

EXAMINING THE QUALITY OF LIFE AMONG WOMEN WITH CERVICAL CANCER

Kozmann K¹, Horváth D¹, Szabó-Gabara K¹, Madarász I¹, Sugár M¹,

Karácsony I², Boncz I¹, Pakai A³

¹UNIVERSITY OF PÉCS, PÉCS, HUNGARY,

²UNIVERSITY OF PÉCS, SZOMBATHELY, ZA, HUNGARY,

³UNIVERSITY OF PÉCS, PÉCS, ZA, HUNGARY

OBJECTIVES

The aim of our study was to assess the quality of life of women diagnosed with cervical cancer, with special regard to the type of treatment of the disease, fatigue, changes in mood, sexual disorders, and depression in terms of demographic characteristics.

METHODS

Quantitative cross-sectional studies were performed between October 2021 and February 2022. The target population for non-randomized, targeted sampling was women over 18 years diagnosed with cervical cancer. The data collection tool was a questionnaire consisting of self-designed questions and validated questionnaires (Beck Depression Questionnaire, FSFI, FS-36). In addition to descriptive statistical analysis, two-sample t-test, ANOVA, and linear regression were performed using Microsoft Excel Office 2016 ($p < 0.05$).

RESULTS

Respondents achieved 19% low, 28% medium, and 53% high quality of life in the 36 Item Short Form Survey. According to the Beck Depression Questionnaire, 46% of respondents have normal depression, mild in 20% of respondents, moderate depression in 24%, and severe in 10%. The Female Sexual Function Index found that 82% of respondents completed a score of 26.55 or less, suggesting sexual dysfunction. Women with higher education have a better quality of life. ($p < 0.001$) The quality of life of women doing manual labour is less favourable ($p = 0.045$). Marital status had no effect on the degree of depression in women ($p = 0.173$). The type of treatment was not found to be a significant risk factor for sexual function ($p = 0.309$). Residence also had no effect on women's quality of life ($p = 0.214$).

CONCLUSIONS

Our research has highlighted those women diagnosed with cervical cancer may be affecting their quality of life, sexual function, and degree of depression by numerous factors. Professionals have a significant responsibility in assessing the quality of life, mental state, and psychological leadership of women.

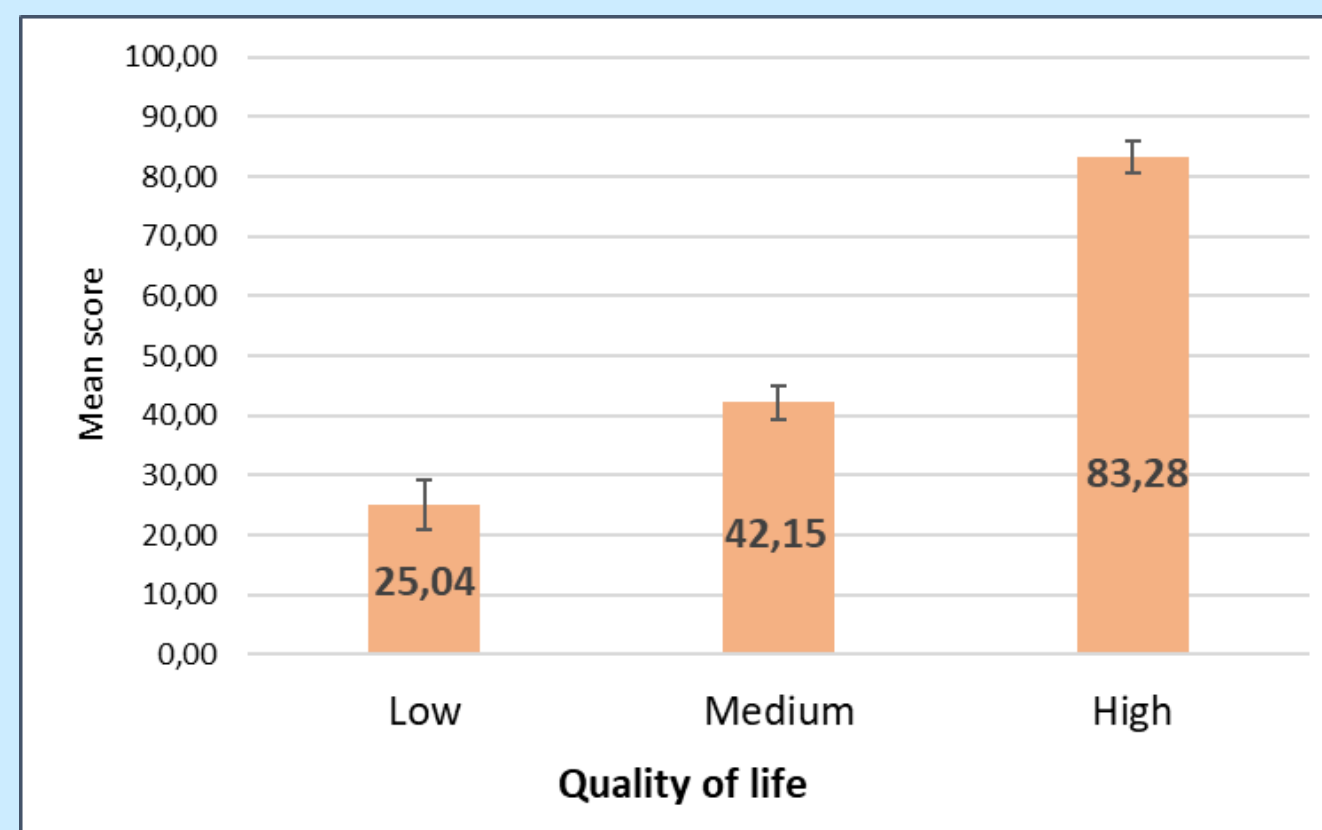


Figure 1. Distribution of SF-36 quality of life (n=90)

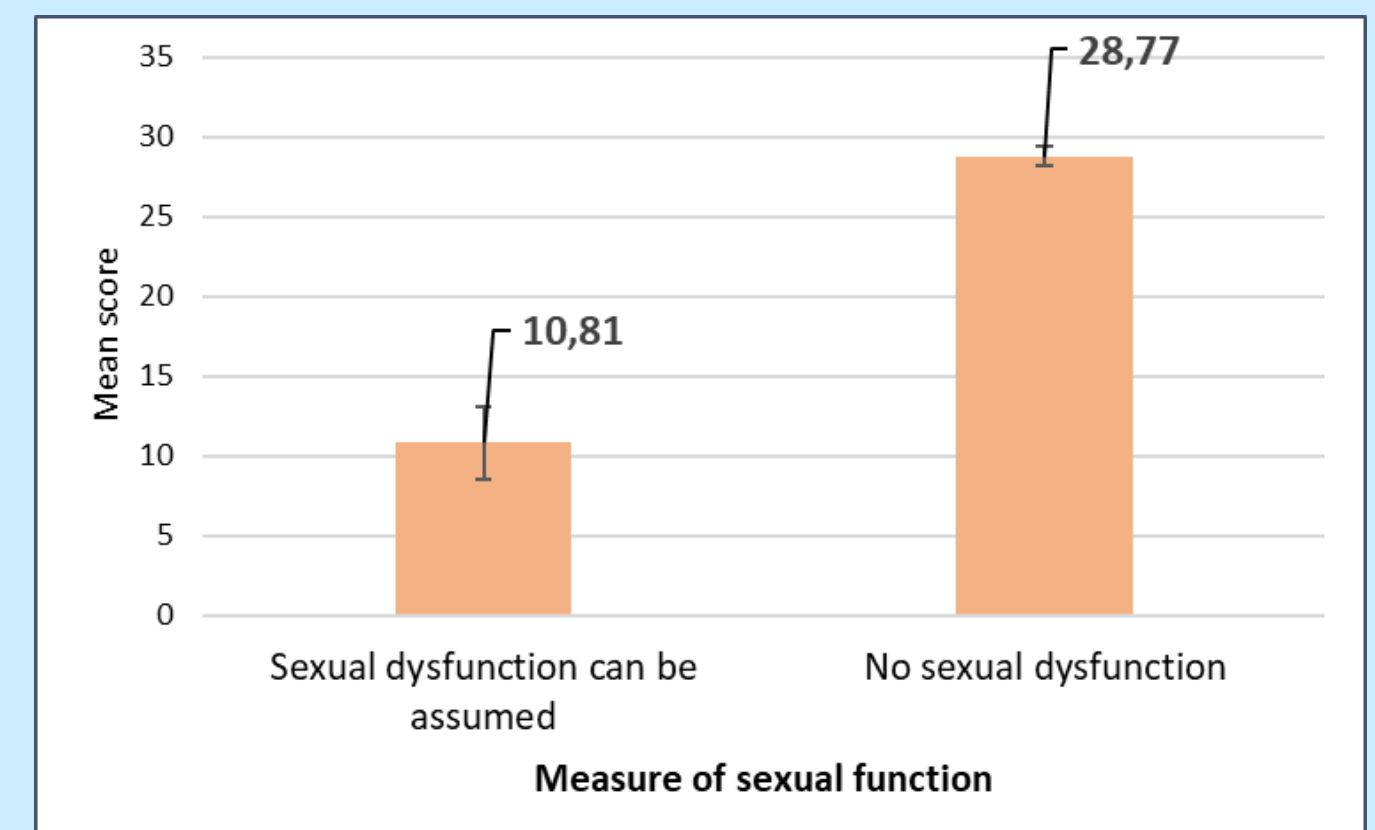


Figure 2. Distribution of FSFI sexual function results (n=90)

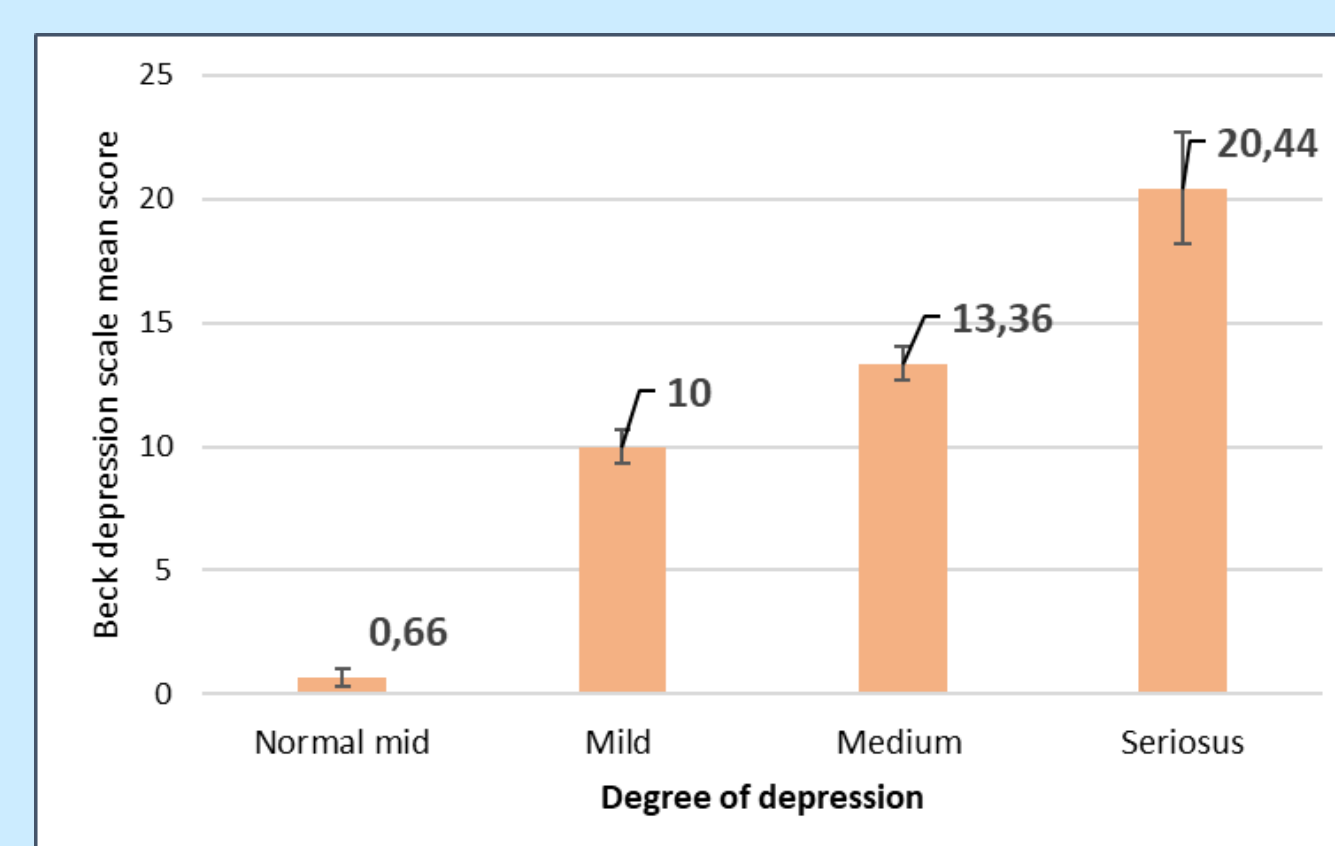


Figure 3. Distribution of degree of depression (n=90)

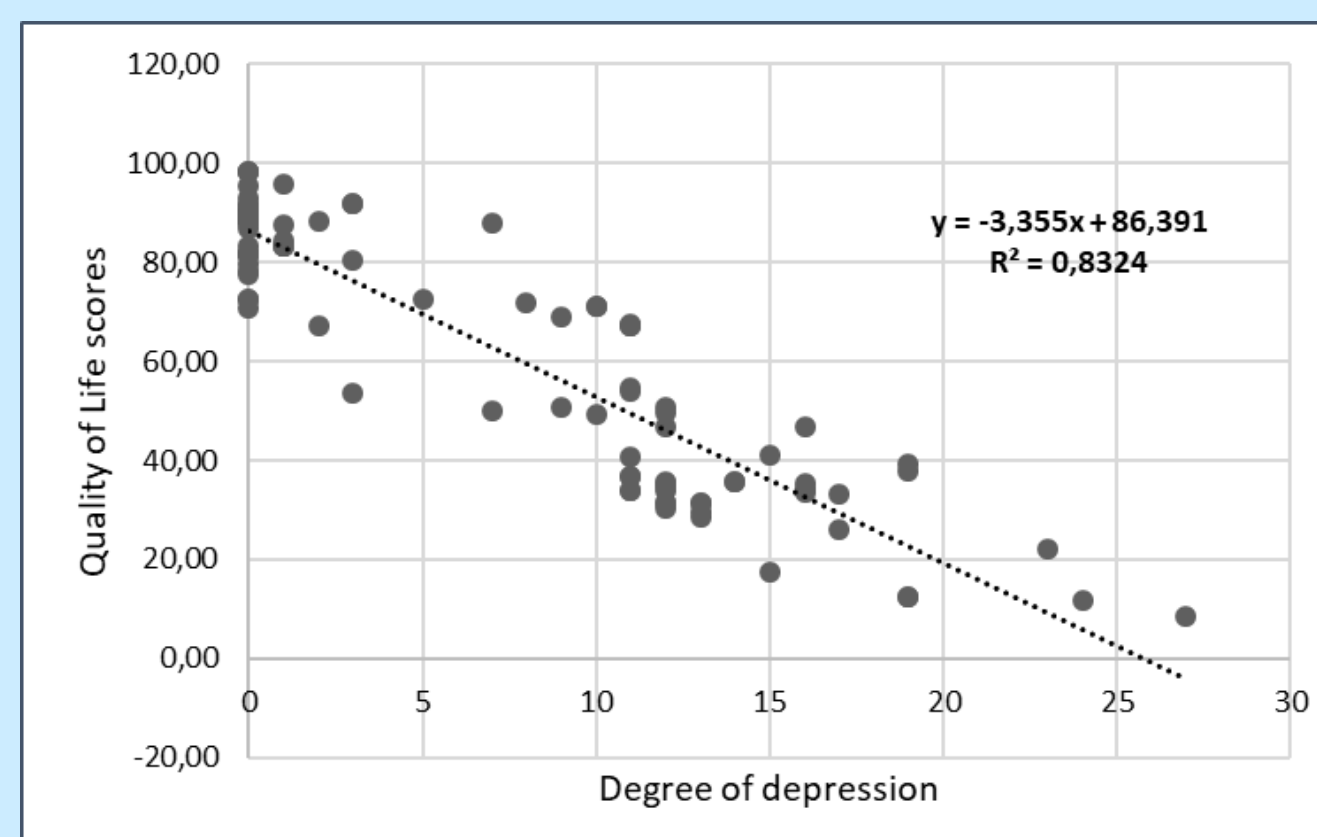


Figure 5. SF 36-Beck correlation (n=90)

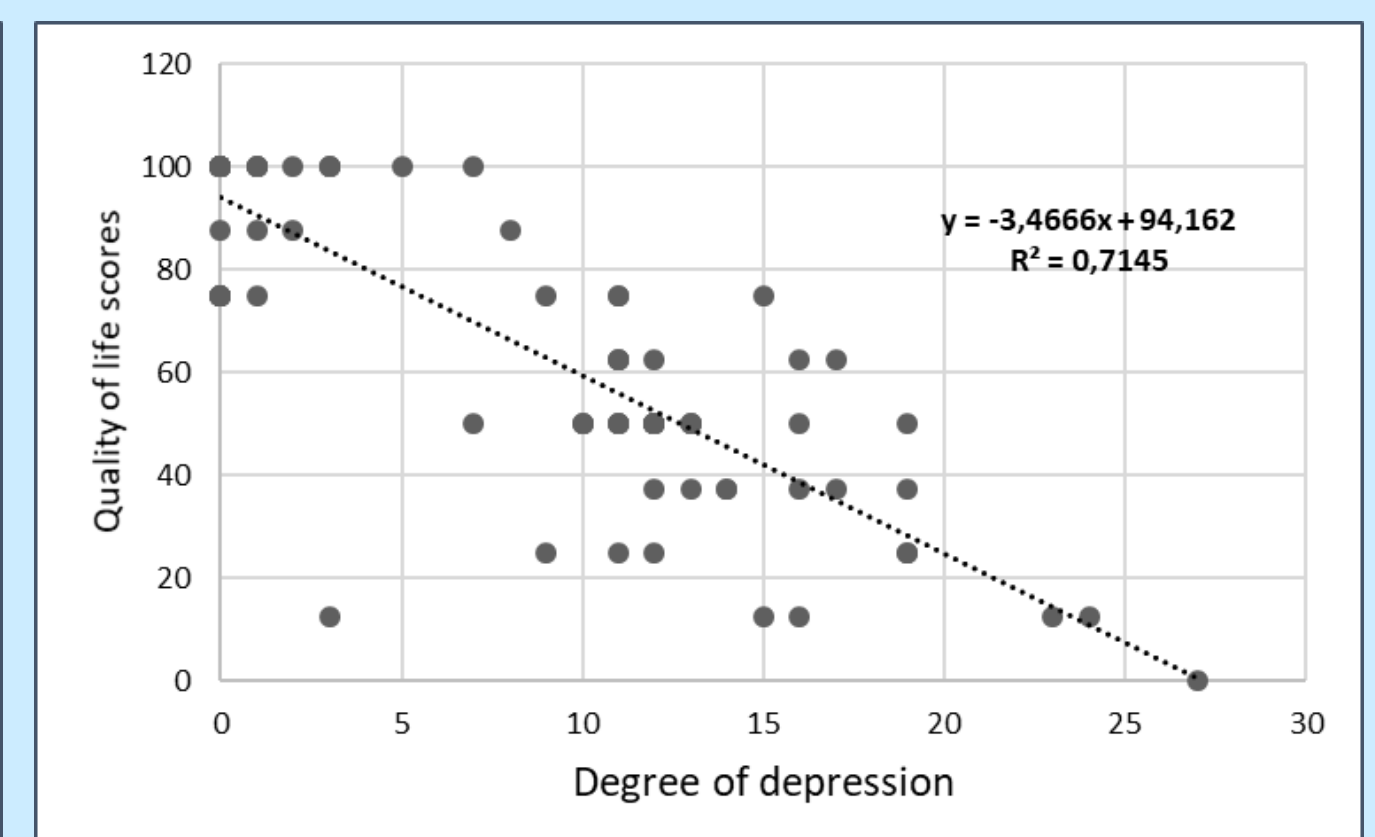


Figure 6. SF-36 social functioning subscale and depression correlation (n=90)

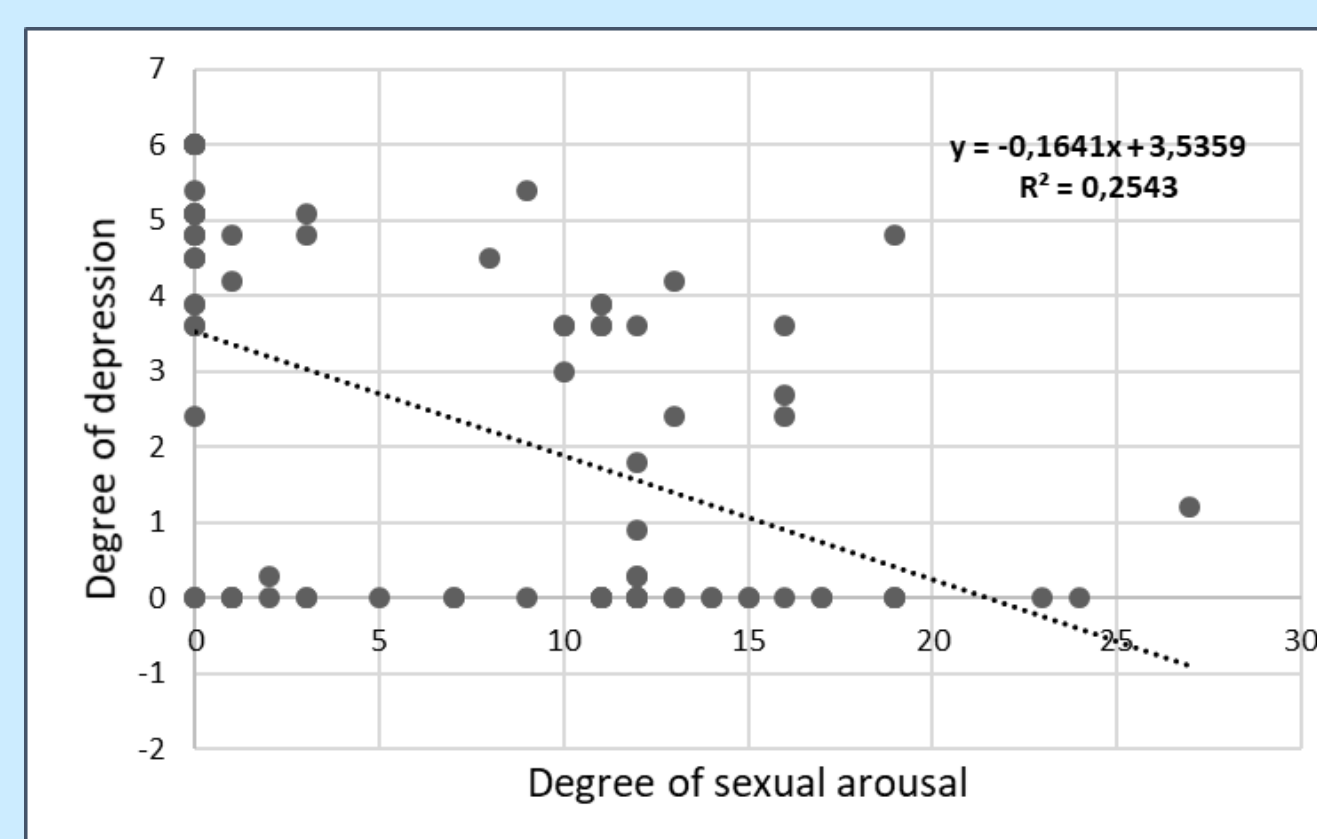


Figure 7. Correlation of FSFI sexual arousal subscale and depression (n=90)

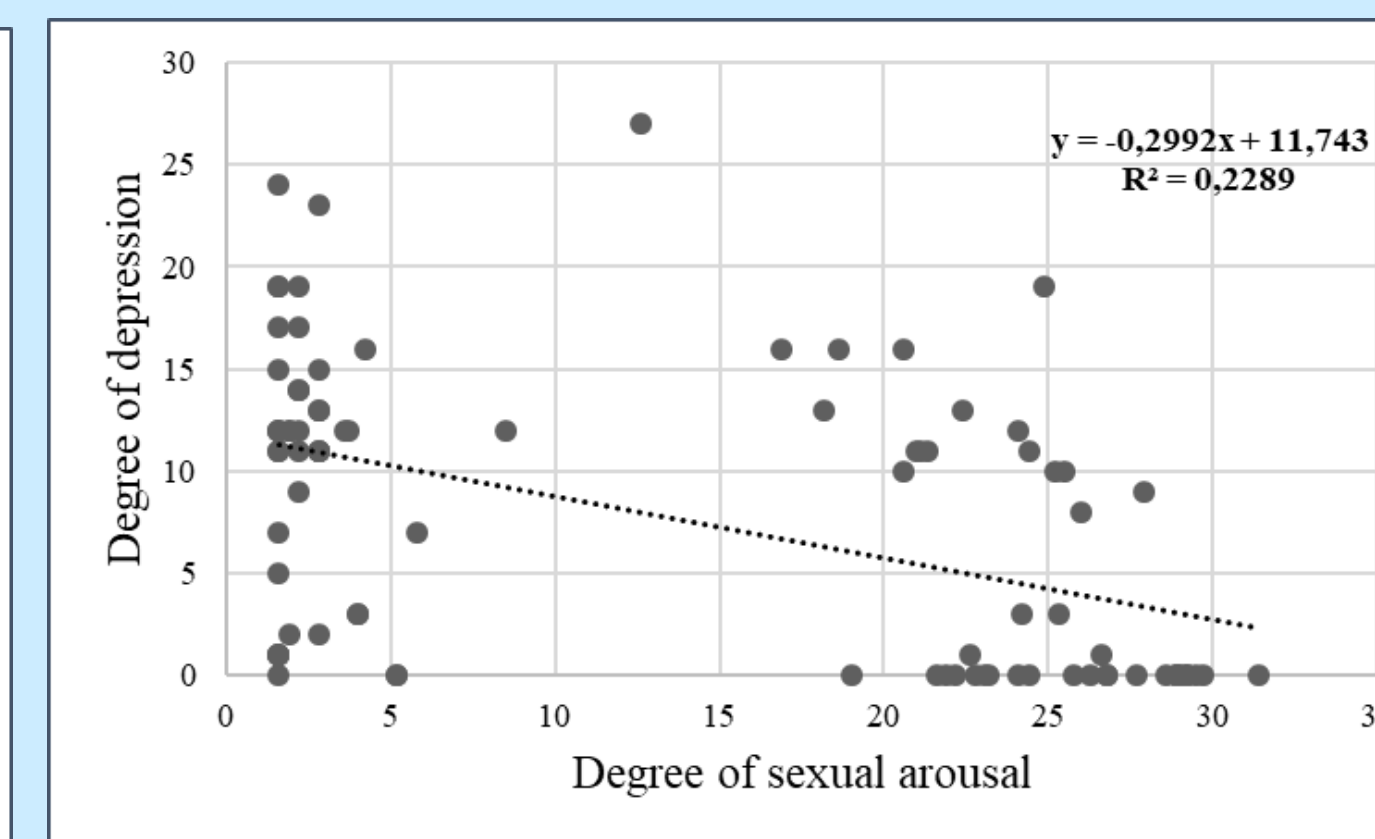


Figure 8. BECK-FSFI correlation (n=90)

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Corresponding author:

Dr. Imre BONCZ, MD, MSc, PhD, Habil
University of Pécs, Faculty of Health Sciences, Hungary
Institute for Health Insurance
E-mail: imre.boncz@etk.pte.hu



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