

Treatment at Home and Increasing Quality of Life for Cancer Patients in Bai Chay Hospital of Quang NINH

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ABSTRACT

For better cancer treatment, Quang Ninh-Bai Chay hospital has also focused on investing in specialized technology and Radiation Oncology Center, as well as providing methods helping treatment patients at home. Studies showed that Roles of nurses and nursing is important in supporting cancer patient treatment. This paper aims to present research results of cancer treatment. The quality of life of patients at levels of no effect, little influence, much influence and great influence all accounted for 25%. The highest ratio of 40.5% belong to patients no underlying diseases (not influence). And then, the lowest ratio of 19.1% is belong to patients no underlying disease with little influence (or with very much influence). Chay Hospital, has gradually effectively exploited the facilities, equipment and invested human resources to provide quality medical services. Diagnosis of cancer is only complete, accurate and valid when the results of histopathological diagnosis are available. Therefore, surgery is the only means of obtaining specimens. From there, it is possible to determine the exact stage of the disease to be able to treat the disease most effectively. In addition, surgery in palliative care, plastic surgery, and recovery of lesions can help reduce symptoms and improve quality of life for cancer patients.

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INTRODUCTION

From the fact that the number of cancer patients in Quang Ninh tends to increase, while hospitals in the area have only developed to deploy surgery and chemotherapy for cancer, it is necessary and important to deploy a combination of radiation therapy to be most effective in the treatment of cancer (Hung et al., 2022a).

Therefore, in 2014, Bai Chay Hospital was assigned the task of developing and implementing the proposal of Quang Ninh Provincial People's Committee (Jenkins et al., 2017).

After 2 years of implementing investment activities, building a radiotherapy center, receiving training activities, and transferring techniques from the Hospital Project (Hung et al., 2022b).

Research questions are these; Question 1: What are relevant studies?, and Question 2: What are research results of cancer treatment?

Binh and Huy (2021) suggests solutions for [Treatment of Patients at Hospitals in Vietnam](#) and supported by Binh and Huy (2021). Therefore, the quality of life of liver cancer patients is a health issue of increasing concern, in order to improve the quality of life for patients, we conduct a research on the topic: "Evaluating quality of living of liver cancer patients being treated at the cancer center of Bai Chay hospital, Quang Ninh province in 2019".

Then, Nguyen Trong et al (2022) mentioned Patients self-assessed that the disease did not affect quality of life was 8.7%, and 4.8% of patients thought that life was greatly affected. Up to 50% of patients are affected much and much in the functional and symptomatic domains.

Next we analyze related studies in table 1:

KEYWORDS:

Alternative treatments, Cancer, Quality of life, Degree impact, Treatment at home.

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Table 1: Summary of previous studies

Authors	Year	Content, results
Bodonaro et al	2012	Active home-based treatment represents a new model of health care. Chronic treatment requires continuous access to facilities that provide cancer care, with considerable effort, particularly economic, on the part of patients and caregivers. Oral chemotherapy could be limited as a consequence of poor compliance and adherence, especially by elderly patients. This program decreased the need to access cancer facilities by 98.1%, promoted better quality of life for patients, as reflected in increased EORTC QLQ-C30 scores over time, allowing for greater adherence to oral treatment as a result of control of drug administration outside the hospital
Plalmieri et al	2007	Oral therapy has assumed an important role in this new treatment strategy and, according to recent data, this role will expand in the near future. Assessment of the oncology pipeline in pharmaceutical companies shows that approximately 25% of more than 400 molecules currently in development are planned as oral formulations
Tralongo et al	2011	Patient-centered home care is a new model of assistance, which may be integrated with more traditional hospital-centered care especially in selected groups of informed and trained patients. Patient-centered care is based on patients' needs rather than on prognosis, and takes into account the emotional and psychosocial aspects of the disease. This model may be applied to elderly patients, who present comorbid diseases, but it also fits with the needs of younger fit patients. A specialized multidisciplinary team coordinated by experienced medical oncologists and including pharmacists, psychologists, nurses, and social assistance providers should carry out home care. Other professional figures may be required depending on patients' needs. Every effort should be made to achieve optimal coordination between the health professionals and the reference hospital and to employ shared evidence-based guidelines, which in turn guarantee safety and efficacy. Comprehensive care has to be easily accessible and requires a high level of education and knowledge of the disease for both the patients and their caregivers. Patient-centered home care represents an important tool to improve quality of life and help cancer patients while also being cost effective.
Moreno et al	2021	Experimental models represent useful tools for studying the different stages of liver cancer and help to develop new pharmacologic treatments. Each model <i>in vivo</i> and <i>in vitro</i> has several characteristics and advantages to offer for the study of this disease. Finally, the main therapies approved for the treatment of HCC patients, first- and second-line therapies, are described in this review.

MATERIALS AND METHODS

Research Methods

Study Design: A cross-sectional descriptive study.

1. Research subjects: Patients diagnosed with liver cancer are being treated at Cancer Center - Bai Chay Hospital - Quang Ninh province.

2. Research period: from June 2019 to May 2020.

RESULTS AND DISCUSSION

Bai Chay Hospital has successfully received microwave technology in the treatment of benign thyroid tumors and hepatocellular carcinoma.

Pain caused by cancer causes patients to suffer from chronic insomnia, anxiety, sadness, depression, decline in quality of life and activities, gradually exhausted body and lead to the risk of premature death (Barraclough, 1999). Patients often turn to morphine - a narcotic pain reliever to relieve pain, but in the long run, the dose will have to be increased, the analgesic effect of the drug is shortened and the patient still has to endure recurrent pain (Ciałkowska-Rysz & Dzierżanowski, 2019). Bai Chay Hospital is one of the pioneers in Quang Ninh applying pain relief by killing the visceral nerve plexus under the guidance of computed tomography in palliative care for liver cancer patients. This is also a humane pain relief method, improving the quality of life for cancer patients, especially terminal cancer patients when all treatments are no longer effective. As a result, the life span is getting shorter and shorter.

Analyze

We see from above chart 2 that the highest ratio of 40.5% belong to patients no underlying diseases (not influence) And then, the lowest ratio of 19.1% is belong to patients no underlying disease with little influence (or with very much influence).

Moreover, chart 1 shows us that: the highest ratio of 31.8% is belong to patients age group <=60 with much influence and the lowest ratio of 19% is belong to patients age group <=60 with little influence.

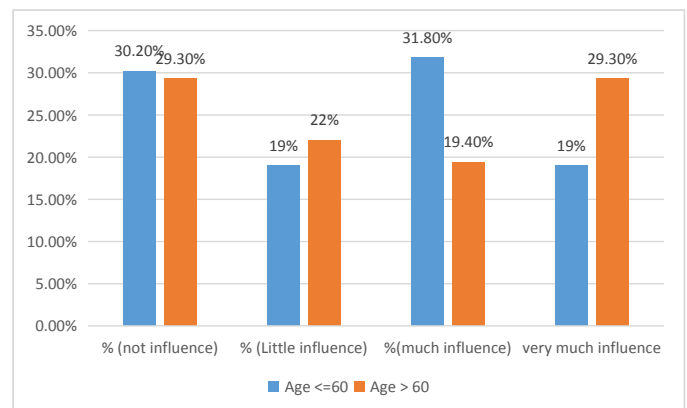


Chart 1: Influence degree on quality of life of patients

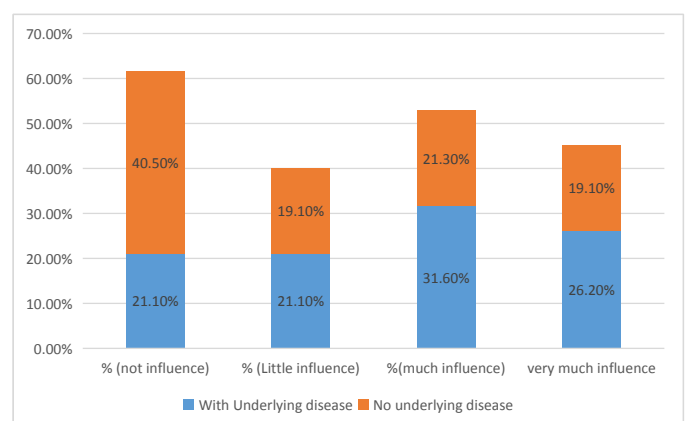


Chart 2: Evaluation of impact degree on quality of life of patients

Next we discuss treatment at home for cancer patients:

What can cancer patients do at home?

Using pills kindly note that:

- Take medication as directed
- Place the dose and a glass of water right on the table next to it.

With once-daily pills, you may want to take them before bedtime to avoid some side effects such as nausea. Talk to your doctor about when and how each medication is best for you.

- Ask your doctor about any side effects and how to manage them (For example, if the medicine causes vomiting, can you take it before meals? Is there a way to limit this unwanted effect?)
- Keep medicine out of reach of children and pets.
- Consult your doctor or pharmacist before cutting or crushing the medicine.

Beside, Help cancer patients participate in their favorite activities: even if the patient is no longer healthy enough to



(source: vinmec.com)

People with many and many background diseases accounted for 26.3% and 33.3% higher than those without background diseases, the difference was $p > 0.05$.

Figure 1: Cancer treatment for patients at Bai Chay Hospital



(*source: *benhvienbaichay.vn*)

And Tralongo et al (2011) mentioned in below figure 2:

Figure 2: Three pillars of high quality of care

participate in the activities they used to enjoy, find a way to make them feel involved get into that activity. This helps patients maintain social cohesion and feel that their current life is not so bad compared to their normal pre-disease life.

Recognizing the signs that patients need help: cancer patients can experience many different emotions, such as sadness, stress, anger, anxiety, despair, etc. If the patient's emotions are unstable, seek help for the patient from a counselor, psychologist, doctor, or methods to help the patient relax. If caregivers feel stressed, find ways to balance themselves first, because a healthy caregiver can provide the best patient care (figure 1).

CONCLUSION

Bai Chay Hospital, has gradually effectively exploited the facilities, equipment and invested human resources to provide quality medical services. Diagnosis of cancer is only complete, accurate and valid when the results of histopathological diagnosis are available. Therefore, surgery is the only means of obtaining specimens. From there, it is possible to determine the exact stage of the disease to be able to treat the disease most effectively. In addition, surgery in palliative care, plastic surgery, and recovery of lesions can help reduce symptoms and improve quality of life for cancer patients. Finally, The quality of life of patients at levels of no effect, little influence, much influence and great influence all accounted for 25%.

Research limitation

Authors can expand study for other technology application sin cancer treatment at hospitals.

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REFERENCES

1. Barraclough, J. (1999). Cancer and emotion: A practical guide to psycho-oncology. John Wiley & Sons, UK.
2. Binh and Huy DTN. (2021). Further Analysis on Characteristic of Diabetic Reinopathy-A Case in Thai Binh Province in Vietnam, *NeuroQuantology* 19 (6), 61-67
3. Bordonaro, S., Raiti, F., Di Mari, A., Lopiano, C., Romano, F., Pumo, V., Giuliano, S. R., Iacono, M., Lanteri, E., Puzzo, E., Spada, S., & Tralongo, P. (2012). Active home-based cancer treatment. *Journal of multidisciplinary healthcare*, 5, 137-143. <https://doi.org/10.2147/JMDH.S31494>
4. Ciałkowska-Rysz, A., & Dzierżanowski, T. (2019). Topical morphine for treatment of cancer-related painful mucosal and cutaneous lesions: a double-blind, placebo-controlled cross-over clinical trial. *Archives of Medical Science*, 15(1), 146-151.
5. Hung, N. T., Huy, D. T. N., & Nhung, N. T. (2022a) Challenges and achievements in cancer treatment at the cancer center of bai chay hospital, quang ninh. *Journal of Bio Innovation*, 11(3): 942-951. https://www.jbino.com/docs/Issue03_36_2022.pdf
6. Hung, N. T., Huy, D. T. N., & Nhung, N. T. (2022b). Technology applications in cancer treatment at the cancer center of Bai Chay Hospital, Quang Ninh. *International Journal of Health Sciences*, 6(S1), 14304-14312. <https://doi.org/10.53730/ijhs.v6nS1.8659>
7. Jenkins, G. P., Miklyaev, M., Afra, S., & Hashemi, M. (2017). Prioritization of public investment projects in Vietnam. *Development Discussion Papers. JE Programs. Ho Chi Minh City, Vietnam, JDI Executive Programs.*

8. Moreno, M.G et al. (2021). Liver Cancer: Therapeutic Challenges and the Importance of Experimental Models, *Candian Journal of Gastroenterology and Hepatology*, 2. <https://doi.org/10.1155/2021/8837811>
9. Nguyen Trong H, Luong T, Nguyen Thi Khanh H, Nguyen T, Tran Thi Tra Phuong, Dinh Tran Ngoc Huy, Le Thi Tuyet Nhung, Pham Thi Dung, Phan Huong Duong, Ninh Thi Nhung. (2022). Living Quality Evaluation of Liver Cancer Patients at Bai Chay Hospital, Quang Ninh Province in 2019, *Jundishapur Journal of Microbiology*, 2022: 60-69.
10. Palmieri FM, Barton DL. Challenges of oral medications in patients with advanced breast cancer. *Semin Oncol Nurs*. 2007;23(4 Suppl 2):17-22.
11. Tralongo, P. et al. (2011). Cancer patient-centered home care: a new model for health care in oncology, *Ther Clin Risk Manag*. 2011; 7: 387-392