

# Symptom Experience in Older Adults Undergoing Treatment for Cancer

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Adults aged 65 years or older represent 14% (43.1 million people) of the U.S. population, and by 2040, older adults will represent 21% of the population (Administration on Aging, 2013). Older adults account for the majority of cancer diagnoses (American Cancer Society, 2015) because about 63% of all cancers are diagnosed in people aged 65 years or older (Surveillance, Epidemiology, and End Results Program, 2015). However, few studies specifically focus on the symptom experience of older adults undergoing chemotherapy treatment for cancer or the symptom experience within the context of aging, which is critical because the cancer experience will likely be influenced by comorbidities, functional limitations, and other declines associated with aging.

Complications from cancer treatment are more common in older adults compared to younger adults (Balducci & Stanta, 2000). Aging and associated limitations in organ systems prolong plasma levels of chemotherapy (e.g., renal, gastrointestinal, and liver dysfunction) (Jakobsen & Herrstedt, 2009; Sawhney, Sehl, & Naeim, 2005; Sehl, Sawhney, & Naeim, 2005). An increased risk of treatment-related toxicity and poor outcomes exists for older adults, including development of comorbidity, polypharmacy, functional and physical limitations, and poorer emotional status (Balducci, Colloca, Cesari, & Gambassi, 2010; Jakobsen & Herrstedt, 2009). The majority of older adults already report at least one comorbid condition (e.g., arthritis, heart disease, diabetes) (Administration on Aging, 2013). Older adults with a history of cancer report more comorbid conditions compared to people without cancer (seven versus five, respectively) (Bender et al., 2008). Other studies have shown that older adults receiving cancer treatment report functional loss (Given, Given, Azzouz, & Stommel, 2001; Goodwin, 2007; Kurtz, Kurtz, Given, & Given, 2006), and adults with more treatment-related symptoms report poorer functioning and quality of life than adults with fewer symptoms (Cheng & Yeung, 2013; Miaskowski et al., 2006). In some older populations, a higher number of treatment-

**Purpose/Objectives:** To explore the symptom experience of older adults receiving cancer chemotherapy in an outpatient treatment setting.

**Design:** Exploratory, descriptive, cross-sectional study.

**Setting:** A community cancer center in the southeastern United States.

**Sample:** 100 adults aged 65 years or older undergoing treatment for cancer.

**Methods:** Data were collected from participants at a chemotherapy treatment visit using structured questionnaires. Descriptive statistics were used to examine data. T tests and analysis of variance were used to compare symptoms among groups, and Pearson correlations were used to examine relationships among variables.

**Main Research Variables:** Cancer treatment-related symptoms, comorbid illnesses, mental health function, and physical function.

**Findings:** Older adults experience a high number of cancer treatment-related symptoms with moderate severity. The most common symptoms included fatigue, bowel disturbances, lack of appetite, hair loss, and drowsiness. Numbness and tingling were the most severe symptoms experienced. The presence of comorbid illness and poor mental functioning affects the number of symptoms experienced.

**Conclusions:** Opportunities exist for clinicians to take steps to assess and manage symptoms common to older adults before serious complications and negative outcomes occur. Future research is needed.

**Implications for Nursing:** Nurses should consider comorbidities and poor mental functioning in older adults when assessing treatment-related symptoms. Being proactive and assessing and managing symptoms early during treatment may improve outcomes for older patients.

**Key Words:** older adults; cancer; adverse effects; mental health; physical functioning

ONF, 42(3), E269–E278. doi: 10.1188/15.ONF.E269-E278

related symptoms have been associated with functional decline and subsequent increased use of hospital and emergency department services (Kurtz et al., 2006). For these reasons, understanding the symptom experience of older adults during treatment for cancer is important