

A Qualitative Systematic Review of the Experiences and Needs of Patients With Gliomas

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PROBLEM IDENTIFICATION: With poor prognosis and debilitating symptoms, gliomas affect not only patients' physical health, but also their psychological well-being. A systematic review was conducted to explore the experiences, needs, and coping mechanisms of adult patients with gliomas.

LITERATURE SEARCH: A literature search was performed in Cochrane Library, PubMed®, Embase®, MEDLINE®, Scopus®, PsycINFO®, CINAHL®, CNKI, and Wan Fang for studies published from January 1999 to December 2019.

DATA EVALUATION: The selected studies were assessed by two independent reviewers to determine methodologic quality. Meta-aggregation was used to synthesize the findings.

SYNTHESIS: Three overarching themes were developed: (a) the impact of gliomas on daily life, (b) emotional changes, and (c) the recognized need to move on. Findings from each study were categorized into 12 subthemes.

IMPLICATIONS FOR PRACTICE: The findings from this systematic review provide data related to the experiences of patients with gliomas, which can inform practice changes and interventions aimed at enhancing patients' quality of life.

KEYWORDS gliomas; living experiences; quality of life; symptom burden; qualitative research

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Gliomas are the most common form of primary intracranial tumors, representing 81% of malignant brain tumors. Although relatively rare, gliomas are a life-threatening tumor, with five-year survival rates ranging from 0.05% to 4.7% (Ostrom et al., 2014). Gliomas differ from other types of brain tumors because of the high rate of recurrence (Felsberg et al., 2017) and the severe symptom burden caused by invasive growth into the surrounding brain tissue (Piil et al., 2019). Symptoms, which can vary depending on the tumor's size, location, and classification (Hricik et al., 2011), can be physical (e.g., headaches, hemiparesis, aphasia, seizures), psychosocial (e.g., stress, anxiety, depression), or cognitive (e.g., personality changes, concentration problems, reduced attention span, short-term memory loss) (Piil et al., 2015). According to the World Health Organization's grading of selected central nervous system tumors, gliomas can be divided into four grades based on their histology and isocitrate dehydrogenase status (Louis et al., 2016). Treatment for gliomas mainly includes surgery, radiation therapy, chemotherapy, pharmacotherapy, and tumor treatment field therapy (National Comprehensive Cancer Network [NCCN], 2020).

Throughout disease progression and treatment, patients with gliomas can be highly affected by the diagnosis, various and increasingly severe symptoms (e.g., fatigue, aphasia, hemiplegia, headaches, reduced consciousness), and treatment complications (Flechl et al., 2013). Cognitive functioning can deteriorate as a result of gliomas, as well as from subsequent treatment by means of surgery, radiation therapy, or chemotherapy, with or without concomitant medication. In addition, patients often experience emotional distress (Klein et al., 2002; Taphoorn & Klein, 2004). Although results from previous studies vary, 21%–39% of patients with gliomas suffer from clinically significant symptoms of depression (Rooney et al., 2014;