

Perspectives on Living With Ovarian Cancer: Older Women's Views

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Purpose/Objectives: To describe the perspectives of older women regarding their experiences living with ovarian cancer.

Design: Retrospective survey.

Setting: Canada.

Sample: 146 women, 61 years of age or older, diagnosed with ovarian cancer.

Methods: Questionnaire distributed by oncologists and nurses in 26 cancer clinics across Canada to eligible patients during a six-week period.

Main Research Variables: Patient problems experienced, help received for problems, impact of illness, quality of life, importance of and satisfaction with information received, and helpfulness of others.

Findings: Women experienced, on average, 5.2 problems since diagnosis. The most frequently identified problems were side effects (54%), fear of recurrence (45%), bowel difficulties (43%), and difficulty sleeping (36%). Of the women who experienced problems, the proportion who felt they received adequate help ranged from 36%–74%. Approximately half (57%) of these women reported a lifestyle change. A significant difference was observed in quality of life before and after the diagnosis of ovarian cancer ($p = 0.0002$). When asked about the desire to talk about their difficulties with cancer, only 54% indicated that they wanted to talk. Approximately one-quarter of the women were satisfied with the information they received regarding complementary (25%) and alternative (23%) therapies, and how to speak with other women living with ovarian cancer (28%). Thirty-five percent were satisfied with the information they received about self-help groups.

Conclusion: Ovarian cancer has a significant impact on older women, and many perceive they are not receiving adequate assistance for problems they experience.

Implications for Nursing Practice: Oncology nurses should conduct comprehensive assessments of the needs of older women with ovarian cancer, refer those who require specialized counseling, and provide information desired by patients with ovarian cancer about available resources.

Ovarian cancer is the fourth leading cause of cancer-related deaths in women. An estimated 2,500 women were diagnosed with ovarian cancer in Canada in 2000, and 1,500 died of the disease (National Cancer Institute of Canada [NCIC], 2000). Prognosis is linked to the stage of disease and the grade of the tumor at diagnosis. If the disease is limited to the ovaries at the time of diagnosis, the five-year survival rate is 60%–70% (Thompson, Szukiewicz-Nugent, & Walczak, 1996). Unfortunately, only 23% of women will be

Key Points . . .

- ▶ The perspectives of older women regarding their experiences living with a life-threatening illness have received relatively little research attention.
- ▶ Older women living with ovarian cancer experience both physical and psychosocial problems, yet not all are receiving what they feel is adequate assistance and support.
- ▶ Nursing assessment for older women with ovarian cancer needs to be comprehensive and include both physical and psychosocial elements at all stages of the illness experience.

diagnosed when the disease is at the localized stage. For the majority of women, ovarian cancer is not detected until it is at an advanced stage (Teneriello & Park, 1995).

Ovarian cancer is predominantly a disease of postmenopausal women (MacDonald, Rosenthal, & Jacobs, 1998). The age-specific incidence for ovarian cancer shows a steady increase to age 70, starting at 2 in every 100,000 women aged 20–29 years and rising to 55 in 100,000 at 70 years of age (Piver, 1987). Approximately 85%–90% of those diagnosed with the disease are postmenopausal (Scully, 1979). These older women must confront this life-threatening illness at a time when many are facing the end of their working careers and planning for retirement. Some may have developed other comorbid illnesses or simply face normal aging with a decrease in energy and stamina. Others may have experienced the loss of a partner and significant people from their social support network. Additionally, studies regarding cancer treatment provided for older adults have shown practice variations, with less aggressive care being given to older adults (Chu et al., 1987; Fetting et al., 1997; Hebert-Croteau, Brisson, Latreille, Blanchette, & Deschenes, 1999; Merchant, McCormick, Yahalom, & Borgen, 1996). Older women with breast cancer are less likely to have a re-excision, extensive auxiliary dissection, chemotherapy, or nodal irradiation when compared to younger women. Of interest, is a study of women with breast or ovarian cancer conducted by Payne (1992) who

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