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Quality of life of head and neck cancer patients during and after therapy

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Introduction

The management of head and neck cancer patients is a multidisciplinary approach. Especially patients with persisting maxillofacial defects after surgery experience a restriction of their quality of life during and after therapy. The evaluation of quality of life has become an important aspect in the medical treatment of cancer patients. In dentistry, however, only few information is available how head and neck cancer patients feel during and after therapy.



Aim of the study

The purpose of this study was to investigate how cancer patients with maxillofacial defects (tumour group) evaluate their quality of life compared to a non-tumour control group with multiple tooth extraction. It is known that patients with a long history of medical treatment adapt to their specific situation (coping phenomenon) and that differences in the global quality of life in comparison with a control group are difficult to detect. So additionally, changes in quality of life during the multidisciplinary therapy were assessed retrospectively.

Material and Method

- All patients completed their therapy (prosthetic rehabilitation included) between 1995 and 1999.
- Tumour group 17: (14 male, 3 female), age 61,7 years (+ 6,3), range 52-78 years.
- Control group 17: (13 male, 4 female), age 53,4 years (+8,3), range 39-68 years.
- Global quality of life was measured with a standardized questionnaire (EORTC QLQ C-30).
- Patients were interviewed in a standardized format to obtain their retrospective views of quality of life during therapy (Cantril scale).

Results

- At the time of investigation, no significant differences in global quality of life were found between both groups.
- The interview, however, showed that the diagnosis, the surgery and the radiotherapy were the most incriminating periods of the therapy for the head and neck cancer patients (Fig. 1).

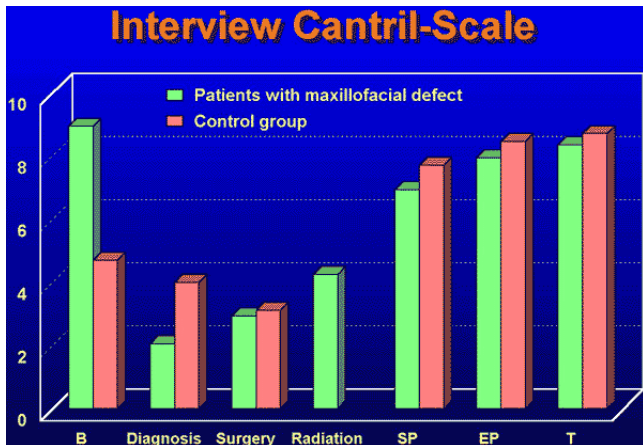


Fig. 1: B= Time before diagnosis, SP= Start of prosthetic treatment, EP= End of prosthetic treatment, T= Time of investigation

Conclusion

Especially the results of the interview indicate that patients with maxillofacial defects need professional psychological support starting with the diagnosis and proceeding at least throughout the radiotherapy. It is remarkable that there was no significant difference in quality of life at the time of investigation between both groups.

This poster was submitted by Dr. Katrin Hertrampf.

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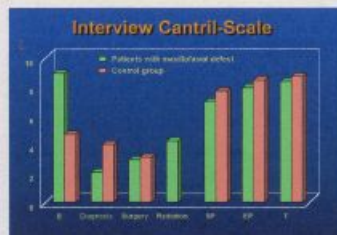


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