義大醫院 E-DA HOSPITAL I-SHOU UNIVERSITY

臨床組-從業

肝癌復發病患不確定感、焦慮與生活品質相關性之探討
Relationships among Uncertainty, Anxiety and Quality of life in Patients with Recurrent Hepatocellular Carcinoma

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Objectives

The Ministry of Health and Welfare's Annual Cancer Registry Report ranked liver cancer fourth in the top 10 cancer incidence rates (Ministry of Health and Welfare, 2022). The high recurrence rate of liver cancer has a significant impact on the quality of life of patients during the repeated screening and treatment process. The main objective of this study was to examine the uncertainty and anxiety that patients with recurrent liver cancer (RLC) experience during the treatment process, and to analyse whether these factors affect quality of life in order to identify predictors of quality of life in patients with RLC.

Methods

A cross-sectional survey was conducted. A total of 208 patients with RLC were interviewed using the Mishel Illness Uncertainty Scale, the Beck Anxiety Inventory, the European Organization for Research and Treatment of Cancer Quality of Life Core Scale (EORTC QLO-C30), and the Personal Basic Attributes and Health-related variables.

Results

The results showed that age, occupation, previous treatment, stage of liver cancer, presence of medical disease, uncertainty, and anxiety were significant predictors of quality of life in patients with RLC, explaining 60% of the total variance in quality of life in patients with RLC, as shown in Table 1.

Table 1 Predictors of impact on quality of life   (n = 208)

Variable	B	SE	β	t	p	95% CI lower	95% CI upper
Age（year）	0.02	0.12	0.01	0.20	0.843	-0.20	0.27
Sex（male vs. female）	-0.16	2.63	-0.00	-0.06	0.952	-5.22	5.19
Educationlevel（year）	0.44	1.04	0.02	0.42	0.674	-1.58	2.51
Occupation（yes vs. no）	6.21	2.99	0.11	2.08	0.039	0.27	12.05
Marital status（married vs. other）	-0.44	2.59	-0.01	-0.17	0.866	-5.41	4.84
Family income	3.37	2.64	0.07	1.28	0.203	-1.77	8.65
Religious beliefs（yes vs. no）	-9.95	5.13	-0.09	-1.94	0.054	-19.96	0.23
Medical disease（yes vs. no）	-0.03	1.07	-0.00	-0.03	0.979	-2.19	1.27
Ever received treatment（yes vs. no）	5.97	2.39	0.12	2.50	0.013	1.14	10.58
Child-pugh score（Child B/C vs. A）	-5.93	3.25	-0.09	-1.82	0.070	-12.14	0.38
BCLC staging（Stage B/C vs. A）	-2.85	1.21	-0.13	-2.35	0.020	-5.25	-0.48
Metastasis（yes vs. no）	-0.48	3.70	-0.01	-0.13	0.898	-7.76	6.81
Current treatment（RFA vs. TACE）	-0.07	2.33	-0.00	-0.03	0.977	-4.61	4.58
Uncertainty	-0.34	0.13	-0.13	-2.51	0.013	-0.60	-0.08
Anxiety	-1.38	0.11	-0.64	-13.18	<0.001	-1.59	-1.18

$R^2 = 0.601$ （$F(15, 192) = 21.78, p < 0.001$）

Conclusion and Application to Clinical Care

The results showed that patients with RLC who had a job had a better quality of life, which is consistent with previous study (Kang et al., 2020). Patients with RLC who had undergone surgery had a better quality of life, which is consistent with previous stud (Lee et al., 2019). The more severe the stage of liver cancer, the poorer the quality of life of patients with RLC, which is consistent with previous study (Kang et al., 2020). In addition, this study found that uncertainty and anxiety were significantly and negatively associated with quality of life, which is consistent with previous studies (Tarhani et al, 2020; Verduzco-Aguirre et al., 2021). Therefore, when caring for patients in clinical settings, apart from providing medical assistance, health professionals can also provide patients with individual knowledge about the disease and medical treatment, depending on their occupation, the type of treatment they have received, and the stage of liver cancer. The results also found that the quality of life of patients with RLC is affected by the degree of uncertainty and anxiety about the disease. Therefore, in clinical care practice, in addition to providing patients with RLC with individualised care measures, assessing and managing physical problems and symptom distress, nursing staffs should help patients understand the extent and sources of uncertainty and anxiety, provide timely and correct information, offer psychological consultation and emotional support, enhance their ability to cope with the disease treatment process. The patient should learn to live with the uncertainty of the illness, reduce uncertainty and anxiety, and improve the quality of life.

Future studies could adopt a longitudinal design to explore the changes in uncertainty, anxiety and quality of life in patients with RLC undergoing different treatments. The scope of the study should be expanded to explore the causal relationship between uncertainty, anxiety and quality of life, in order to obtain more complete data and make the sample more representative and inferable. By tracking the history of different periods, it can also be used as a reference for different periods of care, so as to provide more effective care measures and move towards high quality cancer care, thereby improving patients' quality of life.

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