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Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:
Raimundo, D. D., Guedes, M. T. d. S., Luzial, N. d. S., & Peixoto, M. G. d. S. (2014). Nursing care for clients with cancer in the head and neck with emphasis on tumors of the oral cavity in the state of Rio de Janeiro. *Revista de Pesquisa: Cuidado é Fundamental Online*, *6*(4), 1496-1504. https://doi.org/10.9789/2175-5361.2014.v6i4.1496-1504

Federal University of Rio de Janeiro State
Journal of Research Fundamental Care Online
ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Assistência de enfermagem a clientes com câncer na cabeça e no pescoço com ênfase nos tumores de cavidade oral no estado do rio de janeiro

Nursing care for clients with head and neck cancer with emphasis on oral cavity tumors in the state of rio de janeiro

Cuidados de enfermería para los clientes con el cáncer de cabeza y cuello, con énfasis en los tumores de cavidad oral en el estado de río de janeiro

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ABSTRACT

Objective: To raise nursing diagnoses (ND) in patients with oral cavity cancer (OCC) and analyze age, gender, drinking, smoking, residence (urban or rural), schooling, topography of the disease. **Method:** Retrospective and analytical Study on 36 patients with OCC, seen in the Outpatient Nursing Section of Head and Neck Surgery, in the period from July to December 2008. **Results:** The main ND were identified impaired swallowing, pain, impaired verbal communication related to the tumor; dysfunctional family process due to alcohol and tobacco, tension in the caregiver role, risk of low self-esteem among others. **Conclusion:** It was observed that nursing care is crucial for maintaining the quality of life of these individuals. Accurate recording on patient and caregiver can minimize suffering. Another important factor is the monitoring of the cancer symptoms and their deleterious effects on the body of patients. The professional nurse is essential in the evaluation of patients. **Descriptors:** Nursing, Nursing diagnosis, Oncology.

RESUMO

Objetivo: Levantar Diagnósticos de Enfermagem (DE) em portadores de Câncer de Cavidade Oral (CCO) e analisar idade, sexo, etilismo, tabagismo, domicílio (urbano ou rural), escolaridade, topografia da doença. **Método:** Estudo retrospectivo e analítico sobre 36 portadores de CCO, atendidos no Ambulatório de Enfermagem da Seção de Cirurgia de Cabeça e Pescoço, no período de julho a dezembro de 2008. **Resultados:** Principais DE identificados foram deglutição prejudicada, dor, comunicação verbal prejudicada relacionados ao tumor; processo familiar disfuncional por álcool e tabaco, tensão do papel de cuidador, risco de baixa auto-estima entre outros. **Conclusão:** Observou-se que assistência de enfermagem é determinante para manutenção da qualidade de vida desses indivíduos. Registro acurado sobre paciente e cuidador pode minimizar sofrimento. Outro fator importante é a monitorização dos sintomas do câncer e seus efeitos deletérios no corpo dos pacientes. O profissional enfermeiro é imprescindível na avaliação dos pacientes. **Descritores:** Enfermagem, Diagnóstico de enfermagem, Oncologia.

RESUMEN

Objetivo: Levantar los Diagnósticos de Enfermería (DE) en pacientes con cáncer de la cavidad oral (CCO) y analizar la edad, el sexo, el alcoholismo, el tabaquismo, el domicilio (urbano o rural), la educación, la topografía de la enfermedad. **Método:** Estudio retrospectivo y analítico de 36 pacientes con CCO, atendidos en el Ambulatorio de Enfermería de la Sección de Cirugía de Cabeza y Cuello, en el período de julio a diciembre de 2008. **Resultados:** Principales DE identificados fueron impedimentos para tragar, dolor, comunicación verbal perjudicada relacionada con el tumor, entre otros. **Conclusión:** Se observó que la atención de enfermería es crucial para el mantenimiento de la calidad de vida. Registro preciso del paciente y el cuidador puede minimizar el sufrimiento, el control de los síntomas del cáncer y sus efectos perjudiciales. La enfermera profesional es imprescindible en la evaluación de pacientes. **Descriptores:** Enfermería, Diagnóstico de enfermería, Oncología.

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INTRODUCTION

Oral cavity cancer (OCC) is a highly aggressive neoplasm, and is considered the fifth cause of cancer death in the world. It features a high incidence rate in populations of Melanesia, south-central Asia, Eastern and Central Europe, Africa and Central America. In Brazil is listed among the top 10 most incidents and, for the year 2012, there is an expectation of about 14,170 new cases of oral cavity cancer, with 9,990 men and 4,180 women. These values correspond to an estimated risk of 10 new cases to each 100 thousand men and 4 to each100 thousand women. The majority of cases occur in the regions: South (12/100 thousand) and Southeast (15/100 thousand). In the year 2008, occurred around 264 thousand new cases and 128 thousand deaths.[1-2]

The OCC etiology involves an interaction of several risk factors (RF), such as: age, family history and genetic association, alcohol intake, smoking, use of nitrosamines and aflatoxins, local infections by fungi, deficiency of riboflavin and vitamin A and HPV infections.[2-3]

Mortality rates for oral cavity cancer present a decline in the male population for most countries. In women, this behavior cannot yet be observed, since tobacco use by women was higher than those of men. However, the incidence rates for oral cancer related to HPV infection, such as tonsils, tongue base and oropharynx increased among young people in both genders. Part of this increase can be attributed to change in sexual behavior.[1]

The diagnosis of OCC is often delayed as the main symptoms, pain and dysphagia, do not occur until the tumor has grown enough to cause very sore and obstructive symptoms or for being confused with other disorders. Clients adjust to their greatest difficulty, with dysphagia, gradually changing their diet of solid foods to liquids. With the progression of the obstruction, pain, odor and excessive salivation commonly occur together with progressive weight loss, bleeding and vomiting.[2,4,5]

This study aimed to describe the profile of the clinical and sociodemographic manifestations and analyze the relation with the nursing diagnosis according to North American Nursing Diagnosis Association (NANDA), in clients that were submitted to a nurse consultation at a hospital which is a reference in oncology in Rio de Janeiro and servicing clients with cancer in the head and neck area in ambulatory.[15]

In this institution, in addition to medical care, there is also the Nursing outpatient care in its own outpatient, which gives it full autonomy and "totally" nurses and clients during Nursing consultations. In this space, the nurses service clients in all phases of oncological care, i.e., in the confirmation or clarification of the diagnosis, staging of disease, clinical treatment (chemotherapy or radiotherapy) or surgical treatment and rehabilitation. The visits are subdivided into consultations of: 1st time, when they meet the client for the first time, and subsequent consultations, where interviews and a physical exams carried out for evaluation of affected needs and any other procedures necessary for recovery or maintenance of the client's

health, in addition to educational actions directed towards them and their informal caregivers, such as family or friends.

Thus, it was observed, together with the other nurses in the sector, that systematization of nursing care (SNC) was essential, in order to manage the nursing care and follow the institution's policy which received certification from the Joint Commission for Hospital Accreditation and meet with the determination of resolution No. 272/02 the Federal Nursing Council.[6-7-8]

OBJECTIVES

1. To raise the Nursing diagnoses in clients with oral cavity cancer.
2. Analyze the variables age, gender, lifestyle (if drinker, smoker and/or use of drugs), residence (urban or rural), schooling, topographical location of the disease in the oral cavity, affected needs and nursing diagnoses in clients with cancer diagnosis in the oral cavity.

METHOD

A retrospective and analytical study was performed, a type of study which provides the observation, description and classification of phenomena.[9]

The study sample is of 36 cases of clients with OCC, seen in the Outpatient Clinic of Nursing Section of Head and Neck Surgery, of a public hospital reference in oncology, in the period from July to December 2008.

Secondary data were obtained from the Nursing Registration Books of the Clinic of Nursing Section for Head and Neck Surgery, where all the following are registered: visits, affected needs, identified nursing diagnoses and conducts prescribed and/or implemented for clients.

A data collection instrument (presented at the event commemorating 120 years of the Alfredo Pinto School of Nursing - EEAP/UNIRIO and published in the Research Journal: Care is Fundamental @nline) was created to collect information on the studied variables, namely: age, gender, lifestyle (if drinker, smoker and/or use of drugs), residence (urban or rural), schooling, topographical location of the disease in the oral cavity, complaints by clients, oncological treatment, affected needs and identified nursing diagnoses of the selected cases, those demonstrated in the results.[16]

The statistical analysis was descriptive, where categorical data were calculated by absolute and percentage values, while continuous data by average and standard deviation.

Regarding ethical aspects, the data were collected and analyzed in a secretive manner and the results were presented in an aggregated form, not allowing the identification of individuals, in order to maintain the confidentiality of data relating to the sample elements. By this peculiarity, a waiver of consent form was requested from the sample components of this study, as provided for in Resolution 466/12, of the National Health Council.[7]

RESULTS E DISCUSSION

The OCC sample corresponded to 29.5% (n = 36) of the total of clients accompanied by the Outpatient Nursing Clinic Section of Head and Neck Surgery (N = 122) in the period from July to December 2008.

Of the 36 clients, the average age was 65 years old, and the minimum 41 and maximum 89 years. The majority of clients (n = 30) were male (83.3%) and only 16.7 % of females (n = 6), as shown in table 1.

Table 1. Frequency distribution of age at diagnosis and gender of clients with OCC

Age group at time of diagnosis	n	%	Female	Male
41 to 50 years	7	19.4	1	6
51 to 60 years	11	30.6	1	10
61 to 70 years	12	33.4	2	10
71 to 80 years	3	8.3	0	3
81 a 89	3	8.3	1	2

As for the topography of the tumor, there were 11 clients found with tongue cancer (30.6%) and 25 clients (69.4%) with cancer in other parts of the mouth (except tongue) such as palate and lip.

The majority was between the first and the thirtieth day of admission for treatment in the institution, all virgin to oncologic treatment. Of the 36 clients, 16 (44.4%) already had pre-defined disease treatment (PDT): surgery, radiotherapy, surgery + radiotherapy, radiotherapy + chemotherapy + surgery and palliative care. The remaining 20 patients were still waiting for definition of the therapeutic proposal due to necessary decision-making examinations.

The other variables on demographic data such as schooling, lifestyle related to alcohol consumption, smoking and drug use and residence (rural or urban) are shown in table 2.

Table 2. Frequency distribution of variables on life habits and domicile and their distribution by OCC client gender

Variables	n	%	Female	Male
Alcoholism	25	69.4	3	22
Smoking	29	80.6	2	27
Never used tobacco and Alcohol	7	19.4	5	2
Resident in Urban Area	34	94.4	28	6
Resident in Rural Area	2	5.6	2	0

The main ND identified (table 1) were impaired swallowing, pain, impaired verbal communication related to the presence of the tumor in the region; dysfunctional family process by use of alcohol and tobacco, tension in the caregiver role, risk of low self-esteem

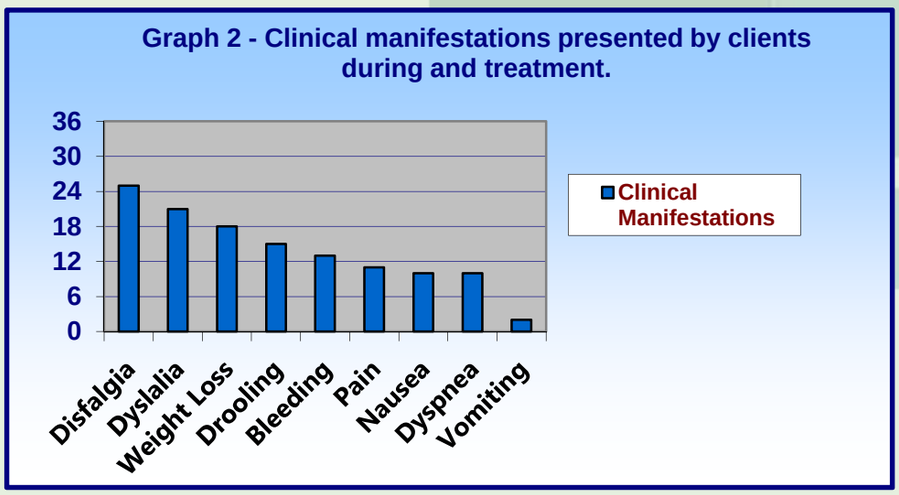
and anxiety related to the triggering factors of the tumor, to the intensive care performed at home and the dependence on others for care.[15]

Chart 1. Distribution of the identified nursing diagnoses according to frequency

Nursing Diagnoses	n
Impaired Swallowing	25
Dysfunctional Family Process Alcohol / Tobacco	25
Tension in the Caregiver Role	25
Risk of Low Self-esteem	23
Impaired Verbal Communication	21
Pain	20
Anxiety	19
Imbalanced Nutrition to Less	18
Impaired Tissue Integrity	18
Risk of Infection	16
Impaired Oral Mucous	16
Impaired Social Interaction	15
Acute Pain	15
Impaired Skin Integrity	13
Fatigue	11
Risk for Deficient Fluid Volume	10
Risk for Constipation	10
Body Image Disturbance	10
Compromised Family Coping	10
Social Isolation	10
Fear	8
Ineffective Control of the Therapeutic Regimen	5
Self-Feeding Deficit	5
Risk of Aspiration	5
Liquid Volume deficient	4
Ineffective Sexuality Pattern	3
Constipation	2
Inefficient Breathing Pattern	2
Sleep Deprivation	2
Ineffective Coping	2
Self-Bathing and Hygiene Deficit	1
Anxiety Regarding Death	1
Chronic Pain	1

The most frequent first symptoms were the dysphagia, reported by 69.4% of clients (n = 25), followed by 58.3% with dyslalia (n = 21) and 50% with weight loss (n = 18). The weight loss reported ranged from 5 to 10 Kg in 18 clients (50 %) only after the appearance of the first

symptom. During the progression of the disease, 15 clients (41.7 %) complained of sialorrhea, 13 clients had bleeding (36.1%) and 11 clients (30.6%) reported local pain (Graph 2).



Radiotherapy treatment was performed in 44.4% of the evaluated clients (n = 16). Chemotherapy was administered in 7.2% of clients (n = 7) and only 8.3% underwent surgery (n = 3). Persistence of the tumor was observed in 91.7% of the clients treated (n = 33). In the operated clients, it was found that the recurrence in all cases (n = 3), which led to a transfer to the palliative care unit.

In the period from July to December 2008, 55.6% of clients (n = 20), had no chance of curative cancer treatment, due to the advanced stage of the tumor and the general poor condition of the clients.

The early detection of cancer is a determinant factor in the prognosis of OCC. Therefore, the statements highlight that access to health services in primary care should optimize the actions of professionals and resources from the Health Units, working for the early detection and organizing the demand for other levels of care.[17] Early detection was not detected by a simple visual inspection of the oral cavity, being by the individual or a health professional, which may have contributed to the early death of 13 (36.1%) of the 36 patients. When diagnosed early, this type of cancer with a good prognosis.[1,10]

In Brazil, the largest part of malignant tumors is found by the patient themselves, already in the advanced stages, resulting in the need for aggressive treatments, in addition to high mortality rates. It is worth remembering that the cost of advanced cancer treatment to the National Health System (SUS) is significantly higher if compared to an early diagnosed cancer.[11]

In the analysis of the results, it was observed that the OCC was predominant in clients older than 51 years and male, which is described in the literature.[1]

The routine examination of the mouth by visual inspection, done by a health professional can diagnose lesions at the beginning, before transforming into cancer. People over 40 years of age who smoke and drink should be directed to become more attentive, practicing self-examination and have their mouths examined by health professional (dentist or doctor) at least once a year.[1] In this case, there were high percentages of clients who reported habits of alcoholism (69.4%), smoking (80.6%) and only 07 patients have never had direct contact with these risk factors.

The OCC diagnosis was predominant in the urban area inhabitants (94.4 %), which is also compatible with the information available in the literature that show high incidence of this type of malignancy in clients inhabitants of industrialized areas and lower rate of incidence in clients inhabitants of rural areas, but it can also mean that in rural areas the disease is not sufficiently diagnosed and, therefore, underreported.[12]

The dysphagia and the dyslalia were the most frequent clinical manifestations in this study, which reinforces the clinical course of the disease in which the tumor makes it harder for the client to talk chew and swallow. Besides severe weight loss pain, and the presence of cervical lymphadenopathy which are advanced signs of the disease.[1]

The treatment to be administered to this client in such cases will not be curative. Thus, palliative treatment shall be adopted, due to the advanced stage that this cancer. This set of factors directly affects the quality of life of these people. In this context, despite technological advances, it is not possible to ensure the ethical commitment in providing decent living conditions and nor the right to health and environment, conquered, within the constitutional norms of this country.[13]

Mortality rates by OCC show a decline in the male population in most developed countries. In women, this behavior cannot yet be observed since the beginning of smoking by women was subsequent to that of men.[1] However the incidence rates for OCC related to HPV infection, such as amygdala, base of the tongue, oropharynx, and increase among young adults in both genders. Part of this increase can be attributed to changes in sexual behavior. Thus, this study was led to believe in the importance of the role of nurses in primary health care in the orientation of the population and the adoption of healthy lifestyle and safe sex.[14]

In this study, was evident even at a low percentage of clients with a history of surgical treatment (8.3%), however approximately half of the clients were submitted to radiotherapy (44.4%) and a fifth (7.2%) underwent chemotherapy. Although not having achieved a statically significant sample, the percentage of clients were high (91.7%) that evolved with the persistence and/or recurrence of the disease after the completion of radiotherapy and chemotherapy, which has led some of the clients to be transferred to monitoring in the palliative care unit in the same hospital network, leading this study to confirm that the best OCC treatment is given with the prevention and early detection of the disease.[1,2,8,10,18]

CONCLUSION

From these results, it can be concluded that the prevention which deserves to be highlighted is that early detection will change the curve of the disease in the country. The primary care nursing professional can assume the important role of changing the current scope of this disease in the country through simple measures, sometimes forgotten, visual inspection of the oral cavity and guidance on oral hygiene and self-examination.

During treatment, most clients enjoyed the improvement of their complaints through the nursing interventions implemented, although the disease has persisted and / or

recurrence in some of these, which confirms the therapeutic potential of nurses, despite the highly aggressive behavior of this neoplasm.

In the case of the client with OCC, the curative treatment is a major determinant for the maintenance of the quality of life of these individuals, but it is known that the emotional repercussions for malignant disease may even exceed the physical sufferings and the visual image and a kind of booster of emotions and those emotions are natural in every individual, especially in this disease. Therefore, a faithful record of information about the clinical course makes a difference in the care of cancer patients. Another important factor is the monitoring of signs and symptoms that causes cancer and side effects of cancer treatment, something that can be done by nurses trained in oncology.

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Received on: 10/07/2012
Required for review: No
Approved on: 31/10/2012
Published on: 01/10/2014

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