



MEASURING ONCOLOGY NURSING SENSITIVE PATIENT OUTCOMES: EVIDENCE-BASED SUMMARY **DYSPNEA**

Dyspnea is a complex and distressing symptom. Like pain, the sensation of dyspnea is subjective and can vary tremendously in patients with similar etiologies. Multiple factors can cause or contribute to dyspnea in patients with cancer. This evidence-based summary focuses on what is known about nursing sensitive dyspnea outcomes in a cancer population and in other illnesses that may contribute to dyspnea in people with cancer. This summary was reviewed and critiqued by research and clinical content experts in March 2005.

Key Points

1. Dyspnea is a complex, subjective experience and definitions and descriptions are available for screening, practice, and research purposes.
2. Testing of instruments to measure the perception of dyspnea in patients with cancer has been very limited; however, evidence does support the reliability and validity of instruments to measure the perception of dyspnea in patients with respiratory illnesses.
3. Current evidence is in favor of using oral or parenteral opioids to palliate breathlessness, but little evidence exists to support the use of oxygen and psychoeducational interventions for cancer-related dyspnea.
4. Evidence supports muscle relaxing techniques, pulmonary rehabilitation programs and the use of bronchodilators to improve dyspnea in patients with chronic obstructive pulmonary disease (COPD). The rationale to consider evidence that supports nursing interventions for dyspnea in adults with COPD for use in a cancer population is that dyspnea may have multiple etiologies in a person with cancer, including co-existing respiratory disease. These nursing interventions, however, need to be tested in a cancer population to demonstrate cancer-specific outcomes.
5. A thorough consensus statement for the assessment and management of dyspnea based on expert clinical judgment and research findings exists for patients with heart, lung or neuromuscular abnormalities and is available to guide nursing practice.

Recommendations

1. Cancer care providers and patients with dyspnea need ongoing education about dyspnea management.
2. Systematic assessment and reassessment of dyspnea should be documented to evaluate response to therapy.
3. Nurses should continue research efforts to address gaps in evidence, and particularly to confirm effectiveness of nursing-sensitive interventions in the cancer population.



Topics for Future Research

1. Evaluate the reliability and validity of tools to measure dyspnea in screening populations and in diverse cancer populations stratified according to early- or advanced-stage disease.
2. Conduct integrated reviews and meta-analyses of the impact of dyspnea on function and quality of life and focus this research on patients with cancer.
3. Include disparity variables such as race, ethnicity, and gender and variables of quality of life and effect on functional status in clinical research studies on dyspnea.
4. Conduct studies to test appropriate drug, dose and schedule of opioid to relieve dyspnea. Future research should isolate common opioids such as morphine, oxycodone or fentanyl and evaluate the effectiveness to reduce breathlessness with respect to dosage and scheduling.
5. Develop and test a standardized assessment process to determine the effectiveness of oxygen therapy in the presence and absence of hypoxemia.
6. Develop and test psychoeducational breathing interventions to reduce dyspnea. Research is needed to determine which component is most significant or how each component contributes to reducing dyspnea.
7. Measure the effectiveness of dyspnea interventions as they relate to change in symptoms and effect on functional status and quality of life.
8. 8. For all interventions that show evidence of effect in reducing breathlessness in patients with COPD, research is needed to demonstrate the outcomes in patients with cancer.

References:

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