Evaluation of the quality of life in patients followed for differentiated cancer of the thyroid

Évaluation de la qualité de vie chez les patients suivis pour cancer différencié de la thyroïde

Nassim Essabah Haraj a,b, Hicham Bouri c, Siham El Aziz a,b, Samira Nani c, Noureddine Habti d,e, Asma Chadli a,b,*

a Service d’endocrinologie et de maladies métaboliques, CHU Ibn Rochd, Casablanca, Morocco
b Laboratoire de neuroscience clinique et santé mentale, faculté de médecine et de pharmacie de Casablanca, université Hassan II, Casablanca, Morocco
c Laboratoire d’épidémiologie, faculté de médecine et de pharmacie de Casablanca, université Hassan II, Casablanca, Morocco
d Laboratoire de médecine expérimentale et biotechnologie, Casablanca, Morocco
e Laboratoire de génie génétique et cellulaire, faculté de médecine et de pharmacie de Casablanca, université Hassan II, Casablanca, Morocco

Abstract

Thyroid cancer often has good prognosis but can impact quality of life. The objective of this study is to evaluate quality of life in patients treated for differentiated thyroid carcinoma and look for associated factors. An observational cross-sectional study with comparison group was conducted in the Endocrinology Department of the Ibn Rochd University Hospital between October 2013 and February 2015. The patient group included 124 adult patients followed for differentiated thyroid carcinoma; the control group comprised 124 healthy subjects of the same age. Quality of life was evaluated by 3 questionnaires validated in Arabic: SF36, Hamilton anxiety and Hamilton depression. Patients’ quality of life was significantly impaired compared to controls on the two Hamilton and all SF36 scores. Factors influencing quality of life were TNM stage, radiiodine therapy and dose, and the presence of metastases. The psychological management of patients with thyroid cancer is an essential point always to be considered, especially in the presence of risk factors for impaired quality of life.

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Keywords: Thyroid neoplasms; Quality of life; Radioiodine therapy

Résumé

Le cancer de la thyroïde est un cancer de bon pronostic, mais qui peut avoir un retentissement sur la qualité de vie des patients. L’objectif de l’étude est d’évaluer la qualité de vie chez les patients suivis pour carcinome différencié de la thyroïde et rechercher les facteurs associés. Il s’agit d’une étude transversale observationnelle avec un groupe témoin menée au service d’endocrinologie du CHU Ibn Rochd entre octobre 2013 et février 2015. L’étude a inclut dans le groupe malade, les patients adultes suivis pour carcinome différencié de la thyroïde et dans le groupe témoin des sujets sains du même âge. La qualité de vie a été évaluée par 3 questionnaires validés en arabe : SF36, Hamilton pour l’anxiété et Hamilton pour la dépression. L’analyse des données faite par le logiciel SPSS 16. L’étude a concerné 124 patients suivis pour cancer différencié de la thyroïde et 124 patients sains. La qualité de vie des patients suivis pour cancer par rapport au groupe de comparaison était significativement altérée au niveau des Hamiltons et tous les scores du SF36. Les facteurs ayant une influence sur la qualité de vie sont le stade TNM, l’irathérapie et sa dose et la

* Corresponding author at: Service d’endocrinologie, CHU Ibn Rochd, 1, rue des Hôpitaux, 20360 Casablanca, Morocco.
E-mail address: drachadli@gmail.com (A. Chadli).

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présence de métastases. En conclusion, la prise en charge psychologique des patients avec cancer de la thyroïde est un point essentiel à ne pas omettre surtout en présence de facteurs de risque altérant la qualité de vie.

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Mots clés : Cancer de la thyroïde ; Qualité de vie ; Irréthapie

1. Introduction

Patients with differentiated cancer of the thyroid have a generally good prognosis, evolution is often favorable, but it has been shown that their quality of life is worse than expected [1–3].

In this work, we will focus on the quality of life of patients followed for differentiated cancer of the thyroid. The concept of quality of life (QOL) emerged in the 1970s, reflecting broader health goals. This new form of assessment enriches clinical research, public health and daily medical practice [4]. The objective of the study is to evaluate the quality of life of patients monitored for differentiated carcinoma of the thyroid and to look for the associated factors.

2. Patients and methods

Observational cross-sectional study with a comparison group, conducted between October 2013 and February 2015. The patients admitted for differentiated thyroid carcinoma to the endocrinology department of the CHU Ibn Rochd during this period were included, and in the control group were healthy (cancer-free) subjects of the same age, taking one control subject for each patient. Exclusion criteria were patients who refused to participate, and those with cancer discovered less than 3 months ago or with a different type of cancer. The main variable of the study was quality of life, it was evaluated by 3 scales: SF36 (The Short Form (36) Health Survey), Hamilton Depression (HAM D) and Hamilton Anxiety (HAM A). The three scores have a validated Arabic translation [5,6].

For the SF36 questionnaire, the responses were obtained on ordinal scales. It includes 36 questions that cover eight dimensions of health: physical functioning (PF), role physical (RP), bodily pain (BP), general health (GH), vitality (VT), social functioning (SF), role emotional (RE), mental health (MH). The eight scores are obtained after computation by a complex algorithm requiring a computer program, one score for each of the dimensions of the instrument, can be aggregated into a physical score and a mental score: the physical component summary (PCS) and the mental component summary (MCS); there is no overall quality of life score. 0 corresponds to the “very poor state of health perceived” and 100 corresponds to “optimal perceived state of health” [7].

The Hamilton Depression scale includes 21 items, for a score from 0 to a maximum of 66. A score between 0–7 corresponds to a normal health condition, a score between 8–13 to a mild depression, a score between 18–14 to a moderate depression, a score between 19–22 to a severe depression and a score ≥ 23 to a very severe depression [8]. As for the Hamilton anxiety, it includes 14 items. Each item represents a group of different symptoms (from 2 to 8) and is scored on a scale from 0 to 4 (absent, mild, moderate, severe, very severe). With a total score ranging from 0 to 56. A score < 17 corresponds to mild anxiety, a score between 18–24 corresponds to mild to moderate anxiety and a score ≥ 25 to moderate to severe anxiety [9]. The variables studied are: age of patients, sex, occupation, marital status, surgery, duration from surgery, histologic variant, tumor size, multifocality, levothyrox dose, TSH level, radioiodine therapy, presence of metastasis, presence of post-surgical hypoparathyroidism, rate of serum calcium, presence of recurrence, presence of metastasis, and type of metastasis. The bivaried analysis used the Chi² test, Fisher’s exact test and Student’s t-test. The significance level was fixed at 5%. A logistic regression using the stepwise descending method was carried out with inclusion, in the model, of all variables whose significance level was < 0.2 in univariated analysis. This method allowed us to calculate the adjusted odds ratio (OR) and their 95% CI.

The analysis of the data was carried out using the SPSS software version 16. Descriptive, bivaried and multivariate analysis was performed.

The free consent of the patients was obtained before their inclusion, after having explained to them the objectives of the study. In addition, we ensured anonymity and data confidentiality. This study was held with the patient’s full informed consent according the World Medical Association recommendations [10].

3. Results

3.1. Patient characteristics

A total of 124 patients followed for thyroid cancer were included in the study, along with 124 controls. The controls were healthy subjects. Table 1 lists the characteristics of the thyroid cancer group and the control group.

Table 2 summarizes the prognostic, therapeutic and evolutionary characteristics of patients with thyroid cancer.

3.2. Results related to quality of life

The results of the 3 quality of life scales show that there is an alteration in the quality of life in the thyroid cancer group compared to the control group (Tables 3 and 4).

Univariate, bivariate, and multivariate analysis shows multiple parameters can affect QoL in patients followed for
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