Symptom appraisal of potential lung cancer symptoms in people with Chronic Obstructive Pulmonary Disease

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Symptoms of COPD or lung cancer?

- A persistent chesty cough
- Frequent chest infections
- Persistent wheezing
- Increasing breathlessness

- A cough that doesn’t go away after two or three weeks
- Persistent chest infections
- A long standing cough that gets worse
- Persistent breathlessness

(www.nhs.co.uk)
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- Persistent breathlessness
- A cough that doesn’t go away after two or three weeks
- A long standing cough that gets worse
- Persistent chest infections
- Coughing up blood
- An ache or pain when breathing or coughing
- Persistent tiredness or lack of energy
- Loss of appetite or unexplained weight loss
**COPD**

**Chronic obstructive pulmonary disease (COPD)**

COPD is not one single disease but an umbrella term used to describe chronic lung diseases that cause limitations in lung airflow. The more familiar terms 'chronic bronchitis' and 'emphysema' are no longer used, but are now included within the COPD diagnosis.

**Symptoms**
- Excessive sputum production
- Chronic cough
- Breathlessness

**Chronic bronchitis**
- Healthy
- Inflammation & excess mucus

**Emphysema**
- Healthy
- Alveolar membranes break down

COPD is an under-diagnosed, life-threatening lung disease that may progressively lead to death.

*Source: WHO  ST Graphic: Nalin Balasuriya*
The challenge

• High risk for lung cancer – x4 higher than those without COPD
• Overlap in symptoms of COPD and lung cancer
• How to help patients recognise changes that might be symptomatic of lung cancer
• Promoting a shorter time to presentation considered one key strategy for achieving earlier diagnosis of cancer
Aim

To explore how the experience of COPD influences symptom appraisal and help-seeking for potential lung cancer symptoms
Integrated Symptom-Response Framework


Fig. 1. ‘Concentric circles of influence’ representation of the integrated symptom-response framework.
Methods
Methods: Study location

<table>
<thead>
<tr>
<th>Listing</th>
<th>Primary Care Organisation</th>
<th>Z-score (greatest challenge)</th>
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*Source: British Lung Foundation, 2007
Methods

• Topic guide
  • Experience and interpretation
  • Action
  • Symptom recognition and help-seeking
  • Evaluation and re-evaluation

• Framework analysis
Results: sample

- 17 men and 22 women
- Age range 40-87 years
- 33 smokers or ex-smokers, 6 never smoked
- 30 not working (retired or too ill to work); 19 working
- 30 had other health problems as well as COPD (most commonly heart problems, or high cholesterol)
Results

• Tendency to attribute all (chest) symptoms to COPD

Aye, no I never gave cancer a thought, I was just thinking of the breathing

• Participants reported GPs did not talk about increased risk of lung cancer, symptom awareness or appraisal
Results

• Most reported good social support with friends and family noticing changes and encouraging help-seeking

It was my wife, she started shouting and ballin’. “What’s up wi’ your chest?” Yeah. She says, “You fucking get tae that doctor, because you’re seriously no’ well”.
Results

• Some reported social isolation due to lack of mobility, tiring easily, and embarrassing symptoms

Aye I think at one time I was sociable and now there is virtually nobody in my life so.

Naw, I'm fine. I just get, I hate staying wi' anybody, because, the noise o' my chest, and coughing on, and – maybe – I've went away a wee couple of weekends, we went away crowd o' women... And it was one woman, and she went, “Oh, I couldnae sleep wi' you, hen.” Oh, I felt awful – I greet my eyes oot.
Results

- A ‘stoic’ attitude, pride, and acceptance of their COPD were frequently reported which may reduce prompt help-seeking.

I mean, look at – you've just got to accept that that's the way it is. … Yeah.

And I do, I keep going. And, if I feel I've achieved quite a lot. Because, I think, because of ill health people say, “oh, poor you”. I go “No' poor me”.
You know, just trying to pace everything. Trying to eat healthier.

Yes, mm. 'Persistent three weeks on with chest infection' – well, obviously I would go to the doctor's immediately. 'A cough that does not...' Go to the doctor's immediately.

Actually, but I think your body's the best doctor, you know? Tells you everything

I always think that, I'm no' being fair tae people if I don't try and keep myself healthy. Do you know what I mean? I don't wantae be lying up that stair no' being able tae dae anything for myself
Conclusions

• People with Chronic Obstructive Pulmonary Disease (COPD) tended to attribute all symptoms to their COPD and were unaware that they were at increased risk of lung cancer
• Family and friends could notice changes in symptoms however some participants reported social isolation
Recommendations

• Incorporate in GP/COPD specialist nurse guidelines about managing COPD an element of patient education to increase knowledge and awareness about symptoms, as well as advice to be proactive about reporting symptoms and changes to symptoms
• Encourage charities and support groups to include lung cancer symptom awareness in their communications about COPD (on and offline)
• Provide information aimed at empowering patients and family members to speak about symptoms and changes in symptoms, to recognise possible lung cancer symptoms and take action about them. Encourage family members to attend consultations.
• Encourage patient engagement with COPD services such as physio exercise classes
• In line with the Scottish Chief Medical Officer’s ‘realistic medicine’ message, whole person care needs to replace a ‘disease silo’ approach which may be unrealistic for patients with co-morbid conditions. Consultations could include the question from the health professional, ‘is there anything else?’ This recommendation is not confined to COPD and lung cancer but is transferable to other patient groups with co-morbid conditions at risk of developing cancer.
Acknowledgements

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