



Management of menopausal symptoms for patients who have undergone or who are undergoing treatment for breast cancer (CE 12/791)

Division

Network Services – Breast Disease Group

Participants

Project lead: Bethan Daniel, Breast Clinical Nurse Specialist

Other staff involved:

Helen Mitchell, Breast Clinical Oncology Nurse Clinician

Sharon Foy, Macmillan Breast Clinical Nurse Specialist

Diane Morrissey, Breast Clinical Nurse Specialist

Carole Farrell, Breast Medical Oncology Nurse Clinician

Background

Breast cancer treatments commonly induce menopausal symptoms. These symptoms are often not fully addressed and patients can be left struggling with such side effects which can affect patient's quality of life. We would like to survey patients attending breast cancer clinics at The Christie to illicit their concerns and determine the current level of satisfaction regarding the available information and support they receive to help them manage their menopausal symptoms.

We would propose that there is a place for a nurse-led clinic to address these issues and support patients. With this audit and a comprehensive and rigorous literature review we would aim to prove this need.

Aim/Objectives

Aim to identify the extent of menopausal issues for patients undergoing breast cancer treatment.

Identify the most common issues/symptoms for patients

We would like to reach a consensus regarding the advice the Breast Care Nursing Team will offer patients based on sound research evidence.

Sample

Population: Women attending Christie clinics for breast cancer treatment whether this be on active treatment or follow up. Women originally pre menopausal, perimenopausal and post menopausal will be included.

Methodology

Sample size: Pilot study 20. Main audit approximately 200

Period: 3 weeks

Audit tool design / Pilot: Pilot undertaken – areas within the audit tool were identified which would benefit from further refinement. For example our aim was to target both adjuvant and metastatic patients. Feedback highlighted that certain questions were difficult for patients with metastatic disease to answer and questions were therefore adjusted accordingly.

Data source: Patient questionnaire

Process: A validated menopausal symptom questionnaire was used to assess patient's symptoms. This tool has been widely used and captures data in a systematic manner. The questionnaire was handed to the patients during their visit to the outpatient clinic, where they were asked if they would complete and return to a member of staff before leaving the clinic.

The data collection tool was designed and the data captured using the 'Cardiff TeleForm' software suite. The data was then exported from here into Microsoft Excel for the data analysis and production of the graphs.

Presentation & improvement

Date of completion: May 2012

Responsible group or committee: Breast Care Team

Date of presentation: June 2012

Date for re-audit: March 2013

Findings

The questionnaire was handed out to 215 women, with 196 returning them – a response rate of 91%.

Demographics

Age: Range: 30 to 86 years Mean: 56 years Median: 55 years

Year of Diagnosis: Range: 1981 to 2012
2011 had the highest proportion of patients with 31%

Chemotherapy Treatment

Q. Are you having chemotherapy treatment at present?

Yes = 101 (52%) No = 93 (47%) No data = 2 (1%)

How long ago did you start it: Range = <1 month to 8 years
Median = 3 months
Mean = 7 months

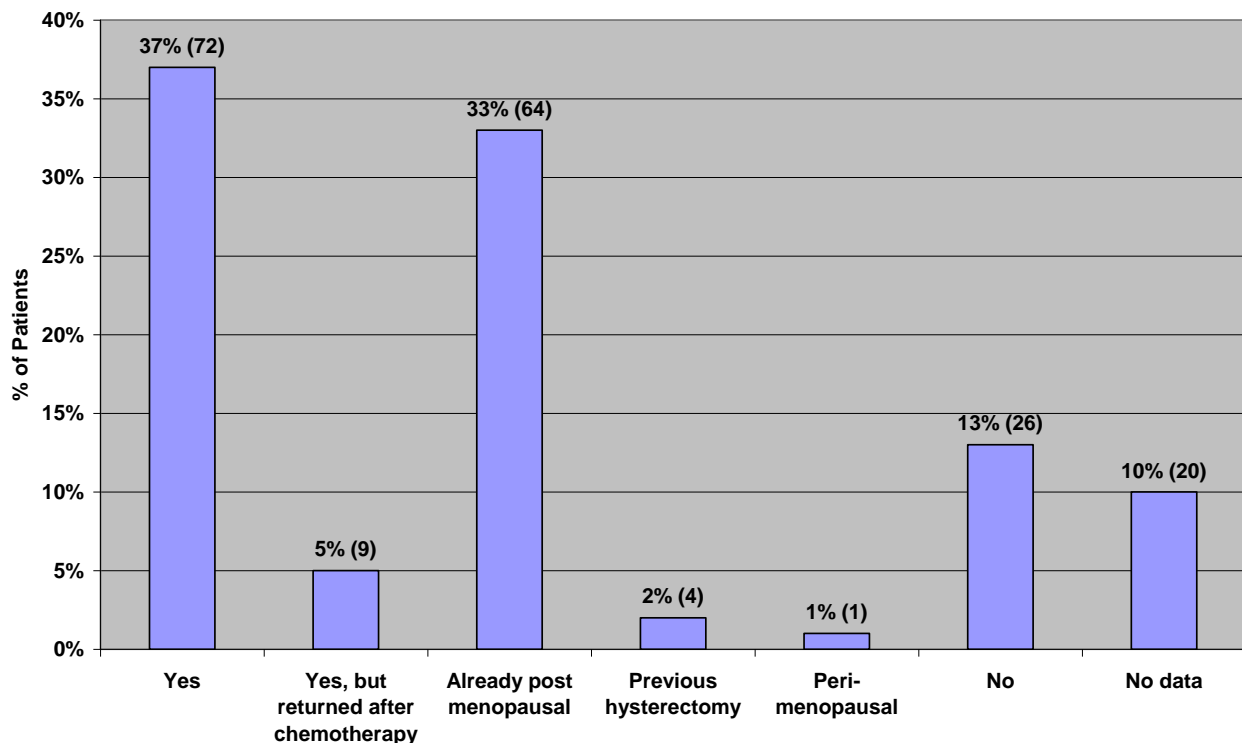
How many cycles have you had so far: Range: 1 to 20
Mean: 5.4
Median: 4

Q. Have you previously had chemotherapy treatment?

Yes = 123 (63%) No = 71 (36%) No data = 2 (1%)

How long ago did you start it: Range = 2 months to 17 years
Median = 27 months
Mean = 49 months
Grouped: <12 months = 22 (19%)
1 to 5 years = 64 (55%)
<5 years = 31 (26%)

Q. Did your periods stop during chemotherapy?



Endocrine Treatment

Q. Are you taking any endocrine treatment at present?

Yes = 78 (40%) No = 108 (55%) No data = 10 (5%)

Which drug: Tamoxifen = 32
 Femara = 17
 Arimidex = 8
 Exemestane = 12
 Faslodex = 4
 Tamoxifen - then changed to one of above drugs = 7

How long ago did you start it:

Range = <1 month to 11 years
 Median = 16.5 months
 Mean = 25 months
 Grouped: <12 months = 29 (43%)
 1 to 5 years = 36 (53%)
 <5 years = 3 (4%)

Q. Have you previously had endocrine treatment?

Yes = 72 (37%) No = 105(54%) No data = 19 (10%)

Menopausal Rating Scale

Q. Which of the following symptoms apply to you at this time:

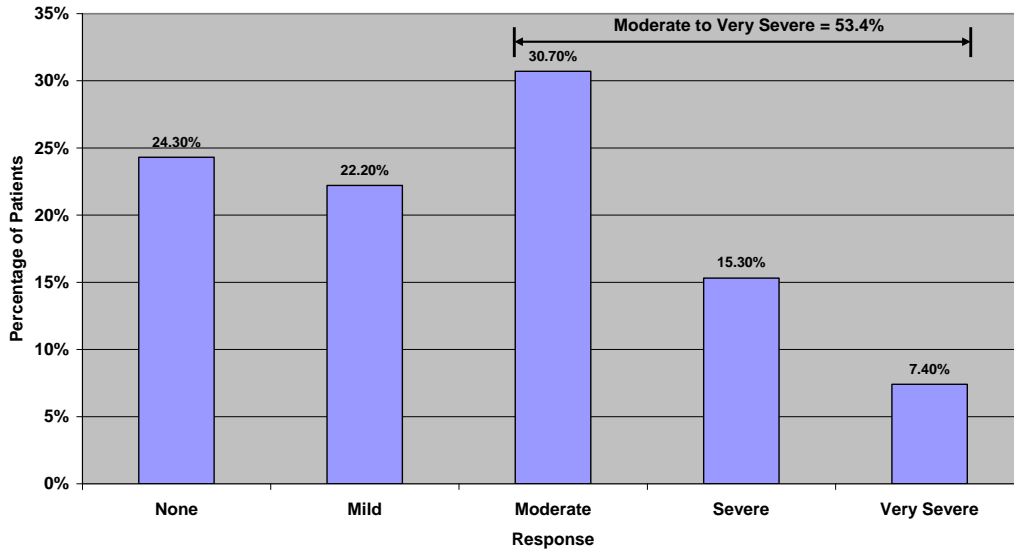
Symptoms	None	Mild	Moderate	Severe	Very Severe
1. Hot flushes, sweating (n = 186)	62 (33.3%)	44 (23.7%)	41 (22.0%)	20 (10.8%)	19 (10.2%)
2. Heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness) (n = 178)	120 (67.4%)	29 (16.3%)	20 (11.2%)	6 (3.4%)	3 (1.7%)
3. Sleep problems (n = 189)	46 (24.3%)	42 (22.2%)	58 (30.7%)	29 (15.3%)	14 (7.4%)
4. Depressive mood (n = 184)	60 (32.6%)	51 (27.7%)	54 (29.3%)	12 (6.5%)	7 (3.8%)
5. Irritability (n = 181)	82 (45.3%)	43 (23.8%)	42 (23.2%)	8 (4.4%)	6 (3.3%)
6. Anxiety (n = 181)	71 (39.2%)	56 (30.9%)	35 (19.3%)	14 (7.7%)	5 (2.8%)
7. Physical & mental exhaustion (n = 183)	48 (26.2%)	50 (27.3%)	43 (23.5%)	32 (17.5%)	10 (5.5%)
8. Sexual problems (n = 177)	87 (49.2%)	27 (15.3%)	27 (15.3%)	20 (11.3%)	16 (9.0%)
9. Bladder problems (n = 187)	122 (65.2%)	28 (15.0%)	26 (13.9%)	10 (5.3%)	1 (0.5%)
10. Dryness of vagina (n = 178)	96 (53.9%)	33 (18.5%)	25 (14.0%)	16 (9.0%)	8 (4.5%)
11. Joint & muscular discomfort (n = 186)	55 (29.6%)	39 (21.0%)	46 (24.7%)	30 (16.1%)	16 (8.6%)

Only 6 patients stated that they had no symptoms at all.

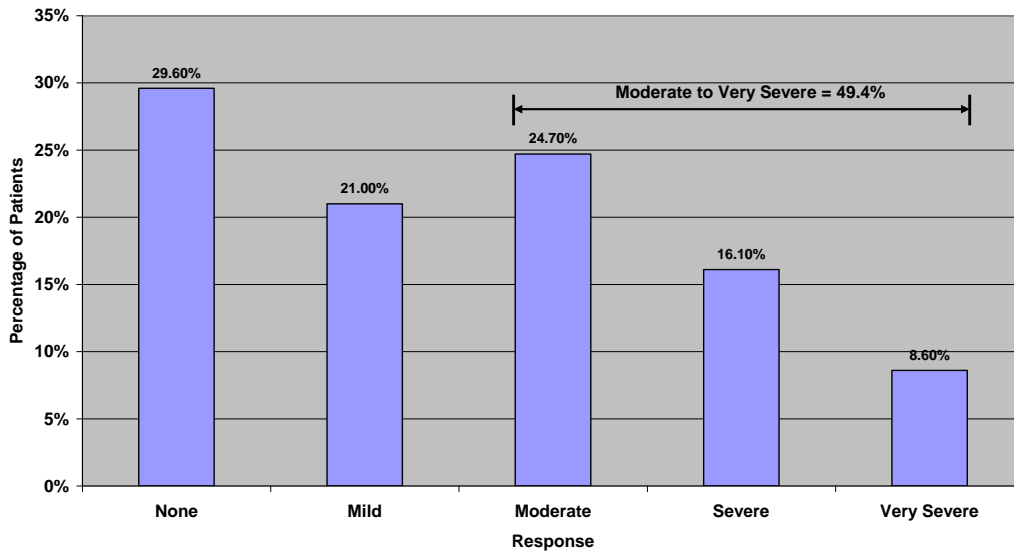
167 (85%) patients had at least one symptom that they scored as moderate or greater.

Data presented graphically for each symptom:

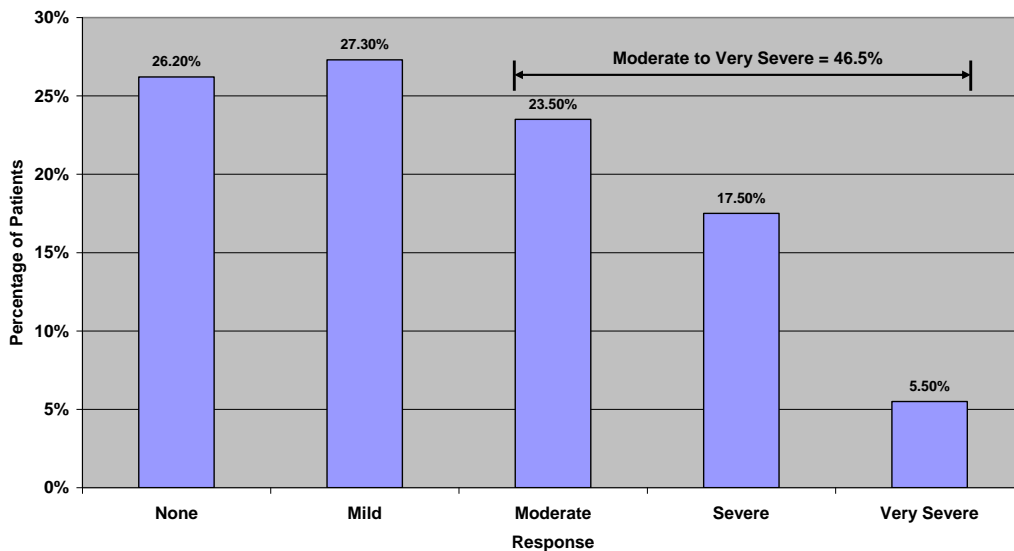
Sleep problems



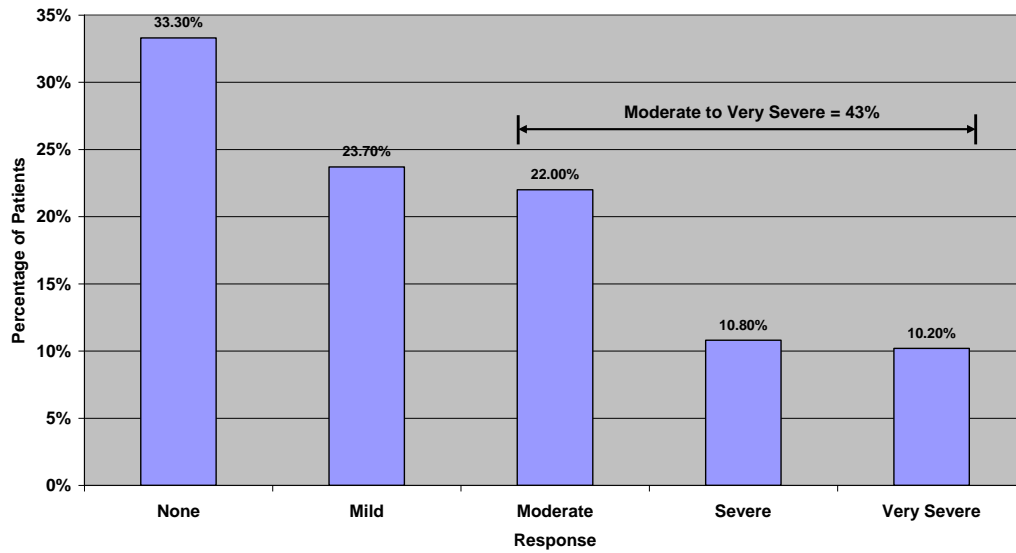
Joint & muscular discomfort



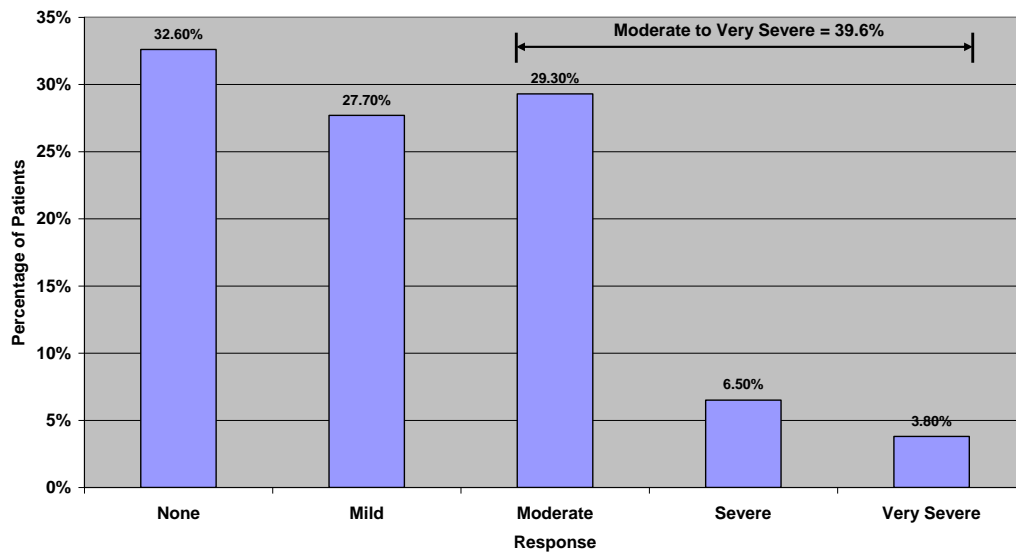
Physical & mental exhaustion



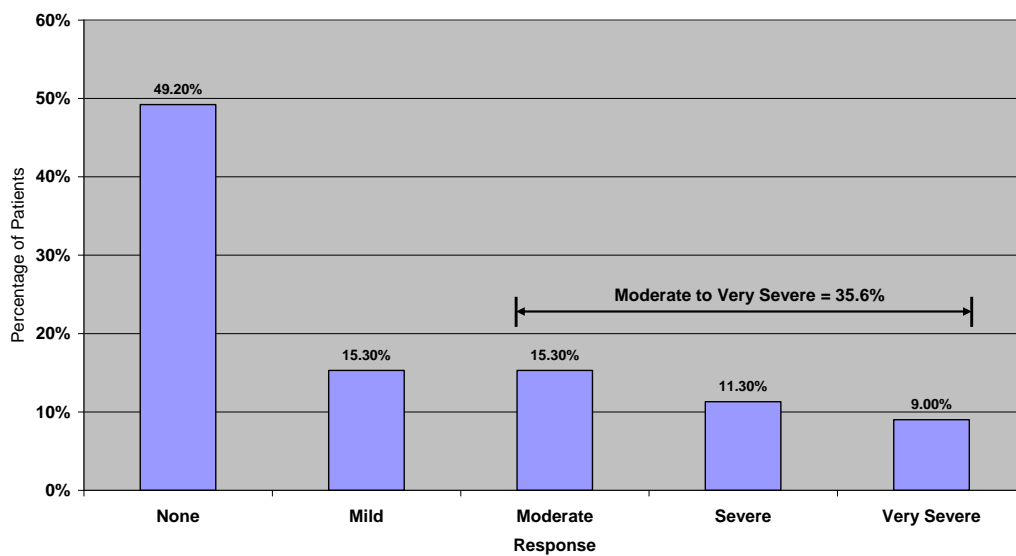
Hot flushes, sweating



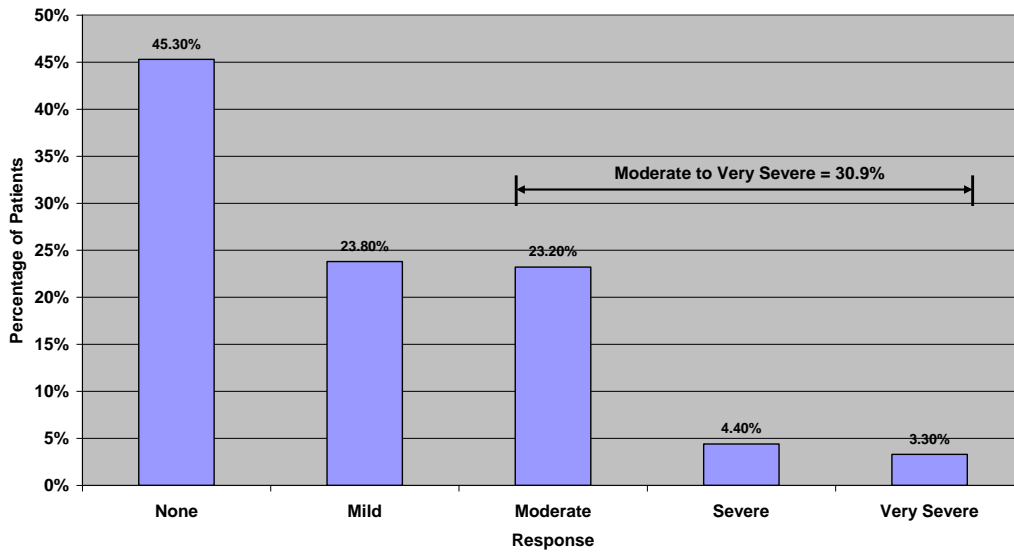
Depressive mood



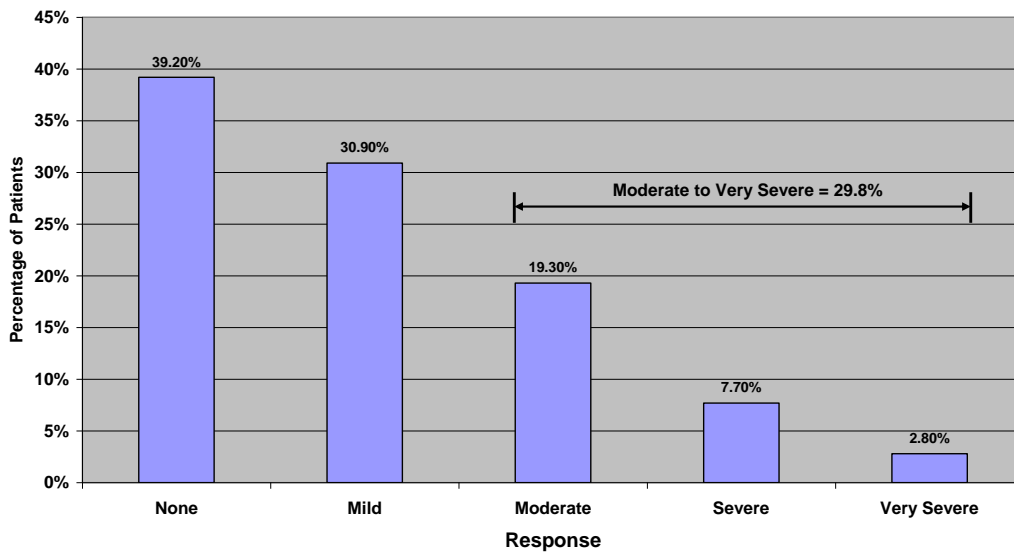
Sexual problems



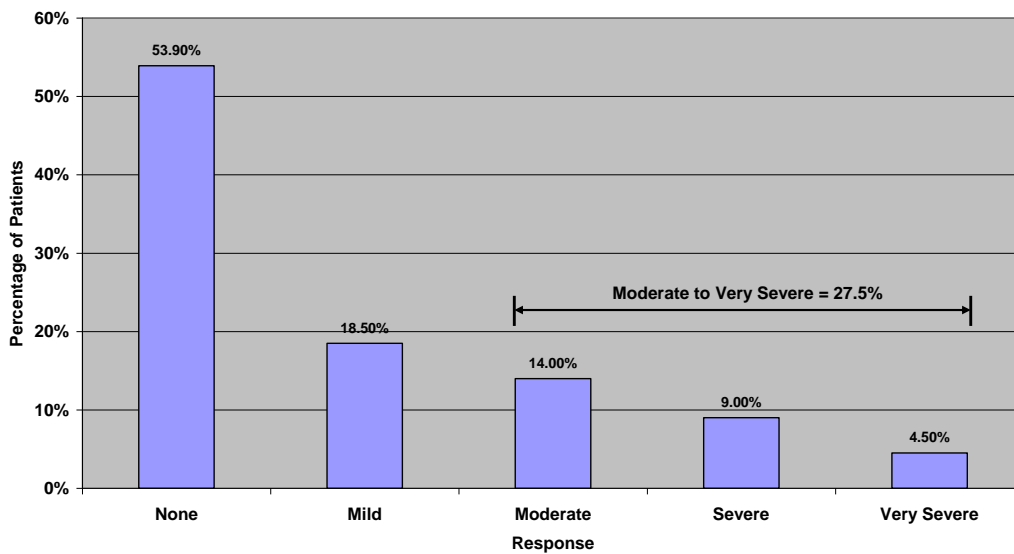
Irritability



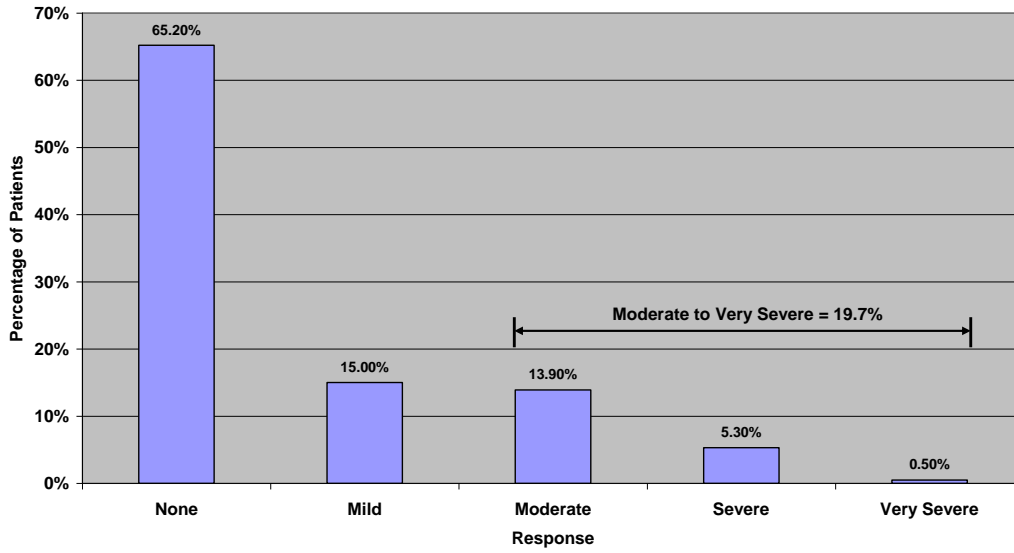
Anxiety



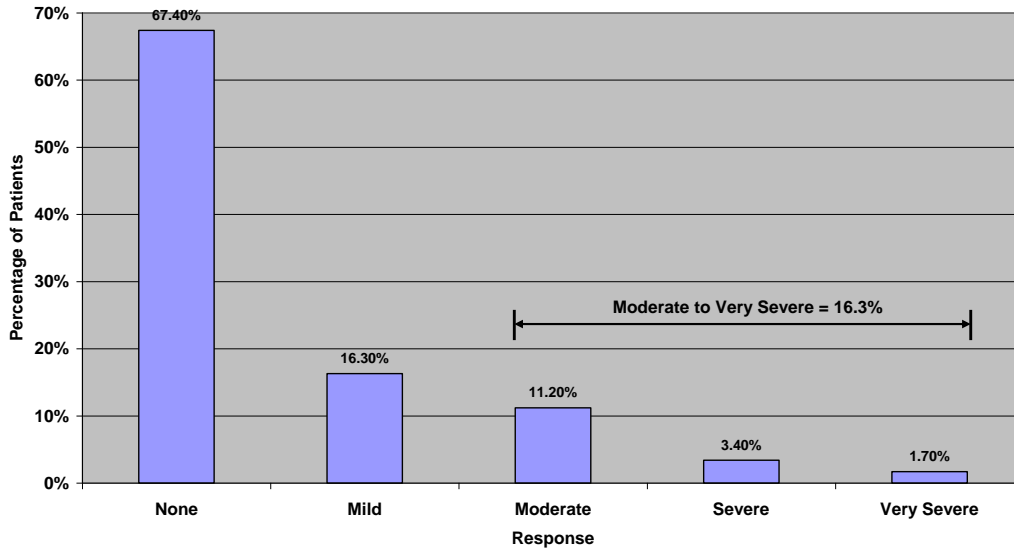
Dryness of vagina



Bladder problems



Heart discomfort

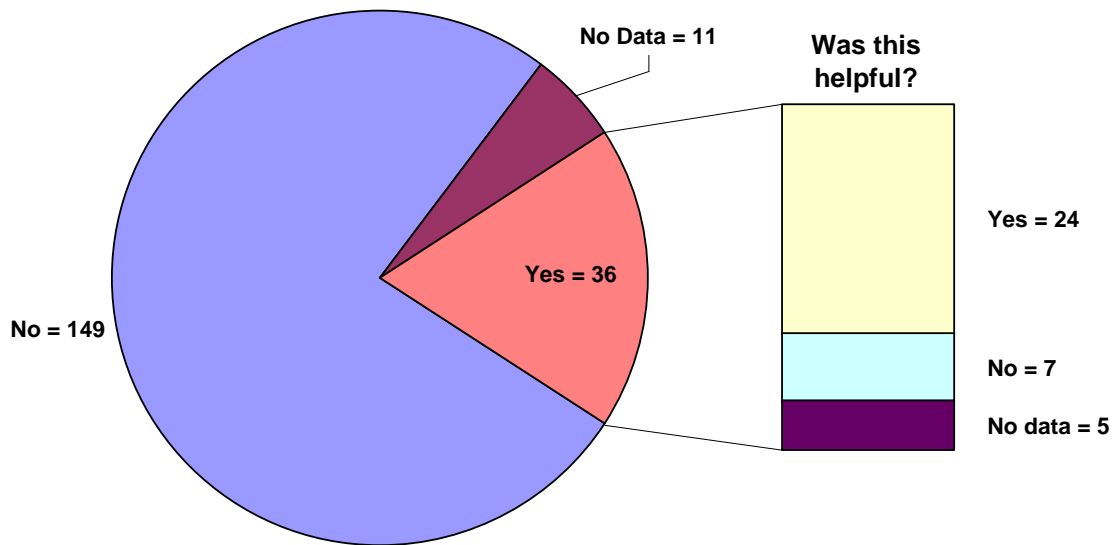


Q. Have you previously discussed menopausal symptoms with a healthcare professional?

Yes = 36 (18%) No = 149 (76%) No data = 11 (6%)

- Of the 36 who said 'Yes': 24 found it helpful, 7 didn't & 5 did not say.

Have you previously discussed menopausal symptoms with a healthcare professional?



Of the 36 who discussed menopausal symptoms with a healthcare professional, with whom did they discuss it:

- The 24 patients who stated that it was useful, discussed it with:

General Practitioner	= 4
Breast Nurse	= 3
Hospital Doctor	= 4
Nurse	= 2
Psychologist	= 1
Occupational Nurse	= 1
Nightingale Centre	= 1
Consultant/GP/Radiology Nurse	= 1

- The 7 patients who stated that it was not useful, discussed it with:

General Practitioner	= 4
Oncologist	= 2
Other Doctor	= 1

Q. If you identified any of the above symptoms, would you have found it helpful to discuss these in further detail with a healthcare professional?

Yes = 97 (49%) No = 72 (37%) No data = 27 (14%)

Of the 97 who would, they would prefer to discuss it as follows:

Face to face with BCN	= 80
Phone conversation	= 17
Group meeting	= 22

(Note: numbers add up to more than 97 as some people ticked multiple choices)

Patient Comments

I think a dedicated clinic for menopausal symptoms would be very helpful. You do not associate these problems with chemo.
I think all women taking or have taken these kinds of drugs should be offered treatments/discussion with a breast care nurse.
Menopausal female should automatically be referred to a healthcare professional.
I had early menopause at 43, then breast Ca diagnosed at 47. Chemo & tamoxifen impacted on oestrogen so many menopausal symptoms. Now not a problem so many years later.
It would be useful to discuss beforehand the menopausal symptoms and what to expect.
Some of the symptoms I had slightly before, so are not necessarily due to treatment. Particularly episodes of sweating & sleep problems.
I had all these symptoms for over 10 years.
Many of these symptoms are due to chemo & the uncertainty of the future as I am post-menopausal.
I stopped taking endocrine treatment as I couldn't cope with side effects but cancer returned so I have to take it but I find it very difficult dealing with the side effects.
I have always found that my breast care nurse is very good at answering any questions I have.
I am sure the treatment of menopausal symptoms has improved since I first went through the menopause
I'm not sure what can be done now for menopausal problems, I will try evening primrose as suggested by doctor.
Menopausal problems seem to be decreasing with time but do have fluctuating body temperatures.
I have discussed menopausal symptoms with my mum & friends who have experienced them.
Was menopausal before chemo - chemo just made hot flushes & night sweats worse - nothing else changed.
I found the menopausal symptoms very difficult to deal with, especially when they stopped me from sleeping. I am dreading the thought of it happening again.
Had an easy menopause.
All happened quickly for me 2 weeks after chemo finished periods.
I feel that the support & treatment I have received from Stepping Hill & The Christie has been fantastic. I feel able to pick up the phone to the breast care nurses anytime I have a question.

Overall observations

- Response rate 91%.
- Range of symptoms documented by patients. Most common symptoms identified included hot flushes, sleep problems, physical and mental exhaustion and muscular and joint discomfort. Other symptoms such as sexual problems and vaginal dryness, although stated as slightly less problematic still identified. These are sensitive areas which ladies often find difficult to broach.
- 76% of patients do not feel they have been provided with the opportunity to discuss menopausal symptoms with a healthcare professional.
- 24/36 patients who have discussed their symptoms state to have found this helpful.
- 7/36 patients state they did not find discussing their symptoms helpful. These patients all discussed their symptoms with doctors (mainly GPs).
- 67% of all pre-menopausal women surveyed, experienced loss of their periods and at the point of report of survey, their periods had still not resumed. Sudden depletion of oestrogen can cause more intense menopausal symptoms, symptoms which often require support.
- 85% patients had at least one symptom of moderate or greater on the MRS.
- 49% patients surveyed state they would find it helpful to discuss their symptoms in further detail with a healthcare professional. The strong majority of these patients state that they would like to discuss their symptoms with a BCN face to face.

Recommendations

- This audit clearly highlights the need for further support and interventions in this area.
- Educating healthcare professionals regarding the importance of identifying and discussing menopausal symptoms for women going through or who have been through treatment for breast cancer.
- Patients would benefit from further education regarding the potential side effects when commencing treatment which has the potential to induce menopausal symptoms.
- Literature regarding management of menopausal symptoms such as that by Breast Cancer Care should be given out to patients when commencing treatment, particularly endocrine therapy where treatment is on-going for 5+ years.
- The results of the audit justify the proposal for a nurse-led menopausal symptom clinic. Patients need to have the opportunity to discuss such symptoms as anecdotally they do not always find it easy to discuss their concerns regarding such symptoms.

Learning points

- Gap in the literature.
- There is arguably scope for working towards a research proposal following the audit.
- Learnt the importance of identifying and utilising an appropriate and acknowledged pilot audit tool.
- Recognised the importance of tailoring and utilising a pilot audit.
- When asking patients if their periods stopped during treatment we did not ask specifically which treatment they were receiving/had received. When re-auditing this would be a useful question to ask to gain additional information.

Key words

Audit	Breast cancer	Women	Menopause	Symptoms	Nursing role
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References



Project Number: CE12/791

KEY (Change status)

- 1 Recommendation agreed but not yet actioned
- 2 Action in progress
- 3 Recommendation fully implemented
- 4 Recommendation never actioned (please state reasons)
- 5 Other (please provide supporting information)

Clinical Audit Action Plan

Project title	Management of menopausal symptoms for patients who have undergone or who are undergoing treatment for breast cancer
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Action plan lead	Name: Bethan Daniel	Title: Breast Clinical Nurse Specialist	Contact:
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Ensure that the recommendations detailed in the action plan mirror those recorded in the "Recommendations" section of the report. The "Actions required" should specifically state what needs to be done to achieve the recommendation. All updates to the action plan should be included in the "Comments" section.

Recommendation	Actions required (specify "None", if none required)	Action by date	Person responsible (Name and grade)	Comments/action status (Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been actioned etc)	Change status (see Key)



Please mark your choices with a 'X' & keep free text within the boxes

Menopausal Symptom Questionnaire

At The Christie we are committed to providing high quality care for all our patients. As a way of trying to make sure this happens we ask patients who use our services about their experiences and needs.

We are currently trying to identify if there is a need for the development of a service for women who experience menopausal symptoms.

The questionnaire should take no more than 5 minutes to complete. When completed, please place in the envelope provided and hand it in to a member of staff.

Although we would very much appreciate your help, completion of this survey is voluntary. The information you provide will remain confidential and the questionnaire is anonymous. If you decide not to complete the questionnaire, this will not affect the care you receive from the NHS in any way.

Your comments are important to us and the results from this questionnaire will help us to improve the care we deliver and to shape the service around your needs.

Many thanks

Q1a. Please state your age: years

Q1b. Year of diagnosis:

Q2. Are you having chemotherapy treatment at present? Yes No

If 'Yes' → **i) How long ago did you start it?**

ii) How many cycles have you had so far?

Q3. Have you previously had chemotherapy treatment? Yes No

If 'Yes' → **i) Approx how long ago did you start it?**

Q4. Did your periods stop during chemotherapy?

Yes No

Yes, but have returned since completion of chemotherapy

Already post menopausal before treatment started

Q5. Are you taking any endocrine treatment at present? Yes No

If 'Yes' → **a) Which drug is it:**

- Tamoxifen
- Femara (letrozole)
- Arimidex (anastrozole)
- Exemestane (aromasin)
- Faslodex (fulvestrant)
- Tamoxifen then changed to one of the above drugs

b) How long have you taken it?

Q6. Have you previously had endocrine treatment? Yes No

If 'Yes' → **State drug:** **& How long did you take this for:**

Please turn over to page 2 →



Please mark your choices with a 'X' & keep free text within the boxes

Q7. Could you please complete the following 'Menopause Rating Scale':

Which of the following symptoms apply to you at this time?

Please mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.

	None	Mild	Moderate	Severe	Very severe
1. Hot flushes, sweating (episodes of sweating)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability (feeling nervous, inner tension, feeling aggressive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anxiety (inner restlessness, feeling panicky)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Physical & mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual problems (change in sexual desire, altered/diminished sexual activity & satisfaction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mention any other menopausal symptoms you have been affected by:

Q8. Have you previously discussed menopausal symptoms with a healthcare professional?

Yes No → If 'Yes', with who:

 ↓
 Was this helpful? Yes No

Q9. If you have identified any of the above symptoms would you have found it helpful to discuss these in further detail with a healthcare professional? Yes No

 ↓
 a) How would you prefer to do this? (tick as many as apply)

 Face to face with a breast care nurse

 A telephone conversation

 Group meeting of women with similar experiences

 Other:
 (please state)

Please add any further comments you think may be relevant: