

The Link between Chemotherapy-Induced Side Effects and Health-Related Quality of Life in Breast Cancer Patients

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EDITORIAL

Chemotherapy does not only damage cancer cells; it also affects all other cells in the body, to a greater or lesser extent. This toxicity should be evaluated in terms of its severity, frequency, and duration, taking into accounts both objective and subjective factors. This assessment is extremely important while caring for chemotherapy patients, owing to the treatment's impact on the patient's quality of life as well as the significant danger it may entail in some circumstances. The goal of this study was to see if there was a link between chemotherapy-related side effects and health-related quality of life in breast cancer patients. Chemotherapy (QT) does not only damage cancer cells; it also affects all other cells in the body, to a greater or lesser extent. Hair follicles, bone marrow, digestive tract cells, and reproductive system cells are the cells most impacted by chemotherapy's cytotoxic effect because they share traits with tumour cells, particularly high-speed cell division. As a result, chemotherapeutic therapies have a variety of side effects on the rest of the body, some of which are more dangerous than others: These are known as unfavourable reactions or side effects. An Adverse Drug Reaction is defined by the World Health Organization as a noxious and undesired response to a medicine that occurs at levels usually used in man for disease prevention, diagnosis, or therapy, or for the alteration of physiologic function. This toxicity should be evaluated in terms of its severity, frequency, and duration, taking into accounts both objective and subjective factors. The former are those that can be assessed by a physical examination or laboratory tests, whilst the latter are those

that induce symptoms that are unrelated to evaluable physical indications or analytical changes and must be reviewed solely during a medical consultation. Because many of the adverse responses could be avoided or mitigated by undertaking a complete examination after each treatment cycle, monitoring chemotherapy-associated toxicity is important. The prospect of preventing or limiting chemotherapy-associated toxicity is a critical part of cancer patient treatment, mostly because of the negative influence it has on the patient's quality of life, as well as the significant risk it can provide in some cases. Oncologists usually keep, reduce, or postpone the next chemotherapy cycle based on the toxicity data collected. Underestimation of adverse events can lead to a lack of dosage changes when they're needed, and the uncorrected dose can repeat or exacerbate the difficulties from the previous cycle, resulting in higher morbidity, needless hospitalizations, or the need for chemotherapy to be stopped early. Furthermore, patients undervalue adverse reactions by viewing them as a normal part of the treatment, and even as a sign that the treatment is "working," as demonstrated in a descriptive comparative study. Patients perceive these adverse reactions as disabling, but they often regard them as a normal part of the treatment. Furthermore, because patients must wait until their next checkup to report any toxicity episodes, memory biases are likely to affect incidence and intensity. However, persistent adverse reactions during chemotherapy cycles can have a significant impact on a cancer patient's quality of life by disrupting metabolic balance, lowering mental performance, deteriorating self-care and functional capacity, and even increasing the risk of chemotherapy treatment withdrawal.

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