

## Quality of Life in Patients with Cancer and Some Factors Affecting it: A Systematic Review

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### ABSTRACT

**Introduction:** Cancer is considered as a major health problem of the century and its increasing growth over the past two decades, and its harmful effects on the physical, psychological, social and economic aspects of human life, has raised the concern of experts more than ever. Therefore, this systematic review study was conducted to determine the quality of life of cancer patients and some of the factors affecting it.

**Materials and Methods:** This is a systematic study that using articles published in the last 25 years about the quality of life of cancer patients and some of the factors that influenced it. It was conducted in English and Persian by searching articles in search engines, authoritative scientific sites and databases, SID, Google Scholar, Embase, Researchgate, Scencedirect, Google Scholar, and Pubmed. In the first stage, 54 articles were found. Of these, 22 articles related to the subject, published in the last 25 years, were reviewed.

**Results:** in studies that have examined, the effects of some on improving the quality of life of cancer patients is discussed. One of these studies is a study by Yazdani with aims to determine Yoga Effect on the quality of life scores of breast cancer patients undergoing chemotherapy, in which common symptoms of cancer and its treatment and the quality of life of breast cancer patients undergoing chemotherapy are improved by yoga.

**Conclusion:** In our studies, several cases have improved the quality of life of cancer patients; one of the educational pamphlets on occupational therapy programs that affects many of the quality of life of women with breast cancer. also The meaning of group therapy reduced anxiety and depression and increased quality of life in cancer patients. also The impact of yoga on improving the quality of life of these patients can be noted.

**Keywords:** quality of life, cancer patients, breast cancer, bowel cancer

### INTRODUCTION

Cancer is considered as a major health problem of the century and its increasing growth over the past two decades, and its harmful effects on the physical, psychological, social and economic aspects of human life, has raised the concern of experts more than ever (1). Cancer is the second most common cause of death after cardiovascular disease worldwide and in developed countries. And the third cause of death after cardiovascular disease and disasters in less developed countries (2). At least about 8 million people die every year because of cancer and the rate of death from cancer is increasing, according to World Health Organization statistics, the mortality rate from cancer will rise from 45% in 2007 to 65% in 2030 (3). Despite the successes that have been made in controlling and preventing the diseases that have been

introduced in recent decades, the incidence of chronic illnesses has increased (4). Diabetes is one of those chronic diseases that increases the incidence of cancer. Diabetes is the most common metabolic disease and a major global challenge that is the leading cause of death in the industrialized world and in developing countries (5-9). This disease is a chronic, metabolic and genetic disorder Which is characterized by increased blood glucose levels and metabolic disorders of carbohydrates, proteins and lipids (10-14). Increased blood glucose can cause chronic and severe complications of diabetes. Complications of diabetes are very common among patients (15,16). For example, one of the complications of diabetes among diabetic patients is depression, which is one of the most common psychiatric disorders (17). Depression is one of

the most common and debilitating problems of youth and adolescents (18, 19). Depression and daily stress may cause some health disorders (20). Diabetes also is one of the most common endocrine complications in people with thalassemia (21). Thalassemia is a hereditary blood disease and the annual incidence of thalassemia sufferers is estimated at one in 100,000 worldwide (22-26).

The pattern of occurrence of different types of cancer varies among different populations it is related to factors such as occupational, social, cultural and racial (possibly inheritance), geographic and nutritional issues. (27). Also, northern regions of Iran on the southern coast of the Caspian Sea are located on the esophageal cancer belt (28). Colorectal cancer is also the most common cancer of the digestive tract and the second most common cause of death from cancer worldwide (29). Given that most studies report the prevalence of cancer in Iran and they show that in each province of Iran, due to a special way of life, people suffer from various types of cancer, like the study of Mohammadi et al. (30), the rate of skin cancer in yazd province was higher than in kurdistan province which is due to the presence of Yazd in desert areas and the continuous contact of the people of this province with sunlight as well as pollution caused by the industries of yazd province, Also, a study by almasi et al. (31) found that the highest incidence of gastrointestinal cancers in the central province was gastric cancer. In the study of Asgarian et al. (32), the incidence of breast cancer increased to age 59 with increasing age and decreased from age 60 to above. Therefore, due to this increasing prevalence, it decreases the quality of life of individuals in Iran and also in studies that have shown that there are several ways to improve the quality of life in people with cancer, therefore, this study was done with the aim of investigate some of the factors affecting the quality of life in these patients.

### MATERIALS AND METHODS

The purpose of this method was to achieve the purpose of the study and to enhance the study's thoroughness and comprehension. The method is based on three steps in the search of texts, data evaluation and data analysis. In the search phase of the texts, the studies after the retrieval were examined in terms of the criteria for entering the study in four stages. After obtaining the terms of entry into the study, the content of

the study is evaluated and at the end the analysis of the data was done.

The studies studied were in English or Persian, access to their full text was possible and they were published in the last 25 years, who entered the study and unnamed studies were deleted without history and non-academic. To achieve relevant studies, a wide range of keywords including quality of life, cancer patients, breast cancer, bowel cancer, and mental health as a one-to-one search, combined with the method "And" and "OR" was used.

This is a systematic study that using articles published in the last 25 years about the quality of life of cancer patients and some of the factors that influenced it. It was conducted in English and Persian by searching articles in search engines, authoritative scientific sites and databases, SID, Google Scholar, Embase, Researchgate, Scencedirect, Google Scholar, and PubMed. In the first stage, 54 articles were found. Of these, 22 articles related to the subject, published in the last 25 years, were reviewed.

### RESULTS

In a study by Yazdani with aims to determine Yoga Effect on the quality of life scores of breast cancer patients undergoing chemotherapy, in which common symptoms of cancer and its treatment and the quality of life of breast cancer patients undergoing chemotherapy are improved by yoga. In this study, before and after intervention, in both case and control groups, the symptoms of disease were negatively affected by quality of life. After intervention, there was a significant decrease in all scores related to the scales. But symptoms such as nausea and vomiting, pain, sleep disturbances, constipation, discomfort from hair loss and side effects of treatment were significant. The mean of overall quality of life score before intervention in the yoga group was 49.6 that Changed to 81.7 after the intervention (33).

In a study that was performed by Motamedi et al and was aimed at determining the effect of depression treatment on the quality of life of patients with breast cancer, the results of this study showed a significant improvement in depression and quality of life in patients with breast cancer three months after the end of the disease treatment. In this study, out of 50 patients under study, 31 patients (62%) referred to a psychiatrist for treatment of depression. The

mean score of BDI-SV in patients at the beginning of the study was 18 and at the end of the study was 5.6. This change was evaluated using Paired-Sample T-test. The mean score of SF-36 patients at the beginning of the study was 51.68 and at the end of the study was 25.68. This change was also evaluated using Paired-Sample T-test. There was no significant difference in Increasing the quality of life score in patients in both groups who referred to the psychiatrist (34).

A study by Mr Mikaili aimed at determining the effect of chemotherapy on the quality of life of patients with breast cancer, showed that chemotherapy reduces the quality of life of patients with breast cancer under the condition of chemotherapy. In this study, in general, after four chemotherapy regimens, the mean of functional quality of life dimensions including physical, social, role-playing, emotional, cognitive, and sexual dimensions was significantly lower than before chemotherapy. Also, there was a significant difference between the mean score of total quality of life in the pre and post four stages of chemotherapy (35).

A study by Mr. Haghghat aimed at determining the impact of reflexology on the quality of life of breast cancer patients under chemotherapy, showed that the use of reflexology in patients with breast cancer can improve the quality of life. In this pre-intervention study, in terms of demographic characteristics, the overall quality of life score was not significantly different from the EORTC QLQ-C30 questionnaire. Comparison of mean score of life quality before and two weeks after intervention in the two groups of test and placebo showed a significant difference. The mean of overall quality of life score in the two weeks after the intervention was significantly higher in the test group than in the placebo group. The results also showed that there was a significant difference in overall quality of life scores between the three groups of test and placebo and post-intervention control (36).

In a study done by Mrs. Hamid, group medication reduced anxiety and depression and improved quality of life in cancer patients. In this study, the findings indicated a significant decrease in mean scores of anxiety and depression and a significant increase in the mean scores of quality of life in the experimental group as compared to the control group (37). In a study by Karimi et al., Titled "The Effectiveness of Spirituality Therapy on

the Quality of Life in Women with Breast Cancer" in Tehran, The results of the quality of life of this study showed that after the independent variable (Spirituality Therapy), the quality of life score of women with breast cancer in the experimental group was higher and the difference was significant with the control group as well as the results of multivariate covariance analysis of the subscale of quality of life In three subscales (physical activity, mental health, and social relation), the mean score of the experimental group in the post-test group was higher than the control group and was statistically significant there was no significant difference between the two groups in the environmental health subscale (38).

In another study by Zeighami Mohammadi et al. With the aim of determining the relationship between anemia and fatigue severity and quality of life in cancer patients under chemotherapy, there was a significant difference in mean of fatigue and quality of life in terms of hemoglobin level. There was a negative and significant correlation between hemoglobin level and quality of life and severity of fatigue (39).

In a study conducted by Afrasiabifar, Significant statistical differences were reported in the subscales of quality of life, general health status, physical function, emotional functioning, role function, social function, mental image, and futurism between the two groups after intervention. The median test showed a significant difference based on the number of patients in the test group who had a higher score than the overall median (improvement in quality of life dimensions), compared to the number of patients in the control group. Also, the results of the study on signs related to quality of life showed a statistically significant difference based on the number of patients in the test group who had symptoms of fatigue, nausea and vomiting, insomnia, anorexia, constipation, systemic side effects, upper limb symptoms, breast symptoms and hair loss concerns have been equal to or less than the overall mean (symptom relief) compared to those in the control group. However, no significant difference was observed in other subscales of cognitive function, sexual function and sexual pleasure, as well as symptoms of pain, dyspnea, diarrhea and financial problems between the two groups of test and control (40).

In a study by Ghanbari, the educational pamphlet on occupational therapy has affected

many of the quality of life of women with breast cancer. In this study, eight parts were examined including physical function, role limitation due to physical health, role limitation due to emotional problems, energy, fatigue, emotional well-being, social function, pain, general health. In 6 cases, the results of treatment were significant and effective results of research were not significant in only two parts of physical function and general health (41).

In a study by Shoa kazemi, the results of the data indicated a significant difference between the experimental group on the quality of life scale and the sub-scales of general health, emotional functioning, sexual performance, and symptom reduction. Also, the results of the study showed the effect of 4 factors psychotherapy as one of the psychological and supportive counseling on increasing the mental health of women with breast cancer (42). The results of a study conducted by mr molaei et al. Showed that the hope-based therapy group increased the mean scores of functional domain and quality of life in patients in the intervention group. However, there was no significant difference in symptoms (43).

The results of the study were performed by Rajabipour et al. Showed that by performing group motivational interviews, there is a significant difference in the quality of life score of patients with intestinal cancer with permanent atomism, this study showed that the motivational interview significantly increased the quality of life of the intervention group in the post-test (mental health, social health, spiritual well-being and physical health) (44). The results of these studies by Canada and colleagues (45), and colleagues Livneh et al. (46), Litwinczuk et al (47), Babayi et al (48), Larson et al (49), Lim et al (50), Rahmati et al. (51), Hojjati et al (52), Askari et al (53) and also Holt et al. (54) Indicates that spirituality therapy can be considered as a suitable treatment for improving the quality of life and physical, psychological and social dimensions of patients suffering from breast cancer. This result is consistent with the results of research on the significant role of religious and spiritual beliefs in improving the quality of life of cancer patients.

Findings from Ayatollahi (55) showed that overall quality of life was good in 71.4% of patients. The feeling of tiredness was the most obvious symptom of self-illness or complications of the disease among breast

cancer patients. Having a child had a positive effect on the quality of life of these patients. In quality (66%), their quality of life was good and feeling tired was the most obvious symptom of self-illness or complications of the disease among breast cancer patients.

### DISCUSSION AND CONCLUSION

In a study that was carried out (31) and we examined, chemotherapy reduces the quality of life of patients with breast cancer under the chemotherapy. Anemia is common in people with cancer under chemotherapy and during chemotherapy, hemoglobin levels decrease with increased fatigue and decreased quality of life (17). Therefore, nurses with proper interventions and self-care training can help the patient to reduce anemia and fatigue as well as promote quality of life. Therapeutic hope has a significant impact on improving the various dimensions of health-related quality of life in men and women with cancer. Therefore, authorities and managers of the health system of the country, using the results of research in this field, can improve their quality of life in different areas by implementing programs and strategies for developing hope-centered group interventions for cancer patients. Spiritual interventions in the treatment of cancer patients are in fact the ability to exploit their capital and spiritual resources to solve physical and mental problems and to live better. Which is possible through the domination of the environment, purpose and orientation in life, acceptance and filling the semantic emptiness. In a study (19), the teaching pamphlet on occupational therapy programs affected many of the quality of life of women with breast cancer. In another study (11), in which common symptoms of cancer and its treatment and the quality of life of breast cancer patients undergoing yoga chemotherapy were improved. In order to adapt to the disease, many infected and survivors of breast cancer use complementary medicine. Yoga is among the most common types of complementary therapies. The results of many studies are based on the effect of yoga therapy on reducing pain, dyspnea, swelling and breast tenderness. This exercise also reduces the feeling of tiredness. According to the results of studies on the effect of yoga in promoting the quality of life of women with breast cancer undergoing radiation therapy and reducing the symptoms and complications of illness and treatment. It is suggested that appropriate exercises be conducted to increase compliance with the disease. Yoga can be used as an effective,

comfortable and low-cost way to improve the quality of life of these patients.

Also, according to some studies, by performing a group motivational interview, a significant difference was found in the quality of life score of patients with intestinal cancer with permanent atomism (22). Also, given some studies have shown the existence of family and children, as well as psychosocial, family, social and economic support can improve the quality and life expectancy of people with breast cancer, they undergo various surgical procedures, chemotherapy and radiotherapy. Therefore, it is recommended that family counseling clinics be designed by policy makers to support breast cancer patients.

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