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First-of-its kind study finds advanced cancer patients at high risk of pain, depression

Researchers from the University of Cape Town's (UCT) Division of Interdisciplinary Palliative Care and Medicine and the Division of Radiation Oncology, in collaboration with colleagues in private practice and at King's College London, have found a high physical and psychological symptom burden and distress among patients with advanced cancer, with associated risk for depression.

Published in the [ecancermedicalscience](#) journal, the investigators recruited 343 patients, of which 229 (66.8%) had stage 4 cancer. This is the first study in South Africa to assess patient reported symptoms and the risk of depression in patients with a range of cancers and receiving oncology care.

Reporting the findings, principal investigator Dr Lindsay Farrant, said: "The prevalence of pain in our study was 64.7%, with 47.1% of patients with pain describing the burden as high, emphasising the importance of regular pain assessment and management as part of oncology care patients with stage 3 and 4 cancer."

"Feeling tired/drowsy, lack of energy and dry mouth were highly prevalent symptoms with a burden of over 45% each."

Shortness of breath and cough were reported by around half the patients, said Farrant. Psychological symptoms were prevalent amongst this group, with worry described as the most commonly reported psychological symptom (51.3%), and 30.7% of participants with this symptom reporting high distress.

Farrant explained: "What appears to be clear is that psychological symptoms and distress are common in patients with stage 3 and 4 cancer and it is important to screen for this distress."

"Just over a quarter of our sample were at risk for depression, with 7.9% being at risk for major depression."

According to Farrant, these symptoms need to be individually managed to assist patients with their quality of life.

"These findings support the need for holistic care of patients with cancer. This care is best provided by a palliative care approach to patient care which prioritises holistic assessment and

management of distressing symptoms in a person-centred manner allowing for individualised patient care and support of the family,” she said.

Farrant said that the primary care teams caring for such patients need to have the training and skill to be able to provide such holistic palliative care.

Since this study was conducted, palliative care training has been integrated into postgraduate oncology training at UCT and other training programmes.

Farrant said: “Palliative care is also incorporated into undergraduate training at UCT, but palliative care training is not universally integrated into all health professional education in South Africa. However, it has recently been made a requirement in South Africa that palliative care education should be included in undergraduate medical education and in the training of postgraduate disciplines that manage patients with life-threatening illnesses.”

“A palliative approach to care also needs to be incorporated into and facilitated by the health system, so that there is good continuity of holistic care whether patients are cared for in the oncology unit, hospital, primary care clinic or in the community. The recognition of palliative medicine as a (sub-)specialty would assist in meeting the standards of care that such patients require and deserve.”

ENDS

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