáncer de mama con quirurgía radical y de conservación. Univ Nac Mayor San Marcos [Internet]. 2004; Disponible en: https://cybertesis.unmsm.edu.pe/handle/20.500.12672/2731

15.Kaplan RM, Hays RD. Health-Related Quality of Life Measurement in Public Health. Annu Rev Public Health. 2022;43:355–73. doi:10.1146/annurev-publhealth-052120-012811