

## Primary health care services with diagnosis of tumor asthenia

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### Abstract

**Background:** Tumor asthenia (TA) or tumor asthenic syndrome may be a complex multidimensional syndrome that affects all areas of the person: physical, cognitive, psycho-emotional and social, significantly decrease their quality of life. It seems to be associated with the tumor type and, above all, to the clinical condition. Etiologically it appears to be associated with substances produced by the tumor, comorbidity (anaemia, malnutrition, endocrinopathies, infection), psychosocial factors, pain, insomnia and/or, above all, to side effects of some treatments.

**Keywords:** Multidisciplinary team, Palliative care, Palliative patients, Clinical trial designs

### INTRODUCTION

Minton and collaborators include asthenia as a part of the “symptom cluster”, i.e. the presence of two or more synchronous symptoms which will have a standard etiology. this is often critical for further evaluation and treatment. Bruera and collaborators differentiate the TA between primary and secondary asthenia. Being the first, the one related to a primary or malignant tumor, and therefore the secondary one that's related to anemia, cachexia, alterations of cognitive or spirit (depression), tiredness, endocrine-metabolic alterations, pain, infections, physical deterioration, or side effects of treatments. within the etiology of primary TA, several mechanisms are postulated: hypothalamus-pituitary imbalance, tumor metabolism, host immune response or cancer treatment by increasing pro-inflammatory cytokines (interleukins (TNF-alpha, IL-1, IL-6 or IL-7) and a decrease in anti-inflammatory cytokines (IL-4, IL-5 or IL-10). Fang et al, have revealed the existence of molecular pathways related to TA.

### METHADODOLOGY

Prevalence ranges from 35% in neoplastic patients without specific treatment to 99% during or after chemotherapy and radiotherapy. Richardson and colleagues established that up to 45% of patients don't mention this symptom because they think there's no treatment. this is often critical for further evaluation and treatment. Bruera and collaborators differentiate the TA between primary and secondary asthenia. Being the first, the one related to a primary or malignant tumor, and therefore the secondary one that's related to anemia, cachexia, alterations of cognitive or spirit (depression), tiredness, endocrine-metabolic alterations, pain, infections, physical deterioration, or side effects of treatments. within the etiology of primary TA, several mechanisms are postulated: hypothalamus-pituitary imbalance, tumor metabolism, host immune response or cancer treatment by increasing pro-inflammatory cytokines (interleukins (TNF-alpha, IL-1, IL-6 or IL-7). Therefore, it's an underdiagnosed and undertreated problem as its expression by the patient is complex.

### Result

Once the Pathogenesis is established the scales that are designed for the diagnosis of TA differ between people who measure primary asthenia primary or one-dimensional (Brief Fatigue Inventory, Fatigue Severity Scale, Rhoten Fatigue Scale, etc.) and the multidimensional (Fatigue Symptom Inventory, FACT, Facit-F, EFAT, MSI-20, etc.). the primary measure the intensity of the asthenia. they're brief and good screening methods, but don't allow them to get used. When done properly, they need good internal consistency and re-test reliability. The multidimensional, longer, assess quantitative and qualitative aspects of asthenia. they permit you to match studies and identify specific mechanisms of fatigue. The individual validity of the sub-coves varies, sometimes its reliability is unacceptable.

### DISCUSSION

In a second stage, reliability, validity and sensitivity to vary was assessed establishing a correlation with the Perform cuestionario that presented good reliability with extreme scores.

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## CONCLUSION

Due to the characteristics of clinical practice in medical care (care pressure, poor training in Oncology and Palliative Care, etc.), a questionnaire was designed to spot and quantify the degree of asthenia in cancer patients, during a simple and effective way. so as to homogenize diagnostic criteria, asthenia was defined consistent with the standards of the classification of internalization to diseases-10 (ICD-10), that's why we created a questionnaire supported those criteria and given the name of the modified ICD-10 questionnaire (ICD-10m). Impleamosthe Karnosky index (KI), a widely used and well-known functionalscale, so as to graduate the ICD-10m questionnaire to detect and stratify the degree of TA.

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