



## Global Journal of Nursing

(ISSN:2637-4994)



# Oncology Care Project with Inter and Multiprofessional Approach: Actions to Minimize Collateral Effects and Suffering, Caused By the Treatment of Chemotherapy

Nádia Larissa Henrique de Lima<sup>1</sup> \*; Gustavo Cavalcante Silva<sup>2</sup>; Monaly Vital Correia<sup>2</sup>; Mauricésar Barbosa<sup>2</sup>; Gabriel Amaral Souza<sup>2</sup>; Karol Fireman de Farias<sup>3</sup>

### ABSTRACT

**Objective:** To report multi and interprofessional experience during extension actions aimed at minimizing the side effects and suffering caused by the treatment of chemotherapy. **Methods:** This is a descriptive study of the type of experience report of the university extension project that focuses on the use of light technologies to cope with routine situations of care practice in an oncology sector. **Results:** The side effects caused by antineoplastic drugs are part of the day-to-day treatment of cancer patients. Some side effects were listed with patients, such as dry mouth, diarrhea, nausea and vomiting, alopecia, constipation and mouth with metallic or bitter taste from the antineoplastic. Through ingestion of healthy foods like fruits, vegetables, greens and cereals properly listed these unwanted effects can be minimized. Other actions such as music therapy help to alleviate suffering because it causes happiness and satisfaction. **Conclusion:** Health education is an important strategy to share knowledge, especially in the area of relieving suffering through complementary guidelines and therapies. Music is a therapeutic and playful instrument and influences the emotions and well-being of individuals. In addition, the actions of the Oncology Care project strengthen us as a human being and professional in formation.

**Keywords:** Health Education, Medical Oncology, Nutrition Therapy, Nursing Care.

### \*Correspondence to Author:

Nádia Larissa Henrique de Lima

### How to cite this article:

Nádia Larissa Henrique de Lima; Gustavo Cavalcante Silva; Monaly Vital Correia; Mauricésar Barbosa; Gabriel Amaral Souza; Karol Fireman de Farias. Oncology Care Project with Inter and Multiprofessional Approach: Actions to Minimize Collateral Effects and Suffering, Caused By the Treatment of Chemotherapy. Global Journal of Nursing , 2019; 2:9

 eSciPub  
eSciPub LLC, Houston, TX USA.  
Website: <http://escipub.com/>

## INTRODUCTION

Cancer is a pathological state originated from uncontrolled cell growth, which extrapolate the phases of controlled cell growth which are hyperplasia, metaplasia and dysplasia. The neoplasia is considered as the abnormal multiplication of the tissue, causing partial or total loss of the control maintained by the organism, and thus, it continues in constant proliferation until it is constituted autonomous enough to provoke aggressive effects in the individual<sup>1</sup>. According to data from the National Cancer Institute José Alencar Gomes da Silva (INCA), 324,580 new cases of cancer in men and 310,300 in women were estimated for 2018, both with incidence per 100 thousand inhabitants. By 2016 the incidence of cases of cancer in men was 295,200 and in women 300,870, both per 100 thousand inhabitants<sup>2</sup>. It can be seen that there was an increase in the number of cases. Among men, the highest incidence is prostate cancer with 31.7% (68,220 cases) and in women it is breast cancer with 29.5% (59,700 cases). The northeastern region has the same incidence at national level. However the northern region has a difference, the most incident cancer is of the cervix with 24.8% (2,300 cases) of the total of 11,770/100,000 inhabitants<sup>3</sup>.

There are three types of treatment for cancer, they are surgery, radiation therapy and chemotherapy. They can be performed together to treat malignant neoplasms, which differs between these is their purpose and their indication. Chemotherapy consists of a systemic treatment that uses drugs called chemotherapeutics, hormone therapy, biotherapeutics, immunotherapeutics and target therapies. The dosage is calculated according to the weight and height of the patient, since other chemotherapeutics are constituted of single dose. In these cases, there is no need to use the height and weight of the patient as a parameter. Administration of the drugs is done in cycles which may vary over time, i.e., per day, week,

fortnight, 3/3 weeks, 4/4 weeks, 5/5 weeks or 6/6 weeks<sup>1</sup>.

According to COFEN Resolution No. 569/2018, the administration of antineoplastic chemotherapeutics is the exclusive competence of the nursing professional, according to the pharmacokinetics of the drug and the therapeutic protocol due to the high degree of complexity, requiring greater technical knowledge about neoplastic patients and their adverse effects, level of toxicity and antineoplastic administration techniques<sup>4</sup>. In a study carried out in the oncology department of a military hospital in Rio de Janeiro, it was shown that the most commonly used chemotherapy protocols were gemcitabine, taxotere, fluorouracil and taxol. They related the drug to gastrointestinal manifestations, with gemcitabine associated with constipation, mucositis and diarrhea, the use of taxotere was associated with emesis and mucositis, fluorouracil was associated with anorexia, nausea and diarrhea and taxol was associated with anorexia, constipation, nausea, emesis and diarrhea<sup>5</sup>. Despite these undesirable effects, patients perceive the importance of food, consider that nutrition does well, strengthens and preserves autonomy, promotes pleasure and satisfies hunger, improves health and quality of life, and increases the expectation of their lives<sup>6</sup>.

In order to transmit knowledge, health education is an indispensable methodology. The term health education refers to a construction of health knowledge inserted in the population as a way of granting or maximizing the autonomy of individuals. With this, society can maintain control over health policies and services<sup>7</sup>. Based on this principle, there are three elements that allow the realization of this process: the health professional who practices prevention and health promotion, managers who support the action of the professional and the population that needs to constitute knowledge, perform self-care and develop critical and reflective thinking<sup>8</sup>.

## OBJECTIVE

To report the multi and interprofessional experience accomplished during extension actions aimed at minimizing the side effects and suffering caused by the treatment of chemotherapy.

## **METHODS**

This is a descriptive study of the report type of experience of university extension project that focuses on the use of light technologies for coping with routine situations of care practice in an oncology sector. Developed by students of various degrees and professors of the Federal University of Alagoas, Campus Arapiraca (UFAL). The experience was performed in the oncology sector of a private hospital and component of the oncology network of the Unified Health System (SUS) in Arapiraca-AL. The project's actions take place twice a month since June 2018. The oncology department of this hospital consists of two outpatient clinics, a chemotherapy room, a waiting room, two wards and a reception.

The actions carried out by the extension project team entitled "Oncology Care: a multi and interprofessional approach" were health educations, outpatient consultation, music therapy, poem reading, speaking moments, booklet production and delivery of roses and healthy foods. The team has a multiprofessional composition formed by students and teachers of Nursing, Biological Sciences and Computer Science courses. The patients assisted during the actions had prostate, gynecological, breast, skin and lung cancer, under treatment with chemotherapy.

Health education was promoted with groups of men and women in the chemotherapy treatment room and in the wards regarding foods that ameliorate the side effects of antineoplastics. In the attendance, the participation consisted in carrying out nursing consultation with patients with cervical cancer in oncological treatment and in follow-up, after the chemotherapy treatment. The music therapy activities were performed in the waiting room, treatment room and in the wards in order to promote enjoyment and

relaxation therapy. The songs were chosen so as to provide happiness, motivation for life and a feeling of lightness. The reading and interpretation of the poem reported the valuation of affectionate and directed words for the patients, for the search for renewal and hope, belief in the prosperous future. Moments of conversation allowed them to relate how they felt, how the treatment was being made for them, and how to share their stories with the academics. It also consisted of producing primers: one with guidelines on what to eat to reduce the side effects of antineoplastics and another with two healthy meal recipes. Delivery of roses and a fruit to the patients who were on chemotherapy, to the inmates in the wards and also to their companions. All activities involved about 50 people, including patients, family members, health professionals and academics.

Based on the perception that everyone has previous knowledge and that continuous and quality follow-up can contribute to the treatment of cancer patients, this article sought to address actions that motivate the continuity of treatment and minimization of the side effects of antineoplastics from the perspective of the approach inter and multiprofessional. The project was registered in the Integrated System of Management of Academic Activities (SIGAA) under registry PJ098-2018 and has funding provided by the Federal University of Alagoas (UFAL) through the Community Circles of Extensionist Activities Program (ProCCaext) approved under the notice N° 04 PROEX 2018.

## **RESULTS**

The side effects caused by antineoplastics are part of the day-to-day treatment of cancer patients. Some side effects were related to patients, such as dry mouth, diarrhea, nausea and emesis, alopecia, constipation and mouth with metallic or bitter taste from the antineoplastic. Through ingestion of healthy foods like fruits, vegetables, greens and cereals properly listed these unwanted effects can be minimized.

In the scope of activities, the inter and multiprofessional factors were essential for the development of the project. The group discussions allowed us to identify, among several undergraduates and teachers, our interconnections with the various possibilities to promote self-care, in order to prevent the fragmentation of training, and thus contextualizing multiprofessional thinking and action.

During the development of the extension project, we sought to have a sensitive, attentive, welcoming posture, observing the needs of those who were in treatment or accompanying the patients in the oncology sector. It was used the dialogue, with exchange of experiences and motivations to face the side effects of cancer treatment.

Education and health are indissociable and their practices are produced socially in time and defined historical space. It is worth emphasizing that education has a direct influence on the health conditions of the population characterized by social, political, economic and cultural aspects. In addition, it aims to develop individual and collective capacities to improve the quality of life and health. In our practice, we carry out the humanistic pedagogical approach which is based on the valuation of the patient's personality. Then, learning is developed through the re-signification of personal experiences, being the patient protagonist of his own learning process through applied democracy in interpersonal relations<sup>9</sup>.

During health education the emphasis was on food that minimizes the side effects of antineoplastics. During the course of treatment, the patients initiate a learning process about their self-care, in a dynamic of deconstruction and reconstruction of knowledge<sup>9</sup>. Individually or collectively, they will have more access to knowledge, in order to increase their autonomy for self-care. From this practice, the development of critical-reflexive thinking was also motivated, orienting the subject(s) for their emancipation and understanding of their role in

society, providing patients with new perspectives<sup>8</sup>.

For the discussion of the topic "Foods that reduce the unwanted effects of chemotherapy" were prepared and delivered leaflets and booklets with tips on the subject and with culinary recipes for the same purpose. As well as a red rose for each patient and her companion in order to value this moment with life. To motivate healthy eating was delivered a fruit packed with satin ribbon. Health education was carried out in the various environments of the oncology sector such as the waiting room, chemotherapy room and wards, where patients were being treated. In these moments the objectives of the project were explained and finally asked what they felt about the actions and what they would suggest for other meetings.

During the actions we were well received by both professionals and patients and their companions. At first the silence, attentive listening and gradually they began to participate, talk about their experiences and troubles. At first, the environment seemed cold and sad to us, after the interaction with our group, they could smile, express their lightness in the look. We were concerned about the patients' well-being and this was motivating for them to report how important other professionals were, as well as the staff of every chemotherapy session. During this process, we listen to their experiences and opinions, being a positive point for our practice and for our enrichment as a professional in formation.

One of the patients reported that he had already undergone all chemotherapy treatment and was undergoing a "maintenance" treatment and talked a little about his treatment experience, relating to the side effects he felt. In another speech, a patient said what it was like to undergo chemotherapy and felt some of the side effects we mentioned as nausea and emesis. The side effects addressed were constipation, diarrhea, inappetence, xerostomia and dysgeusia, nausea and emesis.

Targeted feeding is very important for these patients. Many begin to have constipation during treatment, but increased hydration, ingesting about 1.5 to 2 liters of water per day, and dietary fiber in the diet can significantly reduce these effects. Other measures that can be adopted are fractionating the diet in six meals or more per day, consuming moist foods, accompanied by sauce, also fruits and vegetables such as lettuce, arugula, broccoli, among others. If possible and tolerable by the patient, it can offer raw fruits or with the peel and/or bagasse, as well as pineapple, orange, papaya and plum<sup>10</sup>.

The conduct in constipation and diarrhea resemble at some points, what differs in diarrhea is the need to avoid foods with high content of insoluble fibers present in the raw or cooked vegetables, for example. It is important to replace liquids and minerals lost during bowel movements, to consume little liquid, divided several times a day, avoid foods with high lipid content and beverages such as coffee, alcohol, among others. And prefer constipating foods, they are rice, cornmeal, tapioca, dried fruits without the peel (apple, guava, passion fruit, latundan banana and burro banana, lemon). For children, use oral rehydration therapy (TRO)<sup>10</sup>.

In case of inappetence, a fractionated diet is indicated in six meals a day, eating hyperprotein and hypercaloric foods, such as meals accompanied by cheese, whole milk, honey, sugar, ice cream, creams and fillings. Make use of dietary supplements, one to three times a day under the guidance of the nutritionist, prepare the meal environment in order to convey comfort and beauty to attract the attention of the patient. In cases where there is xerostomia (decreased salivation) and dysgeusia (changes in the taste of food in the taste buds), the strategies indicated are sucking citrus fruits to stimulate salivation, ingesting liquids in few quantities and several times a day and during meals, because it facilitates swallowing and chewing, consuming more humid foods such as sauces and creams. Also, avoid spicy foods and prefer to use natural seasonings in the preparation of meals. In

addition, in cases of nausea and emesis, the patient should prioritize preferred foods, consume liquids slowly, in small amounts and several times a day and that is better tolerated as juices, teas or coconut water. However, if vomiting is frequent, avoid eating<sup>11</sup>.

Preparations like pumpkin cream with ginger is indicated when there is the presence of nausea and vomiting, xerostomia, dysphagia and dysgeusia. The other is a recipe for chicken couscous with indication for dysphagia and mucositis.

Of the actions performed music therapy was the one that caught the attention of everyone, where they smiled, cried and sang. The sound of each song delighted them, bringing to the surface the faces of satisfaction and animation. How wonderful was the integration during the playing of each song.

With the publication of Ordinance No. 849, of March 27, 2017, music therapy was inserted into the National Policy of Integrative and Complementary Practices (PNPIC), this practice uses music and its elements (sound, rhythm, melody and harmony) to instigating communication, relationship, learning, as well as other therapeutic goals, directed individually or in a group. This practice is related to creative, affective, physical and emotional development and triggers relaxation, being very important for patients undergoing chemotherapy<sup>12</sup>. Some patients report that when they participated in these moments of music therapy, they felt positive feelings, they did not perceive the time passing, they felt good and happy, they were able to relax and even doze off, they got distracted and did not think about the treatment and so they had fun and remembered happy moments with the people they love<sup>13</sup>.

We delivered a fruit, which sent them the need for healthy food. We continue with the reading of a poem with motivational message as a way to propose the rebirth of patients' confidence in the treatment, to maintain high self-esteem to move forward and to deliver roses to the patients and companions present in the oncology sector. We

noticed the excitement and happiness of two patients when they received the roses, where one of them told us that he had never had a rose before. Such a story moved the team and we were sure that we are treading the right path and obtaining a result of inestimable value: the happiness of the other.

Later, we left for the cancer ward. There were few patients, about four, since most had been discharged. There we performed all the activities done by the students in the chemotherapy room. The patients were attentive to health education, and in the course, one of the patients reported having felt some symptoms, accompanied by singing songs, and some companions danced, we managed to provoke smiles in the patients who, initially, were serious, depressed and saddened, because in their reality encountered pain and suffering, so the importance of these actions to bring a little joy and hope in this difficult stage experienced by them.

## CONCLUSION

Experience reports are of paramount importance so that other academics and practitioners can evaluate the outcome of a particular practice and conclude whether it will be positive or negative to apply to their reality. Health education is a strategy that assists in the promotion and prevention of health among the population. In our practice, realizing extensionist practices strengthens our learning where the theoretical-practical process is in a single symphony, harmonic, simple and at the same time complex. It is noticeable that without these learning experiences, the gaps remain open in the training of a graduate.

The minimization of side effects approach has made us realize that poorly addressed subjects in such complex settings leave patients even more susceptible to the problems that the pathologies add. Music Therapy, health education and other integrative practices are proven to be scientifically effective, as they work to strengthen interpersonal relationships, ease suffering, cause relaxation, among other benefits, and also keep SUS users informed that

can be actors of the transformation of reality. Intervening in an interdisciplinary and multidisciplinary way strengthens the training, the service and the users of these services, adding diverse and necessary knowledge to cancer patients.

Therefore, we realize that the extensionist actions strengthen us and help us grow as a human being and professional so that in the work environment we are more human, together with good technical-scientific practice.

## REFERÊNCIAS

1. Brasil. Manual de Bases Técnicas da Oncologia - SIA/SUS - Sistema de Informações Ambulatoriais. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Regulação, Avaliação e Controle. Coordenação de Sistemas de Informação [internet]. 23 ed. Outubro, 2016 [Acesso em 28 set 2018]. Disponível em: [http://www1.inca.gov.br/inca/Arquivos/Manual-Oncologia\\_23a-edicao\\_10\\_10\\_2016.pdf](http://www1.inca.gov.br/inca/Arquivos/Manual-Oncologia_23a-edicao_10_10_2016.pdf)
2. Instituto Nacional de Câncer José Alencar Gomes da Silva. Coordenação de Prevenção e Vigilância. Estimativa 2016: incidência de câncer no Brasil [internet]. Instituto Nacional de Câncer José Alencar Gomes da Silva – Rio de Janeiro: INCA, 2015 [Acesso em 28 set 2018]. Disponível em: [http://www1.inca.gov.br/conteudo\\_view.asp?id=471](http://www1.inca.gov.br/conteudo_view.asp?id=471)
3. Instituto Nacional de Câncer José Alencar Gomes da Silva. Coordenação de Prevenção e Vigilância. Estimativa 2018: incidência de câncer no Brasil [internet]. Instituto Nacional de Câncer José Alencar Gomes da Silva. Coordenação de Prevenção e Vigilância. – Rio de Janeiro: INCA, 2017 [Acesso em 28 de set de 2018]. Disponível em: [http://www1.inca.gov.br/conteudo\\_view.asp?id=471](http://www1.inca.gov.br/conteudo_view.asp?id=471)
4. Cofen. Resolução Nº 569, de 19 de fevereiro de 2018. Aprova o regulamento técnico da atuação dos profissionais de enfermagem em quimioterapia antineoplásica. Diário Oficial União. 22 fev 2018; Seção 1:36.
5. Dias VM, Coelho SC, Ferreira FMB, Vieira GBS, Cláudio MM, Silva PDG. O grau de interferência dos sintomas gastrintestinais no estado nutricional do paciente com câncer em tratamento quimioterápico. Rev Bras Nutr Clin. 2006; 21(2):104-10. ISSN 0103-7196.
6. Costa MF, Soares JC. Alimentar e nutrir: sentidos e significados em cuidados paliativos oncológicos. Revista Brasileira de Cancerologia

- [internet]. 2016 fev [acesso em 28 set 2018]; 62(3): 215-224. Disponível em: [http://www1.inca.gov.br/rbc/n\\_62/v03/pdf/04-artigo-alimentar-e-nutrir-sentidos-e-significados-em-cuidados-paliativos-oncologicos.pdf](http://www1.inca.gov.br/rbc/n_62/v03/pdf/04-artigo-alimentar-e-nutrir-sentidos-e-significados-em-cuidados-paliativos-oncologicos.pdf)
7. Brasil. Ministério da Saúde. Secretaria-Executiva. Secretaria de Gestão do Trabalho e da Educação na Saúde. Glossário temático: gestão do trabalho e da educação na saúde [internet]. Ministério da Saúde. Secretaria-Executiva. Secretaria de Gestão do Trabalho e da Educação na Saúde. – 2. ed. – Brasília: Ministério da Saúde, 2012 [acesso em 28 set 2018]. Disponível em: [http://bvsmms.saude.gov.br/bvs/publicacoes/glossario\\_sgtes.pdf](http://bvsmms.saude.gov.br/bvs/publicacoes/glossario_sgtes.pdf)
  8. Falkenberg MB, Mendes TPL, Moraes EP, Souza EM. Educação em saúde e educação na saúde: conceitos e implicações para a saúde coletiva. *Ciência e Saúde Coletiva* [internet]. 2014 [acesso em 28 set 2018]; 19(3): 847-852. Disponível em: <http://www.scielo.br/pdf/csc/v19n3/1413-8123-csc-19-03-00847.pdf>
  9. Machado AGM, Wanderley LCS. Educação em Saúde. Especialização em Saúde da Família. UNA-SUS/UNIFESP [internet]. [acesso em 28 set 2018]. Disponível em: [https://www.unasus.unifesp.br/biblioteca\\_virtual/esf/2/unidades\\_conteudos/unidade09/unidade09.pdf](https://www.unasus.unifesp.br/biblioteca_virtual/esf/2/unidades_conteudos/unidade09/unidade09.pdf)
  10. Corrêa PH, Shibuya E. Administração da terapia nutricional em cuidados paliativos. *Revista Brasileira de Cancerologia* [internet]. 2007 [acesso em 27 set 2018]; 53(3): 317-323. Disponível em: [http://www1.inca.gov.br/rbc/n\\_53/v03/pdf/revisao\\_2.pdf](http://www1.inca.gov.br/rbc/n_53/v03/pdf/revisao_2.pdf)
  11. A.C.Camargo câncer center. Livro de Receitas: oficina de culinária [internet]. A.C.Camargo Cancer Center [acesso em 29 set 2018]. Disponível em: <http://www.accamargo.org.br/noticias/livro-com-receitas-de-todas-oficinas-de-culinaria-traz-novos-sabores-sua-saude>
  12. Brasil. Portaria Nº 849, de 27 de março de 2017. Inclui a Arteterapia, Ayurveda, Biodança, Dança Circular, Meditação, Musicoterapia, Naturopatia, Osteopatia, Quiropraxia, Reflexoterapia, Reiki, Shantala, Terapia Comunitária Integrativa e Yoga à Política Nacional de Práticas Integrativas e Complementares. *Diário Oficial da União* [acesso em 29 set 2018]. 22 Mar 2017; Seção 1:68. Disponível em: [bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt\\_0849\\_28\\_03\\_2017.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt_0849_28_03_2017.html)
  13. Silva SA, Fava SMCL, Nascimento MC, Ferreira CS, Marques NR, Alves SM. Efeito terapêutico da música em portador de insuficiência renal crônica em hemodiálise. *Rev. enferm. UERJ* [internet], Rio de Janeiro, 2008 [acesso em 29 set 2018]; jul/set; 16(3):382-7. Disponível em: <http://www.facenf.uerj.br/v16n3/v16n3a14.pdf>

