

Monitoring the Effectiveness of Antiemetic Therapy in Ambulatory Oncology Patients

Chemotherapy-induced nausea and vomiting can diminish a patient's quality of life, and of the 3 types of nausea and vomiting (anticipated, acute, and delayed), delayed events have been most widely recognized.¹ Glaxo Canada Inc. developed the Symptom Diary Card as a tool to assess delayed symptoms in oncology outpatients, and it has been evaluated in a pediatric oncology setting.² In May 1999, a pharmacy student (the author of this letter) carried out a study at the Cross Cancer Institute, Edmonton, Alberta, to evaluate whether the antiemetic outcomes of outpatients could be captured by use of a diary card for home assessment and subsequent evaluation at the hospital.

Participants included adult oncology outpatients at least 18 years of age who were receiving chemotherapy for various types of disease. Clinical trial participants and patients who had received bone marrow transplants were excluded. Verbal consent was obtained in person on the day of the patient's chemotherapy appointment, and a package containing the Symptom Diary Card, instructions, a survey, and a stamped, self-addressed envelope were distributed in the Day Care Unit. Patients were contacted by telephone 2 days after distribution of the diary card to follow up on questions and concerns. Patients with severe symptoms were referred to the triage nurse in the outpatient department. Most patients received ondansetron or dexamethasone (or both) as part of their antiemetic therapy for moderately or highly emetogenic chemotherapy.

A total of 149 patients were given the Symptom Diary Card and were contacted by telephone 2 days after distribution. Eight (5%) of the patients refused to participate because they were too ill (because of severe nausea and vomiting); this indicates that the diary card may not capture data from all patients experiencing severe symptoms. Although 141 patients agreed to participate, only 66 (47%) of the cards were returned. Reasons for not returning cards including forgetting to assess the symptoms after chemotherapy was started and forgetting to read the instructions provided. Patients with a designated caregiver at home were more compliant with the diary cards, probably because

caregivers were able to remind the patients to assess their symptoms. Patients who were given their cards in person by the pharmacy student were more willing to complete the cards, perhaps because their concerns and suggestions could be addressed immediately.

Symptom diary cards are useful for some patients who are interested in documenting their responses to their antiemetic regimen. Of the 66 cards that were returned, 62 provided feedback. Of these, 31 (50%) felt that the diary cards were useful. Other patients felt the diary cards should include evaluation of other toxic effects of chemotherapy, such as diarrhea and fatigue.

Symptom diary cards could be distributed on the basis of patient-initiated requests to the pharmacy, especially in situations where chemotherapy-naïve patients and patients with a history of severe nausea and vomiting might benefit from a monitoring tool. Patients could mail the diary card back to the hospital, and data could be filed in appropriate clinic records.

Because nausea and vomiting are not the only side effects of chemotherapy, the Cross Cancer Institute is exploring a monitoring tool that covers other important toxic effects that may have an impact on patients' quality of life. This monitoring tool can identify the need to change the antiemetic regimen for the next course of chemotherapy, especially for patients who are unable to complete and return the diary cards because of the severity of their symptoms. Such situations mark the need for adjustments in antiemetic management. Furthermore, this assessment tool will be useful for encouraging contributions from patients so that their individual experience can be monitored and so that the trends observed among all patients can be used in developing antiemetic guidelines to improve patient outcomes.

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References

1. Wickham R. Managing chemotherapy-related nausea and vomiting: the state of the art. *Oncol Nurs Forum* 1989;16(4):563-74.
2. Chow KS, Icton S. Evaluation of a symptom diary card for tailoring antiemetic therapy for children with cancer. *Can J Hosp Pharm* 1999;52:371-7.

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