Ageing and cancer

BY DR LOH SIEW YIM

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Promoting self-management skills in elderly cancer survivors to help them cope and function independently.

SWISS philosopher Henri Frederic Amiel (1821-1881) once said: “To know how to grow old is the master work of wisdom, and one of the most difficult chapters in the great art of living.”
However, these days, this period of relatively unstructured living (with very few clear social roles) will undoubtedly get even more complicated, as demographic changes in the world will result in a marked increase in the number of cancer diagnoses in the elderly over the next 20 years.

The American Society of Clinical Oncology reported that from 2010 to 2030, the total projected cancer incidence will increase by approximately 45%, from 1.6 million in 2010 to 2.3 million in 2030. This increase is driven by cancer diagnosed in older adults. A 67% increase in cancer incidence is anticipated for older adults, compared with an 11% increase in younger adults. From 2010 to 2030, the percentage of all cancers diagnosed in older adults is projected to increase from 61% to 70%.

Considering such changes, it stands to reason that greater effort should be made to improve cancer care for the elderly, as well as equipping them with self-management skills to live meaningfully.

The theory of gerotranscendence – a developmental theory of positive ageing – can help explain the relationship between human nature and coping strategies. From an inductive analytical approach of data analysis involving 72 journals and four books, and using the theory of gerotranscendence and social action, a researcher has found some common strategies that can be used by elderly. These can be divided into adaptive coping strategies and active coping strategies. Adaptive strategies include acceptance, hope, change in perception, re-defining self, avoidance, reducing responsibilities, prayer, and less fear for life and death. Active coping strategies include adequate rest, therapy, medications, exercise, social interaction, getting busy, and maintaining a good standard of living.

As the elderly become challenged health-wise, coping will become the only tool to move on with life. Stressed elderly cancer survivors often do not naturally have interest in people around them, and have no interest in participating in social activities. Nevertheless, they can be instilled with hope when they feel the presence of supportive family and friends around them.

There are two approaches that can be used by the elderly for more effective living. The first, which is the preventive approach, uses the adaptive coping strategies discussed above, to achieve successful graceful ageing. The second, a corrective approach (i.e. the rehabilitative-therapeutic approach to reduce the impact of physical-psychosocial threats to the body) is a common coping strategy cited in literature. This type of coping strategy involves modifying one’s life to adapt to stressors when they have already occurred. Therefore, in elderly cancer survivors,
actively engaging in social-physical activities such as qigong, tai chi, aerobic exercises or community activities, allows recovery and rebuilding, and helps keep the bones and body in good shape. Involvement in social interaction and engaging in physical and psychosocial therapies have been found to positively correlate to improved health status. Indeed, ageing itself does not lead to death per se, but rather, it breaks down the immunity barrier and weakens the physical ability of the elderly, which creates ways for diseases or stressors to invade the body system. Such diseases or stressors are the ones that lead to death. Therefore, equipping oneself with self-management coping skills is a good preventive strategy for healthier coping and living.

Local support programme

A community support programme is being organised by Universiti Malaya’s (UM) Community and Industry Relations Centre (CITRA) and the UM Alumni Association to enable colorectal cancer survivors to have the opportunity to reach out to one another. Named the “Keep-able Community Programme”, it will offer two options for participants who fulfil the inclusion criteria, i.e, a diagnosis of colorectal cancer, experiencing distress and disturbed sleep, and living in Petaling Jaya, Selangor.

Participants will be invited to follow the intensive four-month group sessions facilitated by trainers from the London College Of Clinical Hypnosis (for the hypnosis group) or trainers from the Chi International Qigong association. Both programmes aim to teach self-management skills to the distressed via deep relaxation qi-breathing. Participants will be given a log book to record their sleep patterns at two weeks before commencement of the program (scheduled for Jan till April). Participants will have face-to-face support twice a week for the first two months, once a week for the third month, and telephone support for the last month. The programme will be conducted in the community hall at Section 16, Petaling Jaya, Selangor.

References:

> This article is contributed by The Star Health & Ageing Panel, which comprises a group of panellists who are not just opinion leaders in their respective fields of medical expertise, but have wide experience in medical health education for the public. The members of the panel include: Datuk Prof Dr Tan Hui Meng, consultant urologist; Dr Yap Piang Kian, consultant endocrinologist; Datuk Dr Azhari Rosman, consultant cardiologist; A/Prof Dr Philip Poi, consultant geriatrician; Dr Hew Fen Lee, consultant endocrinologist; Prof Dr Low Wah Yun, psychologist; Datuk Dr Nor Ashikin Mokhtar, consultant obstetrician and gynaecologist; Dr Lee Moon Keen, consultant neurologist; Dr Ting Hoon Chin, consultant dermatologist; Prof Khoo Ee Ming, primary care physician; Dr Ng Soo Chin, consultant haematologist. For more information, e-mail starhealth@thestar.com.my. The Star Health & Ageing Advisory Panel provides this information for educational and communication purposes only and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader’s own medical care. The Star Health & Ageing Advisory Panel disclaims any and all liability for injury or other damages that could result from use of the information obtained from this article.

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