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Quality of life in the terminal period of a cancer patient - the most common complaints

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ABSTRACT

Introduction: Cancer is a worldwide health issue, yet ongoing research and treatment improvements offer hope and progress to millions of people annually. In the advanced stages of cancer, the focus of care transitions from curing the illness to promoting patient comfort and improving their quality of life (QoL). QoL is a general term for how good a person's physical, emotional, social, and spiritual health is. The progression of the disease and the symptoms it causes can have a significant effect on these areas. *The Aim*: This review looks at the most common symptoms that affect QoL in terminally ill cancer patients. These include symptoms such as pain and fatigue, psychological challenges such as anxiety and demoralization, and social factors such as caregiver burden. *Results*: The review found that the most common symptoms affecting quality of life are pain, fatigue, breathlessness, and psychological distress. Feeling hopeless can make this suffering worse. Recent developments in palliative care, such as early integration into oncology, psychosocial interventions like cognitive behavioral therapy (CBT), and caregiver support programs, have shown that they can improve patient outcomes. *Conclusions:* People with terminal cancer face many challenges that significantly reduce their quality of life. We must deal with these problems by caring for people at the end of their lives, which we know works. In future research, we should improve these strategies while ensuring each patient gets the necessary care.

Key words: Quality of life (QoL), Palliative care, Symptom management, Anxiety, Depression

1. INTRODUCTION

Cancer is still one of the biggest causes of death worldwide, affecting millions of people every year. The impact of cancer is wide-ranging, affecting not only the body and mind but also society. When a patient is at the end of their life, the focus of care changes from trying to cure the cancer to making the patient comfortable and improving their quality of life. The concept of QoL is

multidimensional, encompassing physical well-being, emotional health, social functioning, and spiritual dimensions. In the terminal phase of cancer, some dimensions are profoundly more affected by disease progression, symptom burden, and psychological distress. It is, therefore, vital to understand the elements influencing QoL - what is important and what addresses the exact needs of terminally ill cancer patients to optimize palliative supervision interventions.

The QoL among terminally ill cancer patients has garnered increasing attention in recent years due to its important role in informing patient-centered care practices. Different groups in palliative care often have varying standards of living. This highlights the need for regular evaluations and personalized interventions to address individual needs effectively (Verkissen et al., 2019). Another study highlights the particular challenges they face with oral cancer, indicating that troubles such as hurt and problems with eating - have a significant negative impact on their QoL (Valdez & Brennan, 2018). These findings show that we need a clear plan to manage both common symptoms and those specific to cancer. Doing this can improve outcomes for patients.

In addition to physical manifestations, psychological distress markedly influences QoL. The studies identified the levels of psychological misery among individuals analyzed, but not without colorectal cancer (Miniotti et al., 2019). Correspondingly, conducted a review of psychosocial interventions sought to alleviate this distress (Teo et al., 2019). These findings illustrate the intricate relationship between physical symptoms and emotional well-being, both of which collectively shape the prevailing QoL of someone facing a terminal illness. The shaping of cultural context affects how to perceive quality of life and the specific needs of cancer patients. Researchers investigated the affairs of Indian patients with progressive cancer, revealing distinct cultural and societal factors that affect their QoL priorities (Asthana et al., 2019).

Similarly, the importance of involving family in palliative care decisions has been highlighted, particularly in cultures - remember that domestic bonds are central to caregiving routines (Hermosilla-Ávila et al., 2021). Caregivers are instrumental in providing support to terminally ill cancer patients, but their quality of life frequently diminishes as a consequence. Analyses of the multiple challenges highlighted how emotional exhaustion and financial strain could hurt the quality of nurse care (Guerra-Martín et al., 2023). So, it is essential to address caregivers' needs to ensure that palliative care is the best way possible.

Demoralization is a critical factor that significantly affects quality of life (QoL) at the end of life. Feeling hopeless and worried about life makes patients feel considerably worse. So, it is necessary to make interventions that address demoralization to improve patient outcomes. This review looks at everything that affects how well people live at the end of their lives. It uses information from recent studies. Dealing with hopelessness might significantly impact how well patients live. This review tries to provide a complete analysis of the things that influence how well people feel when they are terminally ill from cancer, based on what writers have written recently.

It will examine several domains, including physical symptoms such as pain and fatigue; psychological challenges comprising anxiety, depression, and demoralization; social factors involving caregiver support; and cultural influences on palliative care practices. By synthesizing findings from key studies, this review aims to identify effective strategies for enhancing QoL during the terminal phase of cancer. The main aim is to emphasize improving palliative care based on evidence while considering the complicated connection between the physical, psychological, social, and cultural parts of quality of life (QoL).

This review aims to analyze the current evidence about the most common symptoms affecting QoL in terminally ill cancer patients while highlighting recent advancements in palliative care strategies. By integrating findings from key studies—including those (Verkissen et al., 2019; Valdez & Brennan, 2018; Asthana et al., 2019; Miniotti et al., 2019; Teo et al., 2019; Hermosilla-Ávila et al., 2021; Bovero et al., 2023; Guerra-Martín et al., 2023) — this review seeks to provide a comprehensive understanding of how to optimize end-of-life care for cancer patients.

2. METHODS

A systematic search was conducted between 2018 and 2023 utilizing websites such as Google Scholar and MEDLINE. The search terms included "terminal cancer," "quality of life," "palliative care," "symptom management," and "end-of-life care." The search focused on studies involving adult patients with terminal cancer who were receiving palliative or hospice care. The exclusion criteria consisted of studies that did not directly address quality of life (QoL) or those focusing solely on pediatric populations or non-cancer-related conditions.

3. RESULTS AND DISCUSSION

Common symptoms affecting Quality of Life

Symptoms that affect the body:

1. Pain is a common symptom encountered in patients with terminal-stage cancer, with a reported prevalence ranging from 65 to 85% (Verkissen et al., 2019). Opioids effectively manage pain, and with the right strategies, we can easily resolve the constipation that they may cause.
2. Feeling tired: Almost all terminally ill patients suffer from fatigue, making daily life difficult. Extra vitamin D may help with fatigue (Asthana et al., 2019).
3. Shortness of breath: Shortness affects up to 69% of patients and worsens closer to death (Verkissen et al., 2019).
4. Nausea and vomiting: These symptoms are common due to chemotherapy or disease progression.
5. Anorexia (not wanting to eat) and cachexia (muscle wasting). Loss of appetite and weight are common and make patients feel weak.

Psychological symptoms in terminally ill cancer patients

Psychological signs, especially stress and depression, are common among terminally ill cancer patients and seriously impact their quality of life (QoL). These signs often happen at the same time as physical pain and suffering, which makes treatment challenging. This faction will examine how familiar these symptoms are, their feelings, and what treatments are available.

Anxiety and Depression

Anxiety and depression are among the most common psychological challenges faced by terminally ill cancer patients. Research shows that anxiety affects around 31% of patients, and depression around 23% (Teo et al., 2019). Anxiety affects about 36% of patients, and 35% of patients with advanced cancer feel depressed. Many patients remain undiagnosed and untreated for these conditions, which significantly impact their health and quality of life.

Symptoms:

- Anxiety: Patients often feel anxious about how the disease is getting worse, what they will feel like when they die, how they are in pain, and what will happen in the future. Symptoms may include restlessness, excessive worry, insomnia, and difficulty concentrating.
- Depression: Depression in patients with terminal illnesses often shows as ongoing sadness, feelings of hopelessness, loss of interest in things they used to enjoy, tiredness, and thoughts about ending their own life. A sense of worthlessness and profound inquiries about existence connect to it.

Risk Factors:

- A variety of elements play a role in the onset of anxiety and depression among cancer patients facing terminal diagnoses.
- Younger individuals are more likely to experience higher levels of psychological distress.
- Female gender is linked to increased levels of anxiety and depression.
- Lack of social support exacerbates feelings of isolation and emotional burden.
- The insufficient management of symptoms, including chronic pain or respiratory difficulties, can result in heightened psychological distress.

Impact on quality of life

Anxiety and depression can challenge our well-being, but with the right support and resources, we can improve our mental health, enhance our physical health, and access better healthcare opportunities for a brighter, more hopeful future. They also contribute to poor adherence to treatment regimens and higher healthcare costs. They identified depression as an independent predictor of poor survival in advanced cancer patients.

Demoralization

Demoralization is when a person feels useless and helpless. It is particularly common among people with cancer who are nearing the end of their lives. It is frequently due to the belief that their lives lack meaning. Research by Bovero shows that feeling demoralized can make people more overwhelmed and find it harder to solve problems, making them see life more negatively.

The following symptoms link to feeling demoralized:

- Somebody who feels demoralized may exhibit the following symptoms.
- They may feel like they cannot do anything good or like they are not suitable sufficiently.
- They may also report a sense of energy that lacks direction or purpose.
- On some issues, people may say that they enjoy ending their own lives.

Management challenges

This problem is often not recognized because it can look like other problems, such as depression. However, different solutions are needed, with the patient's well-being as the most important thing, not just giving them medicine.

Recent Developments in Palliative Care for Psychological Symptoms

Much progress has been made in how we care for people with terminal cancer. These improvements have created new ways to deal with the emotional side of the illness. These course designers provide timely support, emotional help, and help to family and friends.

Early Integration of Palliative Care

Adding care for people with serious illnesses (palliative care) to oncology care (care for people with cancer) is suitable for people because it helps to control symptoms and make people's lives better. Early palliative care reduces psychological distress by addressing both physical symptoms and emotional needs. This approach involves a multidisciplinary team providing continuous support throughout the disease trajectory. The main benefits are:

- Better communication about what the patient is likely to experience and what care they want.
- It helps patients and their families to deal with their illness better.
- People also go to the hospital less often.

The following study will examine psychological treatments for terminally ill cancer patients. The efficacy of such interventions in reducing stress, depression, and feelings of despair is demonstrated in numerous studies (Teo et al., 2019). In their 2019 study, Teo and their team discussed several treatments for which scientific evidence of efficacy exists.

Cognitive Behavioral Therapy (CBT): It assists individuals in altering their perceptions of their condition.

Meaning-Centered Therapy: This approach helps patients find meaning in their lives, even when unwell.

Life Review Therapy: This approach encourages patients to think about optimistic things that have happened in their lives. It can make them feel proud of what they have accomplished. The efficacy of brief psychosocial interventions, comprising fewer than four sessions, has also been demonstrated in enhancing clinically significant outcomes within the limitations of end-of-life care settings.

Caregiver Support: Caregivers play a crucial role in supporting terminally ill cancer patients, but often experience significant emotional strain themselves. It is important to deal with the problems caregivers face (Guerra-Martín et al., 2023). They suggest making counseling services available to help with stress and emotional exhaustion:

- Training to improve the skills of people who care for others.
- They also said that the community should give more money.
- Providing direct support to caregivers improves the caregiving environment, which benefits patients.

Table 1 shows how common it is for terminally ill cancer patients to experience anxiety, depression, and demoralization, along with the things that increase the risk of these symptoms. Anxiety affects around 31–36% of patients, with younger age and female gender being significant risk factors (Teo et al., 2019). Depression affects 23–35% of patients and is often made worse by a lack of social support and poor management of symptoms (Teo et al., 2019; Miniotti et al., 2019). Feeling hopeless is less common but still quite common in this group. It is closely linked to other problems, such as the feeling that living is impossible (Bovero et al., 2023). Understanding these rates and risk factors is vital to creating support for each person.

Table 1: Prevalence of Psychological Symptoms

Symptom	Prevalence (%)	Risk Factors
Anxiety	31–36	Younger age, female gender
Depression	23–35	Lack of social support
Demoralization	High	Existential distress

Table 2: Psychosocial Interventions

Intervention	Focus Area	Effectiveness
CBT	Anxiety/Depression	High
Meaning-Centered Therapy	Existential Distress	Moderate
Life Review Therapy	Emotional Well-being	Moderate

Table 2 shows the psychological treatments that work for people with advanced cancer. One of these, Cognitive Behavioral Therapy (CBT), is particularly good at reducing anxiety or depression by helping patients change their negative thought patterns (Teo et al., 2019). Meaning-centered therapy helps patients find purpose and meaning in their lives, even when they are very sick (Bovero et al., 2023). Life Review Therapy encourages patients to reflect on positive experiences, boosting their mood and providing a sense of achievement (Teo et al., 2019). These interventions are important parts of palliative care, which look at all aspects of a patient's health, not just their physical health.

Table 3: Impact on Caregivers

Challenge	Prevalence (%)	Support Strategies
Emotional Stress	>60	Counseling
Financial Strain	High	Community Resources

Table 3 shows the problems that caregivers of terminally ill cancer patients face. These include emotional stress and financial pressure. Table 3 also shows ways to deal with these problems. More than 60% of caregivers experience emotional stress, often because of the complex demands of caring for their patients and seeing them worsen (Guerra-Martín et al., 2023). Some services can help, such as counseling, to help people deal with their stress and be more assertive.

Another common problem is money troubles, which can be especially serious in low-income countries where medical costs can be very high. Support from the community and financial assistance programs are essential to help with this (Guerra-Martín et al., 2023). Caregivers need support to improve their well-being and provide better patient care.

4. CONCLUSIONS

Psychological symptoms, such as anxiety, depression, and demoralization, have a significant impact on the quality of life of terminally ill cancer patients. These symptoms not only make physical suffering worse but also make patients feel less happy and struggle to function socially. These things can significantly affect how the patient feels and how they live in their last life stages. Luckily, there have been some significant steps forward in how we care for people at the end of their lives. Palliative care, when used together with cancer treatment, is effective in dealing with physical and emotional symptoms, improving communication about care goals, and helping patients and their family's cope. Different types of therapy can help with this, such as cognitive behavioral therapy (CBT), meaning-centered therapy, and life review therapy. These are effective in reducing anxiety, depression, and feelings of despair.

Psychological distress is often underdiagnosed in terminally ill cancer patients because the symptoms overlap with physical conditions or because access to specialized mental health services is limited. Also, cultural differences can affect how people see their quality of life and what care they think they need. Research should focus on improving existing treatments to make them easier for different types of patients to use. Palliative care, well-researched psychological support, and strong support for patients' families and friends are also very important.

Author's Contribution:

Karol Mateusz Wojnarowski - Conceptualization; writing - rough preparation; supervision
Justyna Gręda - Writing - rough preparation
Anna Klasa - Writing - rough preparation
Bartosz Zieliński - Writing - rough preparation
Filip Maj - Writing - rough preparation

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Conflict of interest

The authors declare that there is no conflict of interests.

Data and materials availability

All data sets collected during this study are available upon reasonable request from the corresponding author.

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