Effect of bladder cancer on patient lifestyle at Al-Najaf Al-Ashraf Oncology center

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Abstract: A descriptive study used to find effects bladder cancer on patient'slifestyle, the study was carried out the period from November 2016 to march 2017. The study aims to find out effect of bladder cancer on patient lifestyle at Al-Najaf Al-Ashraf oncology center. A purposive sample involved (25) patients who attended to the oncology Center. The data were collected using a screening questionnaire (main domain of life style), to determine the effect of bladder cancer on patient's life style. The study was analyzed by use of descriptive and inferential statistics. As a result of the study show the highest percentage increase was for males (72%), also show the bladder cancer effect on patient life style. The study concludes that the bladder cancer most commonly effected elderly people. And the study indicates that the majority of the study sample was married (84%). The study recommended the following special training sessions for nurses that working in the oncology center to improve their knowledge about life style problems related to the patient with bladder cancer which reflect on nurse's performance and create especial teaching room for nurses to educate the patients about their disease and developed their ability to improve quality of life.

Keywards: Effect, Cancer, Patient, Life style, Oncology.

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I. Introduction

Bladder cancer is the fourth most common malignancy in world (after prostate, lung, and colon cancers) and accounts for approximately 5–10% of all cancers in Europe and the United States(American cancer society,2015).Bladder cancer is the growth of abnormal tissue known as a tumor that develops in the lining of the bladder is happening. Spread of the tumor in some cases to the surrounding muscles. Lifestyle-related risk factors affect the chance of having bladder cancer such as family history People whose family members have had bladder cancer havea higher risk. People who inherit certain gene syndromes also have a higher risk of bladder cancer⁽¹⁾

Smoking is a key factor for bladder cancer incidence increases its incidence is two to four times when smokers and causing the death of about 50% of sufferers. That is why the cigarette smokers are exposed to more than twice the risk of developing bladder cancer than non-smokers, and heavy smokers are more likely to him a little bit compared to smokers. Bladder cancer is approximately five times more frequent in men than in women. It is estimated that in 2008, 27 out of 100,000 men and 5 out of 100,000 women developed bladdercancer. Of all cancers, bladder cancer is the 4th most common cancer in men, and the 13th most common cancer in women (2)

Bladder cancer mortality is strongly related to age. bladder cancer occurs most frequently in elderly people overall, 70% of patients developing bladder cancer are diagnosed after the age of 65 years, with the highest mortality rates being in older men and women and Cancer can affect all age groups even when human fetuses, but the risk incidence increases whenever human progress in age. (2).

The bladder cancer effect on patient's lifestyle as example, feeling fatigue is a very common problem during and after cancer treatment, fatigue lasts a long time after treatment and can keep them from staying active. Exercise can actually help reduce fatigue and the sense of depression that sometimes comes with feeling so tired, and eating right can be hard for most people, but it can get even tougher during and after cancer treatment. Treatment may change sense of taste. Nausea can be a problem. may not feel like eating and lose weight.⁽³⁾

Doctor gives the patient some general guidance to change lifestyle such as Quit smoking, reduce risk of infection, make dietary changes, Exercise regularly, manage fatigue, Seek support, and Comfort measures. All of these activities can help to life style changes to Strengthen body so that can withstand some of the rigors of treatment. Optimize the function of immune system to aid in the fight against cancer. Improve emotional outlook, so can enjoy life to the fullest, even during treatment for bladder cancer. And avoid other medical problems that could complicate health (4)

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Stage of bladder cancer Stage I. Cancer at this stage occurs in the bladder's inner lining but has not invaded the muscular bladder wall. Stage II. At this stage, cancer has invaded the bladder wall but is still confined to the bladder. Stage III. The cancer cells have spread through the bladder wall to surrounding tissue. They may also have spread to the prostate in men or the uterus or vagina in women. And Stage IV. By this stage, cancer cells may have spread to the lymph nodes and other organs, such as your lungs, bones or liver (5).

Bladder cancers that have grown large enough or have spread to other parts of the body may cause other symptoms, such as Blood in the urine. Not being able to urinate. Lower back pain on one side,Loss of appetite and Changes in bladder habits ⁽²⁾.

Optimal patient management requires an accurate knowledge of the stage and grade of the disease, and an appraisal of the risk of progression and recurrence is required to plan the best course of treatment. At every diagnostic and therapeutic step there exist opportunities to optimize outcomes. Recent advances in the management of bladder cancer include the use of fluoroscopic and cystoscopic detection, Radiation therapy, chemotherapy (National Cancer Institute. 2015). Cancer prevention requires smoking cessation, increased ingestion of fruits and vegetables, exercise, minimal meat consumption, and regular check-ups, in addition we provide evidence that cancer is a preventable disease that requires major lifestyle changes ⁽⁶⁾.

It's important for people to have comprehensive knowledge about typical causes, clinical manifestation, risk factor, complication of bladder cancer and know changes of lifestyle for patients. Bladder cancer common among men and women who have crossed the age of fifty cancers, but it can be seen in all ages, even among children, which is more frequent in males three times. This will be the future prospects for the most people are very good if you have been diagnosed and treated early. And about 80% of patients with bladder cancer live for more than five years after the treatment of the disease (7).

II. Methodology

Design of the Study:

Descriptive study designed to find effect of bladder cancer on patient lifestyle. The study was carried during the period from November 2016 to march 2017.

Setting of the Study:

The study was carried out in oncology center at of Al-Najaf Al-Ashraf City.

The Sample of the Study:

A purposive sample of (25) patiental oncology center who complain of bladder cancer.

The Study Instrument:

A questionnaire was developed for the present study to measure of life style of patients with bladder cancer. A questionnaire form was developed by the researchers to obtain appropriate answers, which includes:

Part one: demographical data include: (residence, sex, age, educational level).

Part two:medical history includes chronic conditions interfering with Ca-bladder: (Diabetes mellitus, Hypertension, chronic urinary tract infection. Trauma in pelvic area and Kidney stone)

Part three: main domain of life style includes:

A.psychological domain

B.physical domain

C. Dietary domain

D. Environment influence

E. Daily activity

Part four: Complication of bladder cancer include:(Urinary tract infection, Urinary retention Urinary incontinence, Constipation, Sexual problems, Abdominal pain, Anemia and Emotional impact).

Data Collection:

Data collection: the data were collected through using of a questionnaire format by interview with patient that available in oncology center.

Statistical data analysis:

Data are analyzed through the use of statistical package of socialsciences (SPSS) (version 17). The statistical procedures, which are applied for the data analysis and assessment of the results, included the following:

- 1. Percentage (%), and frequencies.
- 2. Standard deviation.
- 3. Chi-square.

III. Results

Table (1): Summery Statistics of the Patients' Demographic Data

Male	Demographic Data	Rating And Intervals	Frequency	Percent
Female	Condon	Male	18	72
Age / years	Gender	Female	7	28
State		40-48	2	8
Coccupation		49.00 – 56.00	3	12
T3.00+ 3	Age / years	57.00 - 64.00	7	28
Non-governmental employee		65.00 – 72.00	10	40
Retired 3 12 Housewife 7 28 Unemployed 11 44 Residency Rural 12 48 Rural 13 52 Marital status Single 4 16 Married 21 84 Illiterate 1 4 Read and write 13 52 Primary school graduated 6 24 Intermediate school graduated 3 12 Preparatory school graduated 1 4 College graduated 1 4 Underweight 1 4 Overweight 9 36 Obese 1 4 Economic status Medium 14 56 Low 11 44 Smoker 8 32 Non-smoker 17 68 1 4 16 2 3 12 5 1		73.00+	3	12
Housewife		Non-governmental employee	4	16
Housewife	Occumation	Retired	3	12
Residency	Оссирацоп	Housewife	7	28
Residency Rural 13 52		Unemployed	11	44
Namital status Single	Doridonov	Urban	12	48
Married 21	Residency	Rural	13	52
Married 21 84	Marital status	Single	4	16
Levels of education Read and write 13 52 Primary school graduated 6 24 Intermediate school graduated 3 12 Preparatory school graduated 1 4 College graduated 1 4 Underweight 1 4 Normal weight 14 56 Overweight 9 36 Obese 1 4 Low 11 44 Smoking Smoker 8 32 Non-smoker 17 68 Non-smoker 17 68 1 4 16 2 3 12 5 1 4 16 2 3 12 5 1 4 16 2 3 12 1 5 1 4 16 2 3 12 1 5 1 4 1 6 1 4 1 1 4 1 <td>Maritai status</td> <td>Married</td> <td>21</td> <td>84</td>	Maritai status	Married	21	84
Primary school graduated 6		Illiterate	1	4
Intermediate school graduated 3		Read and write	13	52
Intermediate school graduated 3	Levels of advection	Primary school graduated	6	24
College graduated 1	Levels of education	Intermediate school graduated	3	12
Underweight		Preparatory school graduated	1	4
Normal weight		College graduated	1	4
Overweight 9 36		Underweight	1	4
Overweight 9 36	Dada Masa Indan	Normal weight	14	56
Medium	Body Mass Index	Overweight	9	36
Low		Obese	1	4
Low	E	Medium	14	56
Non-smoker 17 68 Non-smoker 17 68 Non-smoker 17 68 1 4 16 2 3 12 5 1 4	Economic status	Low	11	44
Non-smoker 17 68 Non-smoker 17 68 1	G1*	Smoker	8	32
Number of packs / day 1	Smoking	Non-smoker	17	68
Number of packs / day 2 3 12		Non-smoker	17	68
	Name and a second second	1	4	16
Yes 18 72 No 7 28 <= 3	Number of packs / day	2	3	12
No 7 28 <= 3		5	1	4
No 7 28	Cocond hand amaken	Yes	18	72
	Second nand smoker	No	7	28
		<= 3	11	44
Duration of disease 4 - 8 12 48	Duration of disease	4 – 8	12	48
9+ 2 8		9+	2	8
Exist 6 24	Family bistons	Exist	6	24
Family history Not exist 19 76	ramily nistory	Not exist	19	76
c - 8 20 80	N I COL		20	80
Number of Sleeping hours $9+$ 5 20	Number of Sleeping hours		5	

Table (1): reveals that the majority of the study sample (72%) are male and the remaining are female, also shows that the vast majority of the study sample between(65–72) of age groups and accounted for (40%). In regarding to the subjects occupation, the most of study sample are unemployed (44%). Regarding to the subjects marital status, the majority of the sample are married and they accounted for (84%) of the whole sample. Relative to subjects level of education, the greater number of them read and write and they are accounted for (52%) of the sample. Also this table shows that that the majority of study sample within normal weight (56%) in related to the Body Mass Index. The above table also illustrates the economic status in terms of (low and medium), the greatest percentage of the subject responses were medium and they accounted for (56%) of the sample. In regarding to the subjects smoking, the majority of study sample are non-smoker and they accounted for (68%) of the sample. Also this table shows that the high percentage of study sample are (yes) about (72%) in related to the second hand smoker. In regarding to subjects' duration of disease the high percentage of study sample within (4-8) years. In addition, this table illustrates the family history in terms of (Existand Not exist) and greatest percentage of the subject were not existing and they accounted (76%) of the sample. Furthermore, this table also shows that the majority of study sample are sleep less than eight hours and accounted (80%) of study sample in regarding to their number of sleeping hours.

Table (2): Summery Statistics of the Patients' medical history includes chronic conditions interfering with Ca-bladder:

Medical History	Rating	Frequency	Percent
Diabetes Mellitus	Positive	6	24
Diabetes Melitus	Negative	19	76
Hymoutonoion	Positive	10	40
Hypertension	Negative	15	60
TI to a Thomas A Tuber Attack	Positive	16	64
Urinary Tract Infection	Negative	9	36
7D	Positive	7	28
Trauma	Negative	18	72
V: J., C4	Positive	9	36
Kidney Stone	Negative	16	64

The above table shows that the patients' medical history was negative in all disease (Diabetes Mellitus, Hypertension, Trauma and kidney stone) except in urinary tract infection there is positive history about (64%) of study sample.

Table (3): Summery Statistics of the Patients' Responses to the Physical Domain Items

Items	Rating	Freq.	%	m.s.	Assessment	
	Always	9	36			
Do suffer from discomfort and pain	Sometimes	10	40	1.88	Moderate effect	
	Never	6	24			
Do suffer of discomfort during movement	Always	9	36			
	Sometimes	9	36	1.92	Moderate effect	
	Never	7	28			
	Always	7	28			
Do suffer of discomfort during exercise	Sometimes	9	36	2.08	Moderate effect	
	Never	9	36			
Do you feel fatigue during walking 1km	Always	8	32	1.72	Moderate effect	
	Sometimes	16	64			
TKIII	Never	1	4			
D f1 f-4 dll	Always	7	28		Moderate effect	
Do you feel fatigue during walking 3km	Sometimes	11	44	2		
Skill	Never	7	28			
D	Always	10	40			
Do you feel fatigue during walking more 3km	Sometimes	6	24	1.96	Moderate effect	
more 3km	Never	9	36			
you can go to sleep easily	Always	10	40		Moderate effect	
	Sometimes	7	28	1.92		
	Never	8	32			
Do you suffer insomnia during sleep	Always	12	48			
	Sometimes	8	32	1.72	Moderate effect	
	Never	5	20			

Table (3) shows that the study sample is moderately effected indicating by their responses to the physical domain items.

Table (4): Summery Statistics of the Patients' Responses to the Psychological Domain Items

Items	Rating	Freq.	%	m.s.	Assessment
	Always	1	4		
Do you feel sad?	Sometimes	9	36	2.56	Low effect
	Never	15	60		
	Always	9	36		
Do you feel anxious?	Sometimes	13	52	1.76	Moderate effect
	Never	3	12		
	Always	9	36		Moderate effect
Do you feel depressed?	Sometimes	13	52	1.76	
	Never	3	12		
	Always	14	56		Moderate effect
Do you need helping others?	Sometimes	10	40	1.48	
	Never	1	4		
does it hurt you when People talk about your	Always	10	40	1.96	Moderate effect
disease?	Sometimes	6	24	1.70	

	Never	9	36		
	Always	15	60		
Do you think about family future?	Sometimes	7	28	1.52	Moderate effect
	Never	3	12		
Do you think of treatment east?	Always	20	80	1.2	Moderate effect
Do you think of treatment cost?	Sometimes	5	20	1.2	Model are effect
	Always	5	20		
Do you think of disease progress?	Sometimes	13	52	2.08	Moderate effect
	Never	7	28		
	Always	5	20		
Do you have problem in remembering?	Sometimes	16	64	1.96	Moderate effect
	Never	4	16		

According to the mean of score the above table shows that the bladder cancer has moderately effect on all item of patient psychological domain except when the patient asked "do you feel sad?" which reflect low effect.

Table (5): Summery Statistics of the Patients' Responses to the Dietary Domain Items

Items	Rating	Freq.	%	m.s.	Assessment
	Always	13	52		
Do you drink enough water	Sometimes	8	32	1.64	Low effect
	Never	4	16	1	
	Always	6	24		Moderate
DO you use a lot of salt?	Sometimes	8	32	2.2	
·	Never	11	44	1	effect
	Always	4	16		
Do you use high sugar?	Sometimes	12	48	2.2	Moderate effect
	Never	9	36	1	
Do you eat a lot of red meat?	Always	1	4		Moderate effect
	Sometimes	16	64	2.28	
	Never	8	32		
Do you take fruit?	Always	6	24	1.76	Moderate effect
Do you take fruit:	Sometimes	19	76		
Do you take high vegetable?	Always	14	56	1.44	Low effect
Do you take high vegetable:	Sometimes	11	44	1.44	
	Always	1	4		Moderate
Do you eat any food seem to irritate in such as fires	Sometimes	9	36	2.6	effect
	Never	15	60		chect
Do you take dairy products	Always	6	24		Moderate
	Sometimes	17	68	1.84	Moderate effect
	Never	2	8		chect
	Always	5	20		Moderate
Do you eat beans, peas, squash and yams?	Sometimes	8	32	2.28	effect
	Never	12	48		

This table shows that the patients with bladder cancer are moderately effect in almost items related to dietary domain.

Table (6): Summery Statistics of the Patients' Responses to the Environmental Domain Items

Items	Rating	Freq.	%	m.s.	Assessment	
Does thereany factories in your area?	Always	2	8	2.84	Low effect	
Does thereany factories in your area:	Never	23	92	2.04	Low effect	
	Always	2	8			
Does there air polluters in your area?	Sometimes	12	48	2.36	Low effect	
	Never	11	44			
Does there chemicals or radiations in your area?	Never	25	100	3	Low effect	
Does there noisy surrounding?	Sometimes	23	92	2.08	Moderate effect	
	Never	2	8	2.08		
	Always	15	60			
Does it good to drink filtered water?	Sometimes	6	24	1.56	High effect	
	Never	4	16			
Does area crowded?	Always	7	28			
	Sometimes	12	48	1.96	Moderate effect	
	Never	6	24			

According to the mean of score, this table depicts that patient with bladder cancer have low and moderate effect by environmental domain except with item (Does it good to drink filtered water?) there were high effect.

Table (7): Summery Statistics of the Patients' Responses to the Daily Activity Domain Items

Items	Rating	Freq.	%	m.s.	Assessment	
A	Sometimes	6	24	2.76	II: -1664	
Are you practice exercise and fitness?	Never	19	76	2.70	High effect	
	Always	13	52			
Do you make time for rest and relaxation?	Sometimes	10	40	1.56	Low effect	
	Never	2	8			
	Always	16	16 64			
Are you interested in personal hygiene?	Sometimes	8	32	1.4	Low effect	
	Never	1	4			
D C	Always	15	60			
Do you Communicate with friends and relatives?	Sometimes	7	28	1.52	Low effect	
Telatives.	Never	3	12			
Do you wear baggy cloth?	Always	4	16			
	Sometimes	8	32	2.36	High effect	
	Never	13	52			

This table shows that the bladder cancer has low effect on patient daily activity except in items (Are you practice exercise and fitness? Do you wear baggy cloth?) there is a high effect.

Table (8): Overall Patients' Responses to the Studied Domains with Overall Assessment of patients' life style

Studied Domains	Rating	Freq.	%	m.s.	Assessment	
	Low Effect	6	24		36.3	
Psychological Domain	Moderate Effect	13	52	2.0	Moderate Effect	
	High Effect	6	24		Effect	
Physical Domain	Moderate Effect	20	80	2.2	Moderate	
Physical Domain	High Effect	5	20	2.2	Effect	
Dietary Domain	Moderate Effect	21	84	2.16	Moderate Effect	
Dietary Domain	High Effect	4	16			
Environmental Domain	Low Effect	16	64	1.36	Low effect	
Environmental Domain	Moderate Effect	9	36	1.50	Low effect	
	Low Effect	6	24		Madamata	
Daily Activity Domain	Moderate Effect	18	72	1.80	Moderate Effect	
	High Effect	1	4			
Overall assessment of	Low Effect	3	12	1 00	Moderate	
patients' Life Style	Moderate Effect	22	88	1.88	Effect	

Table (8) depicts over all response of patient with Ca-bladder on life style, the table shows that the all domains has an effect on bladder cancer except the environmental domain shows low effect.

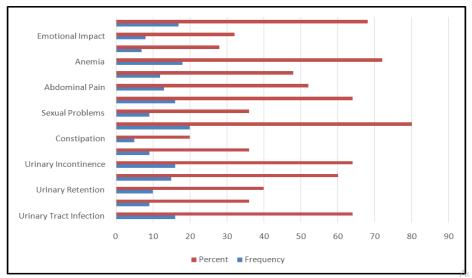


figure (1): Summery Statistics of the Patients' Responses to the Ca-Bladder Complications

This figure reveals that all complication has negative effect on Ca-bladder patient except urinary tract infection which has a positive effect.

IV. Discussion

Part – I: Discussion of Demographic characteristics for patient with bladder cancer:

The study result show that majority of the age of patients were within 40 years and above, and the majority of the study subjects (72%) male, also more patients is a marriage and socio – economic status is enough, and the living in urban residential area (48%) and the rural area is (52%), While Study result show that of smoking were 32% smoker. AlsoStudy result show that Family history were (24%), and Study result show that Number of Sleeping hours \leq 8 were (80%) all of those results came along with study of .⁽⁸⁾

Part – II: Discussion of Medical history:

Wright and Porter, 2007, show that the urinary tract infection is the main complication among patient with Ca-bladder. Which have a similarity with our study when shows that that majority of study sample (64%) complain of urinary tract infection, while (40%) of study sample complain of Hypertension and (36%) of study sample complain of Kidney Stone).

Part -III: Discussion of main domains of lifestyle:

In their studiescomes along with our results regarding domains of lifestyle. (9.10.11)

V. Conclusions

Based on the study results the researchers concluded that:

The study confirms that the bladder cancer most occurs in male than in female. The study confirms that the bladder cancer most commonly effected elderly people. The study indicates that the majority of the study sample were married Most of the study sample were Unemployed.Urinary tract infection is the main complication among patients with bladder cancer. Bladder cancer affectspositively the patient's life style.

VI. Recommendations

Base on the result of the present study the researcher recommended are following:

- Special training sessions for nurses that working in the oncology center to improve their knowledge about life style problems related to the patient with bladder cancer which reflect on nurse's performance.
- Create especial teaching room for nursesto educate the patients about their disease and developed their ability to improve quality of life.
- 3. Provide and develop posters and pamphlets about way overcoming problems in the patient's life.
- 4. Further studies required with large sample.

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