

EVALUATING CACHEXIA ASSESSMENT SCALE (CAS) TO IDENTIFY CANCER CACHEXIA IN DHARMAIS NATIONAL CANCER HOSPITAL

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Abstract

Cachexia is a common problem for cancer patient in end stage. It is devastating consequence of cancer and it is associated with several negative outcomes including poorer response to cancer treatment, increased treatment side effects lower quality of life and increased depression among patients and family. The early identification of patients at risk for cachexia particularly during early stages can be an important approach. Although literature stresses the need to asses cachexia, evidence prove that no tool adequately has been accepted as gold standard. The aim of this study was to develop and evaluating a simple tool for nurse which could identify patients with cancer cachexia throughout all stages of diseases. Design of this study was qualitative study. Cachexia Assessment Scale (CAS) from previous researcher was modified and translated into Indonesia language. Purposive sampling methods established in this study involved 9 nurses. Semi structured interviews were recorded digitally, transcribed, and analyzed using thematic and interpretative analysis. The current study showed detail information about evaluating cachexia assessment scale tool within five main themes, namely : 1) the language was understandable, 2) the checklist system was preferred, 3) the diagnostic result was easy to be accessed 4) the scoring method was unfamiliar 5) the follow up plan after the scoring need to be considered. Study results show that Cachexia Assessment scale (CAS) is communicative tool, simple tool and easy tool for nurse. CAS can also discriminate the symptoms that cause cachexia from the side effects of treatment. But the scoring systems need to be informed among nurses.

Keywords : Identification, cancer, Cachexia assessment scale,

BACKGROUND

Patient with cancer are susceptible to loss their weight. Weight loss is influenced by the metabolism of cancer cells that trig to increase the body metabolism and therapy effect that patient get. Weight loss in patient with cancer was named *cachexia*. Weight loss in *cachexia* is very unique and different with other causes on weight loss such as nutrient starvation, *anorexia*, and *fatigue*. Nurses have ideal position to give support, opinion, and providing care directly to patient with *cachexia*. Nurses must know the appropriate nutrition to

client and have a high awareness of the changes in nutritional status of clients at every stage of disease. Therefore, *cachexia* assessment must be conducted as early as possible.

Nurses hold on important role in the early assessment of *cachexia* in order to provide appropriate intervention in handling patient with *cachexia* (Finley, 2003). The clinical ability to assess *cachexia* is important things in identifying and solving the problems associated with nutrition in patients with cancer. Every patient with cancer should have screening

nutrition at the time of diagnosis and regularly evaluated within period time to prevent malnutrition early and modify the plan of care that will be provide (Brown, J.K., 2002)

In Dharmais Cancer Hospital there is no special assessment about *cachexia* that nurses can do. During this time, the assessment of patient nutrition carried out by department of nutrition by using *Subjective Global Assessment (SGA)* that already modified by Dharmais Cancer Hospital itself. Modified SGA contains five point of question. But, this scale is not sensitive enough to assess patient nutrition especially *cachexia* because, the assessment is not include creatinine and albumin value. Albumin and creatinine value is a sensitive indicator when assess nutrition of the patient (Tisdale, 2002). Bases on that phenomenon, *cachexia* has not been indentified well by the nurses whereas nutrition assessment is one of priority assessment when performing nursing care. Nurses who are the closest person to the patient are the main line in this assessment. Therefore, *cachexia* assessment in nursing formats is absolutely to have and disseminate to the nurse so that the nurse can early identify *cachexia*.

Therefore, the aim of this study was to evaluate the use of *cachexia* assessment

scale to identify cancer *cachexia* in patients.

METHODS

Design of this study was qualitative study. *Cachexia Assessment Scale (CAS)* from previous researcher was modified and translated into Indonesia language. Purposive sampling methods established in this study involved 9 nurses. Semi structured interviews were recorded digitally, transcribed, and analyzed using thematic and interpretative analysis.

RESULTS

The instrument that used in *cachexia* assessment is *Cachexia Assessment Scale (CAS)* developed by Gabison et al, 2010. CAS consisted on three parts. The first part consisted of patient demographic data and clinical data include age, diagnose, stadium of cancer, and pervious medical history. The second part consist thirteen points associated with *cachexia* assessment. The thirteen points is divided into four categories namely general status, physical assessment, laboratory test, gastrointestinal system assessment. Every statement will be given a score between zero to four. Zero score is normal scores, whereas if the score closes to four, it showing severity of the symptom. The third part of CAS is he summary of the second part. *Cachexia* level was categorized by the result from total sum in the third part. This

instrument has been proven valid and reliable because having $p < 0.001$ and $r > 0.95$.

The current study showed detail information about evaluating cachexia assessment scale tool within five main themes, namely : 1) the language was understandable, 2) the checklist system was preferred, 3) the diagnostic result was easy to be accessed 4) the scoring method was unfamiliar 5) the follow up plan after the scoring need to be considered.

Discussion

Assessment is one of nursing process that requires critical thinking to produce an appropriate nursing diagnose and nursing intervention to increase patient healthy. Nursing assessment will be a baseline data to identify nursing problem (Moyet, L. J. C., 2010). Therefore, assessment is the important initial phase in determining the patient needs. Early detection of *cachexia* will help patient to improve their quality life through improved nutritional status. Because, a good nutritional status will improve the resilience of the patients body when fight against cancer and against the side effect of cancer therapy. In addition, early *cachexia* detection also prevent psychological problem caused by *cachexia* such as self-concept disturbance, impaired social

interaction, and family conflict. This is line with the fourth and fifth pillar concept from PEOL theory that is increase self-esteem and meaningful closeness with people where this two things was support a good quality life in the end of life (Tomey & Alligood, 2006).

The result of the evaluation of the use of *Cachexia Assessment Scale* format in Dharmais obtained:

- 1) The language was understandable
Cachexia assessment component in a format which developed by writer is quite communicative and easy to be understood. It is also sensitive in providing *cachexia* clinical assessment in patient with cancer. Nurses can use this assessment instrument to monitoring the patients weigh, caloric intake, response to nausea, vomiting, and appetite changes of the patient so *cachexia* will be early detected. This assessment format is not too complicated and easily to do. The average time required by nurses to fill this form is three seconds.
- 2) The checklist system was preferred
All items in *cachexia* assessment format can be filled out by the respondent. But how to fill has not been same. There are respondent who fill using checklist "V", using a

cross “X”, and respondent who write the score. This will become input to writer to write the instruction about how to fill the form clearly in the instruction sheet.

- 3) The diagnostic result as easy to be accessed

In *cachexia* assessment, respondent stated that diagnostic result is fairly accessible such as albumin and CRP examination. So there is no especially laboratory examination needed. It will make nurse easily and does not need any additional charges for laboratory examination again.

- 4) The scoring method was unfamiliar
Another problem in filling *cachexia* assessment is scoring quite confusing. Scoring in *cachexia* assessment is not the sum of score as other assessment. But scoring in *cachexia* assessment is calculated based on the number of times problem arise, then classified. Scoring like this is unusual to do. Because until this time, summary scoring is summing the total score that existing.
- 5) The follow up plan after the scoring need to be considered.
Suggestion from the respondent was included how to fill checklist form

with the same way and follow-up the assessment. In addition, it is better when the assessment should be complete with scheme or follow-up from the assessment result, so what should do next will be known.

CONCLUSION

Cachexia assessment can help the nurse to provide holistic and good quality of nursing care, include physically and psychologically. The use of *cachexia* assessment can be documentation in nutritional assessment that gives positive effect to the nurses to increase knowledge and skills while analyze the data on the patient health status. This is consistent with function of nursing assessment, the function is to give a logical basis to the nurse to explain the complex situation of patient and being a guideline to know how to help patient achieve optimal health (Aggleton & Chalmers, 2000)

Use of *cachexia* assessment format in nursing assessment is a new thing that requires understanding and practice often to get the maximum applied for inpatient nursing care. In addition, support is necessary from the management team to dissemination and implementation this assessment format. But at least, the use of this format proves that the nurse had started towards the implementation of quality nursing care that is characterized by giving

nursing care action that was planned with detail and based on comprehensive assessment. So the improvement effective and efficient nursing care include comprehensive nursing assessment can be realized.

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