

## CONTINUING EDUCATION

# Symptom Clusters in Elderly Patients With Lung Cancer

Audrey G. Gift, PhD, RN, FAAN, Anita Jablonski, MSN, RN,  
Manfred Stommel, PhD, and C. William Given, PhD

**Purpose/Objectives:** To identify the number, type, and combination (cluster) of symptoms experienced by patients with lung cancer.

**Design:** A secondary analysis of data collected as part of a larger study.

**Setting:** 24 sites that included community hospitals, medical clinics, oncology clinics, and radiation-oncology clinics.

**Sample:** 220 patients newly diagnosed with lung cancer, ranging in age from 65–89 years ( $\bar{X}$  = 72 years,  $SD$  = 5.02), 38% with early-stage and 62% with late-stage lung cancer.

**Methods:** Subject self-report.

**Findings:** Factor analysis found that the symptoms of fatigue, nausea, weakness, appetite loss, weight loss, altered taste, and vomiting form a cluster. Initial staging of cancer, the number of comorbid conditions, and being treated with chemotherapy emerged as significant predictors of the symptoms reported. Few differences were noted between men and women. Correlation was found among the numbers of symptoms reported, symptom severity, and limitations attributed to symptoms.

**Conclusions:** Patients with lung cancer report multiple distressing symptoms related to symptom severity and limitations.

**Implications for Nursing:** Assessment of multiple symptoms is recommended in patients with lung cancer.

### Key Points . . .

- Patients with lung cancer experience multiple symptoms.
- Fatigue, nausea, weakness, appetite loss, weight loss, altered taste, and vomiting form a cluster of common symptoms in patients with lung cancer at the time of diagnosis.
- Patients with more advanced lung cancer and more comorbidities at the time of diagnosis who are treated with chemotherapy are most likely to have multiple symptoms.
- The more symptoms a patient has, the more severe and limiting the symptoms are perceived to be.

### Goal for CE Enrollees:

To further enhance nurses' knowledge regarding the number, type, and combination (cluster) of symptoms experienced by patients with lung cancer.

### Objectives for CE Enrollees:

On completion of this CE, the participant will be able to

1. Identify the number, type, and combination (cluster) of symptoms experienced by patients with lung cancer.
2. Describe the relationships among symptoms reported, demographic variables, disease characteristics, and perceived level of functioning.

Patients with cancer suffer from a variety of symptoms, many which go unrelieved (Cooley, 2000). Research has focused on only one symptom at a time, rather than the combination of symptoms that can occur simultaneously. A clearer understanding is needed of the combination of symptoms that occurs in patients, factors that affect this symptom experience, and the effects of a combination of symptoms on patients' functioning. This understanding will lay the foundation for better patient assessment and the development and testing of therapies for better symptom relief.

Lung cancer is the number one cause of cancer mortality in men and women, accounting for 25% of all cancer deaths, with rates among women still rising (American Cancer Society [ACS], 2004). Most patients with lung cancer present with advanced disease and have more symptoms than other patients who are newly diagnosed (Hopwood & Stephens, 1995). This disproportionate symptom experience continues until death, with patients with lung cancer having more severe symptom distress than patients with other cancers (Cooley, 2000; Degner & Sloan, 1995; Sarna & Brecht, 1997). The

*Audrey G. Gift, PhD, RN, FAAN, is a professor and associate dean of research and doctoral programs, Anita Jablonski, MSN, RN, is a doctoral student in the College of Nursing, Manfred Stommel, PhD, is an associate professor in the College of Nursing, and C. William Given, PhD, is a professor in the College of Human Medicine, all at Michigan State University in East Lansing. (Submitted September 2002. Accepted for publication April 30, 2003.) Funding for this research was provided by the U.S. Department of Health and Human Services, the National Center for Nursing Research, and the Association of Health Care Policy and Research, grant #R01 NR/CA01915.*

Digital Object Identifier: 10.1188/04.ONF.203-212