



DETERMINANTS OF QUALITY OF LIFE IN NON-HODGKIN LYMPHOMA PATIENTS: MOLDAVIAN EXPERIENCES

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Context

Modern treatment of non-Hodgkin lymphoma (NHL) allows for complete remission and extends patient lifespan, but at the same time, psychological and somatic complications reduce the patients' quality of life.

Objective

Evaluation of the quality of life in new patients with NHL in Republic of Moldova.

Materials & Methods

The study included 83 new patients in the Hematology Department: 34 with indolent NHL and 49 with aggressive NHL. Health-related quality of life was assessed based on the QLQ-C30 version 3 questionnaire, which reflects independence, physical health, psychological health, and social relationships.

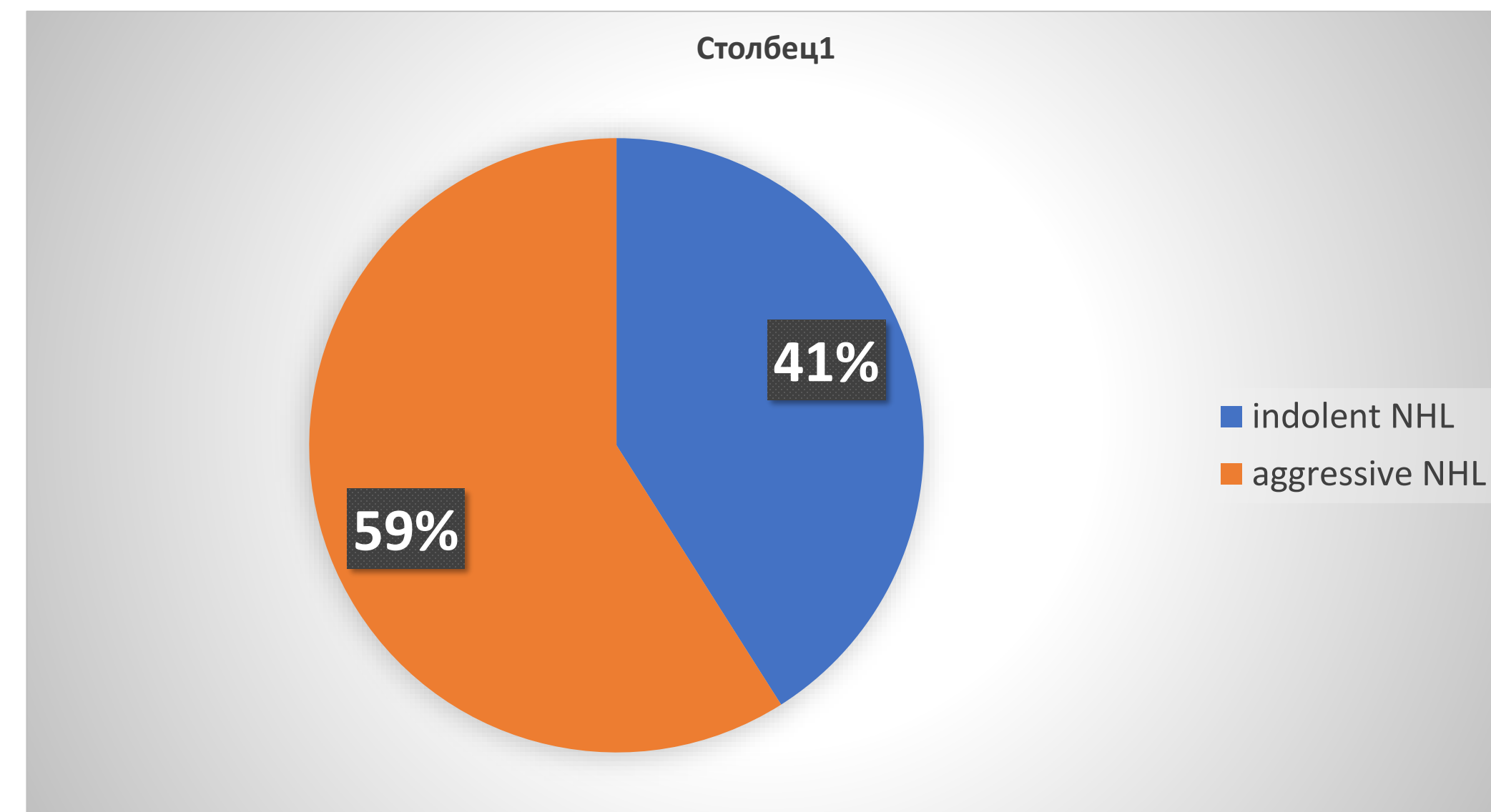


Figure 1. Distribution of patients according to NHL type.

Results

The average age of patients was 48.4 years (i-v 32–77). A study revealed higher scores when assessing functional parameters and global health status, indicating a better quality of life. The symptom scale higher scores indicate a poorer quality of life for new patients. Functional scales in aggressive NHL ranged from 13 to 100 points, with a predominance of higher values in men (81%). The symptoms scale in aggressive NHL varied between 10–75 points, with a predominance of less than 30 in 70% and in indolent NHL in 63% of cases. The global health status of patients with an aggressive NHL was assessed, with scores ranging 16–83. A score higher than 70 was assessed in 24% of cases. In 36.8% indolent NHL cases, the global health status was assessed more than 70 points, the score varying between 25 and 100. A “better” global health status was assessed in 50% of men with indolent NHL, as opposed to 20% in aggressive NHL.

Discussion

The majority of the adult NHLs are of B-cell origin [1, 2]. The average age of involvement is about 50 years [3]. This was found in our study by assessing B-cell NHLs in patients with a mean age of 48.4 years.

The response to treatment, the survival being considered biomedical criteria and become even more important when they are analyzed in terms of patient's quality of life, that characterizes physical, emotional, social well-being and normal functional ability [4, 5].

Modern treatment of NHL patients allows their life to be extended, but at the same time the difficulties associated with them, psychological and somatic complications present a risk to decrease the quality of life of patients [6]. The quality of life as a prognostic factor has not been studied extensively in patients with hematological malignancies, including NHLs [7]. The review of the literature reflects the lack of unified general criteria for assessing the quality of life of NHL patients. The EORTC QLQ-C30 version 3 questionnaire of patients in our study was lower than that of patients with hematologic malignancies from high-income countries [8, 9]. The EORTC QLQ-C30 version 3 questionnaire has a strong prognostic value for the overall survival of different cancer populations in a “real” setting of the Dutch register PROFILES [10].

This is the first nationally representative study of quality of life in patients with NHL [11]. These patients have symptoms that deserve attention. Health related quality of life is an important issue in lymphoid malignancies [12]. It is necessary to expand the research beyond simply assessing the size of the symptoms.

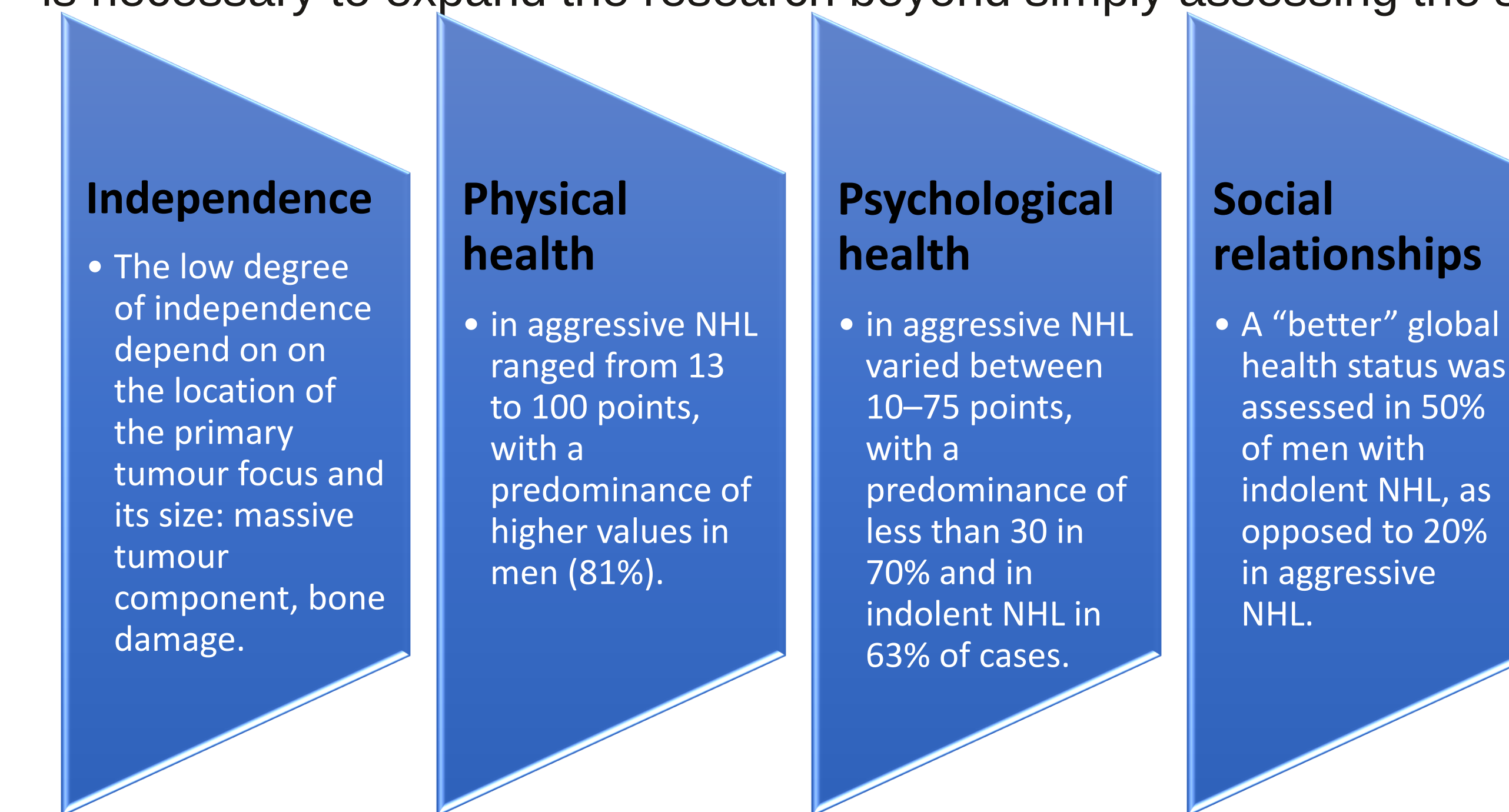


Figure 2. The evaluation according to the QLQ-C30 version 3 questionnaire.

Conclusion

To our knowledge, this is a first study to examine the quality of life in NHL patients in the Republic of Moldova. The results of the evaluation according to the QLQ-C30 version 3 questionnaire did not depend on the stage of the lymphoma. We have demonstrated that the higher the values of the functional scales, the higher the level of patient satisfaction with social relationships and activity. The higher the degree of symptoms, the more vital activity and other aspects of the quality of life of NHL patients are limited.

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