

QUALITY OF LIFE AND REHABILITATION OF PATIENTS WITH HEAD AND NECK CANCER

QUALIDADE DE VIDA E REABILITAÇÃO DOS PACIENTES COM CÂNCER DE CABEÇA E PESCOÇO

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ABSTRACT

Quality of life is an issue that has been widely discussed in the literature, mainly in people subjected to some kind of long-term clinical treatment. This is a broad concept which encompasses the individual's perspective in relation to your physical condition, functional, psychological, social, associated with their goals, their satisfactions and concerns. The evaluation of the impact of the disease and factors that influence the quality of life of patients with malignancies of the head and neck region helps in understanding the real needs of the organism as a whole, being directly related to the progress of therapeutic possibilities and improved prognosis in cancer treatment. This study raises considerations about the process of rehabilitation and quality of life of patients with head and neck cancer.

RESUMO

A qualidade de vida é um tema que tem sido amplamente discutido na literatura, principalmente em pessoas submetidas a algum tipo de tratamento clínico em longo prazo. Este é um conceito abrangente que vem a englobar a perspectiva do indivíduo em relação ao seu estado físico, funcional, psicológico e, social, associado aos seus objetivos, satisfações e preocupações. A avaliação do impacto da doença e de fatores que influenciam na qualidade de vida de pacientes com neoplasias malignas na região de cabeça e pescoço facilita na compreensão das reais necessidades do organismo como um todo. Está assim, relacionado diretamente no progresso das possibilidades terapêuticas, além da melhoria do prognóstico no tratamento do câncer. O presente estudo levanta considerações sobre o processo de reabilitação e qualidade de vida de pacientes com câncer de cabeça e pescoço

Uniterms: Life Quality; Neoplasms; Complementary therapy.

Unitermos: Qualidade de vida; Neoplasias; Terapia complementar.

INTRODUCTION

Since the beginning of medicine, Hippocratic time, he was considered the sick man in his totality as an object of study and should be considered their temperament and life history in understanding this sick. The disease was conceived as a global individual's reaction, involving not only your body, but also its spirit and therapeutic intervention should restore the lost harmony of man with his environment and with himself (**KAPLAN, 1984**).

With the establishment of the concept of health by the World Health Organization (WHO) in 1946 as a state of complete physical welfare, mental and social and not merely the absence of disease, may be seen to recognize the importance of the subjective component and psychological as essential factors in the quality of life of individuals and should not be devalued in the planning of health care at any level (**WHO, 1946**).

In this context, there was the popularization of the call quality of life related to health, involving a subjective, multidimensional experience, assessing functional, psychological and social aspects associated with the illness and its treatment (**ASHING-GIWA, 2005**). In particular, the field of chronic diseases, quality of life may be the most important outcome parameter to be considered in assessing the effectiveness of your treatment (**COATES; GEBSKI; SIGNORINI, 1992**).

The increased expectation of people's lives reflected in the involvement of possibilities for chronic diseases such as cardiovascular and cancer (**BJORDAL; AHLNER-ELMQVIST; HAMMERLID et al., 2001**). Malignant neoplasms of the head and neck, by itself anatomical location, can result in significant changes in vital functions related to food, communication and social interaction of affected individuals. It can thus generate important psychological repercussions, both for affected patients and for their families, often leading to some degree of dysfunction in their daily lives (**VARTANIAN; CARVALHO; FURIA et al., 2007**).

Surgical treatment of cancer and other therapeutic procedures such as radiation and chemotherapy, have resulted in decreased mortality and morbidity, however, there is concern about the functional status and quality of life of these people. Thus, the rehabilitation of the patient with cancer is an ongoing process, in order to maximize the capacity of individuals within the limitations imposed by the disease and treatment (**NICOLUSSI; PACHARILLO; SARAIRA et al., 2012**). In this scenario, the evaluation of the quality of life of patients can help to better understanding of the real impact of the disease and its treatment in the lives of individuals.

Instruments that measure the quality of health related life are tools commonly used for assessing the impact of the disease in people. It is considered a multidimensional construct seen that evaluates the physical condition, functional, psychological, social, spiritual, wellness, sexuality, and other aspects relevant to some chronic diseases (**AARONSON; AHMEDZAI, BERGMAN et al., 1993**).

Studies of this nature are important to get some information gaps produced on the subject providing a synthesis of knowledge according to levels of evidence, facilitating the implementation of this evidence into clinical practice (**BJORDAL; AHLNER-ELMQVIST, HAMMERLID et al., 2001**). Considering the theme of dimensions as abstract and subjective and therefore not directly observable or measurable should be used indirect methods of evaluation can be analyzed through observation, interviews or questionnaires (**NUCCI, 2003**).

Various instruments described literature were designed to allow measurement of the overall quality of life in cancer patients as a *Functional Assessment of Chronic Illness Therapy General Questionnaire (FACT-G or G-FACIT)*, *European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ-C30)*, *Ferrans and Powers Quality of Life Index-Cancer (QLI-C)*, *World Health Organization Quality of Life Bref (WHOQOL-BREF)* and the *Medical Outcomes Study Quality of Life Short Form Health Survey (MOS SF-36)*.

Based on different disease sites were formed subgroups of cancer patients seeking the best assessment of the common clinical features of each affected region. In this context, instruments were created to measure quality of life in patients with head and neck cancer, allowing an evaluation of the peculiarities of treatment and its impact. Among these, they stand out because they are more used questionnaires *Functional*

Assessment of Cancer Therapy- Head and Neck (FACT-H & N) and European Organization for Research and Treatment of Head and Neck Cancer Core Quality of Life Questionnaire (EORTC QLQ-H & N35).

Studies assessing the quality of life in patients with head and neck cancer found that the worst indices were presented by patients with advanced cancer, noting difficulties in chewing and swallowing, dysphagia, changes in self-perception, vocal impairment, change in social and emotional function. Communication, duration of feeding and social function were the scales had lower scores (**ZANDONAI; CARDOZO; NIETO et al., 2010**).

The theme most researched in this category was the quality of life in patients with laryngeal cancer. Related to its highly mutilatory treatment, the loss of voice and change in body image (**MULLER; PANEFF; KOLLNER et al., 2001**). As well as socio-economic and educational characteristics, age, gender, etiology of the disease, these patients are a group that deserves special attention of health professionals to understand the change of bio psychosocial components of rehabilitation (**ZAGO, 1999**).

In short, the after-effects caused by the treatment are relevant factor should be considered not only by the health professional perspective, but the patient's perspective, because the quality of life construct involve specific issues associated with psychosocial factors (**NUCCI, 2003**).

Previous studies have shown that cancer patients when faced with having to live with a serious health problem, seek alternative methods for coping that differ from those offered by conventional medicine, revealing significant results in improving the quality of life of these patients (**SIQUEIRA, 2010**). Among the therapies used there are the religious practices, diet control and environment, acupuncture, music therapy, relaxation, as well as view (**RHODES; MCDANIEL, 2001**).

Although the assessment of medical interventions have primarily directed their attention to the biological results, the therapeutic success criteria, too, can begin to take into account the contribution of functional, psychological, as well as social, associated with the illness and its treatment. In this context, non-pharmacological alternative practices or those leisure activities, too, should be very encouraged by health professionals. The quality of life of patients may ultimately influence the way to tackle the disease and the self-perception of well-being throughout the therapeutic process, which may even contribute to the biological evolution of diseases (**ERNST, 1998 and ADLER, 1999**).

CONCLUSIONS

The treatment of many malignancies of the head and neck could result in an adverse effect on physical functioning, functional, psychological and social conditions. Careful and objective assessment of these areas can provide information on long-term outcomes of treatments for cancer, as well as its side effects associated with the objective to identify rehabilitation needs and guide appropriate interventions. Considering the evidence-based practice, designed to awaken and strengthen the healthcare professional in your browser paper, welfare and educator, one must note the importance of developing qualitative studies with methodological rigor, involving all

stages of treatment to support clinical practice and ensures a free service damage and hence a better quality of life for cancer patients.

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* According of the ABNT norms and of the Review of ATO.

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