ABSTRACT

The aims of this cross-sectional descriptive study were to evaluate the quality of life (QoL) of the 89 consecutive lung cancer patients in three hospitals in Bangkok, Thailand and to investigate differences in QoL with respect to general and medical characteristics. Structured questionnaires (EORTC QLQ-C30 and QLQ-LC13) were used for data collection during 8 January to 9 February 2002. The t-test and one-way analysis of variance (ANOVA) were used to compare differences of QoL between the factors at a 5% level of significance.

The respondents were generally in the old age group. There were three times as many males than females and twice as many married than unmarried patients. Two fifth were educated to secondary level and higher, and one third belonged to the lower income group. There were nearly twice as many NSCLC than SCLC, mostly (80.9%) in stage III-IV, one third had metastasis. Half of them received chemotherapy, one fifth received combined treatment. There were a similar number of patients received surgery and radiotherapy. The study revealed that the quality of life of the lung cancer patients in three hospitals in Bangkok, Thailand were worse than reference value. The older age group had lower scores than the other age groups on all of QLQ-C30 subscales except EF. Male patients scored higher on functional scales and lower symptom scales than female patients. Married patients reported better QoL compared to unmarried patients. Patients with higher education had higher scores on functional scales except EF and lower scores on symptom scales. Lower income patients reported higher financial difficulties score than higher income patients. Small cell lung cancer patients reported poorer QoL than non-small cell lung cancer patients. The quality of life in late stage was worse than in early stage. The patients who had no metastasis had better quality of life than the patients who had metastasis disease. The treatments could worsen the quality of life. When the outcomes of the four treatments were compared, the surgery group displayed the best quality of life and the combined treatment group displayed the worst quality of life. The chemotherapy and radiotherapy groups showed a middle level quality of life compared with the surgery group and the combined group, but they had higher special side-effects scores.

The results of the present study showed important ramifications for clinicians, researchers and policy makers.