

Joint Event on

PEDIATRICS, NUTRITION & PRIMARY HEALTHCARE NURSING

July 16-18, 2018 Dubai, UAE

Cancer in the elderly: Barriers and challenges

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World population is experiencing an aging process. Life expectancy has increased dramatically in recent years. This means challenging social, economic and health. Cancer is much more common in the elderly. The rapid decline in mortality from circulatory problems (2335 per 100,000) causes tumors either the second leading cause of death (2261 per 100,000) and close to the first. The figures that we have about the attitude of this group talk us about more pessimism and less information about cancer, while less knowledge and a passive coping. The fatalism and paternalistic model makes it a group harder to get messages about health issues and monitoring on the attitude of early detection and/or prevention is not considered. We see that a person is 65-70 years ahead enough in how to talk about cancer prevention and valuable to analyze effective strategies for early diagnosis. Given these assumptions we consider the growing problem of elderly is not only quantitative but also qualitative characteristics for meeting the humanitarian big social problem in general and especially when referring to the rising incidence of cancer within this group, their lack of information towards prevention and early diagnosis and poor prognosis observed among the oldest. We interviewed 814 old people, using a semi structured questionnaire created by us for this purpose. Our work focuses knowledge and attitudes to cancer in the elderly in five main areas cancer related: misbeliefs and attitudes, prevention and early detection, treatment, research and psychological needs. Our preliminary results points at low knowledge, specially low awareness as a sample more prone to get cancer (only 28% is aware of this), 5% still believe in a punishment causation, only 6% knows the European code against cancer but some statements of this code are well-known (for instance 94% smoking); 84% points at mammography as a tool to early detection but only 44% to PSA; 37% reported that they preferred not to receive treatment if they had cancer because they felt it was not worth for them and 70% would prefer to be fully informed of their diagnosis and prognosis. This is a summary of the work that is presented. The conclusions are that old people, have lack of information and passive attitude towards chances of prevention and have a resignation towards cancer. However, the most striking figure is the low percentage that feels themselves as a risk population. Much of them think that cancer is not very likely at their age. Further research is done now in two lines: comparing with other countries to ascertain how cultural aspects may be a bias on these results before attributing them completely to age; A clinical trial to find out which is the best tool to improve these results.

Biography

Tatiana Estapé completed her Degree in Psychology in 1988, in the Autonomous University of Barcelona. In 1988, she attended the first APT (Adjuvant Psychological Therapy) for cancer patients in the Royal Marsden Hospital, directed by Dr. Maggie Watson, chief of Psychological Medicine Department. She is Clinical Observer in September-October 1988 in the Royal Marsden Hospital. She is Postgraduate in Statistical Methods in Health sciences, in 1989, Autonomous University of Barcelona. She is specialized in Clinical Psychology in 1991, in the Psychiatry Department, Clinic Hospital, Barcelona University. From 1992 to 1999 granted in the Oncology Department of the Hospital Clinic. She is de psychooncology director in FEFOC Foundation, Barcelona, Spain, from 1992 to present. She is associate professor in Open University of Catalonia, Manresa University and co-director of the Barcelona University Master on Psychooncology.

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