

## Quality of Life

### Health-related Quality of Life among Women Diagnosed with Breast Cancer at The Princess Margaret Hospital, Nassau, The Bahamas

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**Objective:** To assess the quality of life (QoL) among breast cancer patients at The Princess Margaret Hospital in the context of age, treatment modality, body mass index (BMI) and stage.

**Methods:** Administration of an EORTC internationally validated questionnaire to volunteer, informed oncology patients after a small pilot. Scores were based on EORTC guide to assess for health-related quality of life concerns. Cross-tabulation and *t*-test were used to determine statistically significant differences between proportions. Meta-analysis was conducted to assess for predictors of global health reported quality of life.

**Results:** A total of 133 questionnaires were completed. Overall QoL scores were statistically significantly higher than reference. Global QoL score did not statistically significantly differ by age or BMI. Respondents in early and late stage disease had higher global QOL than reference. Patients with metastatic disease, had higher symptoms scores in fatigue ( $p = 0.015$ ) pain ( $p = 0.05$ ), appetite loss ( $p = 0.014$ ) and diarrhoea ( $p = 0.05$ ) and more breast symptoms ( $p = 0.029$ ) when compared to respondents non-metastatic disease. The chemotherapy group had higher symptom scores in the areas of fatigue, pain, GI complaints, financial difficulties, breast symptoms, arm symptoms and upset by hair loss and lower physical functioning, emotional functioning and cognitive functioning. Role functioning and sexual functioning scores were predictors of overall QoL scores.

**Conclusion:** This study population reported high QoL. The patients with metastatic disease however, reported significant disability despite good overall QoL scores. Patients may benefit from direct communication with their health providers concerning financial demands and a frank discussion on coping strategies.

### Quality of Life in Peri-menopausal Women: A Bahamian Perspective

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**Background:** Menopause is a process in a woman's life that she must go through once she lives past her child bearing years.

**Aim:** To determine how menopausal symptoms relate to the quality of life experienced by menopausal women attending outpatient clinics in Nassau, Commonwealth of The Bahamas.

**Methods:** Five hundred and twenty-two women aged 40–65 years were assessed using convenience sampling and an adapted version of the Women's Health Questionnaire to assess the quality of life of these participants. Descriptive and inferential statistics were obtained inclusive of strength of association and multiple logistic regression modelling. IBM-SPSS Statistics was used for analysis.

**Results:** Participating women's mean menopausal age was 51.0 ( $\pm 6.8$ ) years. Regarding occupation, "professionals, technicians and associate professionals" was the modal per cent accounting for 32.5%. Their mean BMI was 32.4 ( $\pm 7.0$ ) kg/m<sup>2</sup>. Of the women studied, 51.0% were post-menopausal, 15.5% perimenopausal and 33.5% premenopausal. Statistically significant ( $p \leq 0.05$ ) overall standardized mean scores obtained for each domain were 0.23 ( $\pm 0.206$ ) for depression, 0.45 ( $\pm 0.269$ ) for somatic symptoms, 0.31 ( $\pm 0.326$ ) for memory/concentration, 0.38 ( $\pm 0.426$ ) for vasomotor symptoms, 0.23 ( $\pm 0.268$ ) for anxiety/fears, 0.41 ( $\pm 0.281$ ) for sexual behaviour, 0.43 ( $\pm 0.345$ ) for sleep problems, 0.34 ( $\pm 0.312$ ) for menstrual symptoms and 0.20 ( $\pm 0.326$ ) for attractiveness.

**Conclusion:** Age, marital status, body mass index, occupation, educational level, menopausal status and income satisfaction were significantly associated with quality of life in menopausal women. Bahamian women enjoy a good quality of life as it relates to menopausal symptoms.

## Healthcare Provider Burnout

*J McKenzie*

Healthcare providers (HCPs) deliver a vital function to the communities they serve. In doing so, however, they may be subject to burnout. The exploration of HCP burnout as a concept defined as emotional exhaustion, depersonalization and reduced personal accomplishment, started in the 1970s and has been studied since.

Burnout has been found to be more common among physicians than other US workers with the highest rate found in family and emergency medicine physicians and the lowest rate in occupational medicine physicians. However, HCPs at every level are affected – from medical students and house-staff to nursing and support staff.

Stressors in the healthcare environment that can contribute to burnout include excessive workload, lack of leisure time, sleep deprivation, the emotional impact of caring for ill patients, lack of organizational support and control over job duties, pressure to excel and fear of making errors. Sequelae of burnout include reduced productivity, increased absenteeism and presenteeism, increased healthcare utilization with concomitant increased costs and HCP changing careers or leaving the workforce.

Many interventions to mitigate or prevent burnout have focussed on wellness initiatives (*eg* mindfulness, yoga and healthy eating), counselling and stress management workshops. Busy HCPs may find accessing these modalities time prohibitive. Less common, but potentially powerful, are organizational level interventions which have been shown to reduce emotional exhaustion and depersonalization scores. Healthcare providers and healthcare organizations need to remain cognizant of this phenomenon and continue the important work towards prevention.

## Prevalence and Sociodemographic Factors of Men with Erectile Dysfunction in Nassau, The Bahamas

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**Objectives:** The purpose of this study was to determine the prevalence of erectile dysfunction in Nassau, The Bahamas. This study also sought to describe the sociodemographic features of patients with erectile dysfunction (ED) in The Bahamas, to assess the strengths of association between ED and its related co-morbidities and to assess the erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall sexual satisfaction of male patients in the Bahamas.

**Methods:** A cross-sectional study using the International Index of Erectile Function (IIEF) was administered to 450 male patients between the ages of 40 to 85 years of age attending four public and one private medical clinic in

Nassau, The Bahamas. Subjects were conveniently selected between October 2015 to January 2016, after informed consent was granted, supervised administration of the questionnaire was performed by the researcher or trained assistants.

**Results:** Three hundred and six participants completed the survey. The prevalence of moderate to severe ED was found to be 53.3% of the participants surveyed. The results obtained also found that 49.7% had moderate to severe orgasmic dysfunction, 53.9% had moderate to severe sexual desire dysfunction, 57.2% had moderate to severe dysfunctional intercourse satisfaction and 49.7% had moderate to severe dysfunction in overall satisfaction. Multivariate analysis found that age, yearly income, diabetes and hypertension are predictors of the development of erectile dysfunction.

**Conclusion:** The burden of ED in The Bahamas is significant. The most common associations include diabetes and hypertension. Further research is needed on the effects of erectile function on the quality of life among Bahamian men.

## Sexual Dysfunction in Postmenopausal Women

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**Objective:** To determine the average menopausal age for the population studied (women attending the family medicine clinic and the gynaecology clinic of The Princess Margaret Hospital (PMH)) and if dyspareunia was worse in early postmenopausal women.

**Methods:** The research was conducted using a descriptive questionnaire that included items from the sexual function questionnaire that was given to postmenopausal women attending the family medicine clinic and gynaecology clinic at PMH from June 2015 to March 2016. The questionnaire was self-administered.

**Results:** There were 314 participants. Their ages ranged from 40 to 78 years, the median age was 55.5 (IQR 50.0, 62.0) years and the mean age was 56.1 (+ 8.28) years. Two hundred and seventy-seven (88.2%) were Bahamians. Seventy-six per cent (238) had no previous surgery, 11.8% (37) had hysterectomy, 10.2% (32) had total abdominal hysterectomy and oophorectomy and only 1.9% (6) had oophorectomy. There were no statistically significant differences between menopausal and non-menopausal participants based on demographics. Using the STRAW classification, 37.8% (93) were early postmenopausal and 62.2% (153) late postmenopausal. Dyspareunia was more significant in the early menopausal participants 22.6% (21) *versus* 13.1% (20) in the late postmenopausal. For the entire group, 29.3% were not satisfied with orgasm achieved, 45.9% had inadequate lubrication and 48.7% had difficulty achieving orgasm.

**Conclusion:** Sexual dysfunction was prevalent in our study and higher rates were more frequent among early menopausal women. Sexual dysfunction care (education

and interventions) may need to be provided to improve the quality of life in affected women in The Bahamas.