

Self-Care Interventions for the Management of Mouth Sores in Hematology Patients Receiving Chemotherapy

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BACKGROUND

- Patients with hematologic cancers often need large doses of highly toxic chemotherapy, and as a result, experience many severely debilitating side effects, including mouth sores.
- Little research has been done regarding the use of self-care interventions for mouth sores and their perceived efficacy in outpatient hematologic cancer populations.

PURPOSE

To describe hematology patients' knowledge, use, and perceived effectiveness of preventative and treatment interventions for mouth sores.

DESIGN & SAMPLE

The study used a descriptive design. A convenience sample of 13 adult hematology patients were recruited from the UW Carbone Cancer Center (UWCCC) as part of a parent study to examine symptom clusters in hematologic cancer patients receiving chemotherapy. Inclusion criteria were:

- Age 18 or older
- Diagnosis of a leukemia or lymphoma
- Beginning at least the third cycle of moderately to highly emetogenic intravenous chemotherapy in 3-week or 4-week cycles
- Able to read and write in English

PROCEDURE



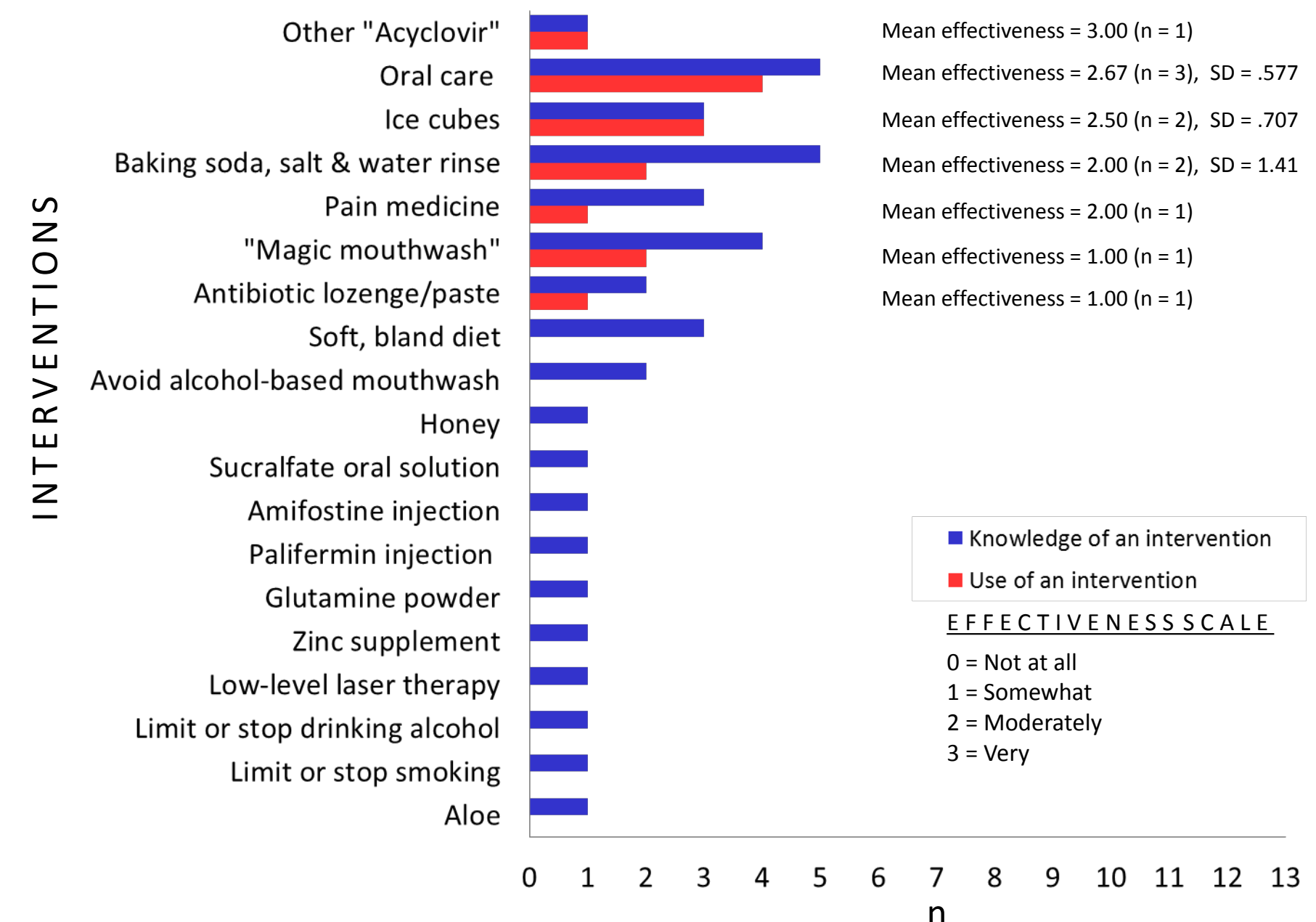
On Day 21 of a chemotherapy cycle, participants reported their knowledge of 18 interventions identified in the literature for mouth sores, described if they used each intervention in the last three weeks, and if so, rated its effectiveness from 0 to 3, 0 being "not at all" and 3 being "very" effective.

SAMPLE CHARACTERISTICS n (%)

DEMOGRAPHIC MEASURES		
Age (years)		
Range	25 - 83	
Mean (SD)	65.31 (15.67)	
Race		
White		11 (84.6%)
Other		2 (15.4%)
Gender		
Male		11 (84.6%)
Level of Education		
High School/GED		3 (23.1%)
College (Partial or completed)		10 (76.9%)
Relationship Status		
Single		2 (15.4%)
Married		11 (84.6%)
Annual Household Income		
≤ \$50 K		3 (23.1%)
> \$50 K		7 (53.8%)
Missing		3 (23.1%)
CLINICAL MEASURES		
Diagnosis		
Lymphoma		9 (69.2%)
Leukemia		4 (30.8%)
Chemotherapy Emetogenicity Rating		
Moderate (e.g. R-Bendamustine)		10 (76.9%)
High (e.g. CHOP)		3 (23.1%)

RESULTS

Knowledge, Use, & Effectiveness



CONCLUSIONS & IMPLICATIONS

- Participants were most aware of interventions that were recommended in UWCCC patient education materials (oral care, baking soda-salt water rinses, pain medication, ice cubes, soft bland diet), or that were prescribed by a care provider (magic mouthwash, topical antibiotics, acyclovir).
- Very few participants (< 25%) actually used any of the self-care interventions, but among those used, most were rated as at least moderately effective.
- Study limitations include the small sample size, inclusion of participants who may not have experienced mucositis, potential confusion between mouth sores and cold sores (oral herpes), and uncertainty in whether or not participants had received mucositis education from the clinical care providers.
- Further research is needed to document the effectiveness of various self-care interventions for mucositis. Nurse clinicians can provide targeted education to increase patients' awareness and use of strategies found to be effective.

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