

with cancer patients experiencing more severe pain on admission. Cancer patients received a significantly higher cumulative opioid dose compared with dementia and chronic obstructive pulmonary disease patients. Pain control within 24 h of pain onset was achieved in less than half of all patient groups with chronic obstructive pulmonary disease patients the least likely to achieve pain control.

Conclusions: Despite the fact that pain is the most common complaint at the end of life, pain management may be suboptimal for some primary diagnoses. Admission diagnosis is the strongest predictor of pain control. Patient with cancer achieve the best pain control, and chronic obstructive pulmonary disease patients are the least likely to have their pain adequately treated.

Keywords

Pain management, palliative care, chronic obstructive pulmonary disease dementia, cancer, opiates

injury in the general population but holds no increased risk in women after breast cancer treatments and with BCRL. Benefits are reported. Guidelines are provided for exercise modification, resistance increase, therapist follow up and use of compression. Future research questions are addressed.

Conclusions: gradually progressive arm exercise against low and high resistance is safe and beneficial for patients with and at risk for BCRL when performed under supervision of professionals who are knowledgeable and trained in lymphedema care and resisted exercise instruction.

Key words: BCRL, resisted exercise, safety, instruction, guidelines

PROFESSIONALLY SUPERVISED, GRADUALLY PROGRESSED VIGOROUS ARM EXERCISE IS SAFE AND BENEFICIAL FOR WOMEN AFTER BREAST CANCER TREATMENTS – UPDATE ON CURRENT KNOWLEDGE

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Abstract

Background: a previous article first published in the Israel Physiotherapy Journal described the effects of mild and vigorous exercise on the healthy lymphatic system and on the impaired lymphatic system in women with breast cancer related lymphedema (BCRL). Data presented at the time indicated that in BCRL resisted exercise did not trigger or worsen arm swelling and may in fact be instrumental in prevention and improvement of BCRL. New studies provide information for application of vigorous exercise in clinical practice.

Methods: recent articles relevant to safe vigorous exercise performance by women with BCRL are reviewed.

Results: resisted exercise may cause musculoskeletal



PERSONALITY AND CANCER

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Cancer is gaining momentum and there is an increase in morbidity. Therefore, the size and scope of the phenomenon makes the world of science and research to focus on the disease. Among the studies we can find the subject of quality of life and psychosocial aspects.

This article conducted a literature review of studies in the field of psycho-oncology engaging personality in order to reach conclusions about the psychosocial aspects of cancer. All the studies in the review were based on one of the two main theories of personality and examined the relationship of two cancer personality types: a) Type D Personality B) neuroticism. These two personality types are characterized by difficulty during social interactions, tendency to experience negative emotions, worry and even depression. The research findings show that Type D personality or neurotic causing adverse effects on the psychosocial aspects. Cancer patients with this personality type reported a reduced quality of life, decreased health status and increased comorbidity. Studies show that personality cannot be explained by socio-demographic data or clinical characteristics of the patients. Therefore, it is important to understand that it is not just a personality profile which causes a decrease in general health status, but that personality is a "vulnerability factor" that can help to identify a subgroup of patients at risk

Based on those facts, patients with Type D personality and neuroticism should be identified by nursing staff to avoid the negative impact of their personality. Estimation and diagnostics should be conducted by the personality questionnaires (DS-14). Then we will be able to offer evidence-based nursing intervention. This intervention focus on helping patients build social networks and help them to improve their social and communicative ability.

In summary, awareness and alertness of nurses regarding this particular risk group can improve patient's quality of life and help them cope with the disease.

PAIN MANAGEMENT AT THE END OF LIFE: A COMPARATIVE STUDY OF CANCER, DEMENTIA, AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENTS

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Abstract

Background: Limited data exist concerning the unique pain characteristics of patients with non-cancer terminal diseases referred for inpatient hospice care.

Aims: To define the unique pain characteristics of patients admitted to an acute inpatient hospice setting with end-stage dementia or chronic obstructive lung disease (or chronic obstructive pulmonary disease) and to compare them to patients with end-stage cancer.

Design: Retrospective patient chart review. Demographic, physiological, pain parameters, and medication utilization data were extracted. Associations between pain characteristics, medication utilization, and admission diagnoses were assessed. Analyses included descriptive statistics

Setting/participants: In total, 146 patients admitted to an acute inpatient hospice between 1 April 2011 and 31 March 2012 with an underlying primary diagnosis of chronic obstructive pulmonary disease (n=51), dementia (n=48), or cancer (n=47).

Results: Pain was highly prevalent in all diagnostic groups,

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GENETICS OF BREAST AND OVARIAN CANCER –SCREENING ADVANCES FOR HIGH RISK INDIVIDUALS AND THE GENERAL POPULATION

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Breast cancer is the most common malignant disease in Israel. 10% of cancer patients have an inherited

risk factor. Mutations in BRCA1 and BRCA2 were first discovered in the mid-1990s in families with multiple cases of breast and ovarian cancer and remain the major cause of inherited susceptibility to these malignancies. Surveillance and prevention programs for women with BRCA1/2 mutations have proven effective in reducing the risk of morbidity and mortality. Common founder mutations in the BRCA genes are identified in the Ashkenazi as well as in additional Israeli populations (for example: Iraqi descent). Standard genetic evaluation begins with testing for the common mutations. When negative, or when the patient is from other descent, BRCA sequence test is needed. Full sequencing is funded by the Israeli Ministry of Health for high risk women with cancer when the probability to find a mutation exceeds 10%.

In recent years, new technology has emerged - Next Generation Sequencing (NGS), which enables extensive gene sequencing testing. Testing, decoding the genetic changes detected in the results and adjusting recommendations for surveillance and prevention are challenges to genetic counselors. BRCA panel tests are diagnostic for about 10% of families where there is a proven hereditary breast cancer but it is not caused by the mutations in the BRCA1/2.

The high prevalence (1:40) of the three common and easily tested BRCA1/2 mutations in Ashkenazi Jewish population has served as a model for population-wide screening. BRCA population screening offers the possibility of testing and identifying mutation carriers for women, regardless of family history of cancer. The ability to detect inherited cancer predisposition (BRCA mutation testing) offers unprecedented prospects for cancer prevention. The time has come to consider and test similar approaches in low risk women and other populations as well.