

Objectives. This study aims to assess the beliefs and fears of patients about this technique before its application. Besides it analyzes the clinical symptoms of anxiety and depression associated.

Methods. Prospective and longitudinal study, with two measurement times (before RT application and after). Was performed in Group IMO Foundation with a sample of 50 patients with various oncology diseases, undergoing conventional radiotherapy. The assessment procedure was: (a) ad hoc questionnaire beliefs about radiotherapy; (b) anxiety and clinical depression questionnaire, and (c) satisfaction with the information received scale. Analysis: It will be a descriptive analysis of the characteristics of the population-level sociodemographic, clinical and satisfaction with the information. It will apply a correlation analysis between symptoms of anxiety and depression and beliefs about RT. On the other hand, it will use a nonparametric test (Wilcoxon) to determine the change in beliefs about RT and anxiety-depression.

Conclusions. Adequate information on cancer treatments reduces uncertainty, promotes treatment compliance and minimizes stress (Cruzado, 2010). It is therefore important not only explain the medical procedure but also the reason for using the same and the effects produced (Cruzado and Olivares, 2005).

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Potential benefits of Nordic Walking on patients undergoing radiotherapy treatment

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Introduction. There has been growing evidence during the last decade on the benefits of physical exercise as an intervention to control cancer related side effects such as cancer related fatigue (CRF) and pain. Nordic Walking (NW) is a physical activity with great physiological and psychosocial advantages over more traditional aerobic types of exercise such as walking or running. It consists on adding a pair of specific poles, that help propel the body forward, to the normal walking pattern. In this way the work of the upper and lower body is integrated in a symmetric and balanced way.

Objectives. To determine the potential benefits from NW as a physical exercise indicated for patients undergoing radiotherapy.

Methodology Literature review.

Results. NW significantly increases oxygen consumption, heart rate and energy expenditure when compared to normal walking at the same speed, however, and due to the effort being spread between the upper and lower body, the perceived exertion remains low. NW can therefore result in significant physiological benefits without increased perceived exertion. This is particularly relevant when considering adherence to exercise programs.

Conclusions. NW as an intervention to improve the physical fitness of patients undergoing radiotherapy can potentially result in better physiological outcomes when compared to other forms of aerobic exercise. Moreover, it is related to lower perceived exertion which can palliate the poor adherence to exercise programs. There is a need for randomized controlled trials using NW as an intervention in order to produce evidence and inform future practice.

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Psychosocial assessment during radiotherapy adjuvant breast cancer

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Introduction. Women with breast cancer might develop psychological distress including anxiety and depression during diagnosis and treatment and after treatment. Most women's lives change as well as their perspectives on and appreciation of life.

Objectives. The purpose of this study was to examine the experiences of breast cancer patients during adjuvant radiotherapy.

Materials and methods. Women with radiotherapy breast cancer at the Hospital "Puerta del Mar", Cadiz, in October 2012 were included in the study. We asked them to provide written informed consent. We used a psychosocial impact test developed by the Department of Medical Oncology at the University Hospital Marques de Valdecilla, Santander. Answers evaluation: depression and anxiety test >5 needs psychological support. Twenty-five patient consented to participate in the study. They answered the questionnaires in privacy and they could choose the questions they wanted to answer. Patients age was 53.91 years (36–81). Level of education: primary: 44%, secondary: 32%. Coping with the disease and treatment: Acceptance: 28% (7/25). Active coping: 28%. Resignation: 28%. Principal carer: Partner 40% (8/25), family 40%.

Results. Trait depression, score from 0/10: 0: 44%, < 5: 72% (18/25); ≥5: 28% (7/25). Trait Anxiety: 0: 32%; <5: 84%; ≥5: 16%. Questionnaires: Have you felt pain?: No/low: 84%. Have you felt nauseated?: No: 96%. Were you tired?: No: 64%. Have you had trouble sleeping?: No: 64%. Do you feel nervous? No: 72%. Were you worried?: No: 84%. Did you feel irritable?: No: 84%. Does it affect your family life?: No: 80%. Does it affect your sex life?: No: 60%. Pretty/a lot: 20%, NS/NC: 20%.