

## Clinical Study Based on Cancer-Related Anemia in Digestive Tract Tumors

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**Abstract: Objectives:** To explore the clinical nursing of cancer-related anemia of digestive tract tumors. **Methods:** Sixty-eight patients with cancer-related anemia of digestive tract tumors admitted from January 2019 to March 2020 were divided into reference group and study group 34 cases by random number method. On this basis, give comprehensive care. Compare the quality of life scores of the two groups of patients after nursing. **Results:** The quality of life scores of physical function, role function, cognitive function, emotional function and social function of patients in the study group after nursing were significantly higher than those in the reference group, and the difference was statistically significant ( $P < 0.05$ ). **Conclusion:** The comprehensive nursing of patients with cancer-related anemia of digestive tract cancer can effectively improve their quality of life, which is conducive to ensuring the treatment effect of patients and improving the prognosis.

Current gastrointestinal tumors are very common in China, and their morbidity and mortality are high. This disease is prone to anemia symptoms, mainly due to the disease itself and radiotherapy and chemotherapy during treatment. This phenomenon is also called cancer Sexual anemia [1]. According to relevant statistics, the prevalence of cancerous anemia is about 37% [2], which has a negative impact on clinical treatment and is also an important factor that seriously affects the quality of life and prognosis of patients, greatly increasing the death of patients with gastrointestinal cancer Risk [3]. Therefore, it is of great significance to observe and care for patient-related anemia in clinical treatment. To this end, this article specifically explores and analyzes the clinical nursing of cancer-related anemia of digestive tract tumors, which are reported as follows.

### 1. Information and method

#### 1.1 General information

Randomly divide 68 cases of gastrointestinal cancer-related anemia patients admitted from January 2019 to March 2020 into a reference group and a study group, each with 34 cases, including 19 males and 15 females in the reference group; Age 33 to 75 years old, average ( $50.8 \pm 9.7$ ) years old; primary onset: 10 cases of gastric cancer, 8 cases of liver cancer, 7 cases of colorectal cancer, 5 cases of esophageal cancer, 4 cases of pancreatic cancer; anemia degree: according to the World Health Organization The standard classification was 14 cases of moderate to mild, 10 cases of moderate, 8 cases of severe, and 2 cases of extremely severe. In the study group, there were 18 males and 16 females; aged 34 to 76 years, with an average of ( $60.1 \pm 9.6$ ) years; primary disease: 11 cases of gastric cancer, 9 cases of liver cancer, 8 cases of colorectal cancer, 3 cases of esophageal cancer and 3 cases of pancreatic cancer; anemia degree: according to the World Health Organization anemia standard, it is classified as 12 cases of mild to moderate, 10 cases of moderate, 9 cases of severe, extremely Three cases were severe. Inclusion criteria: all patients with malignant tumors of the digestive tract; chest CT, transabdominal CT, or B-ultrasound examinations before admission to exclude recurrence or metastasis; those who agreed to participate in the study and signed an informed consent. Exclusion criteria: those with poor treatment compliance; those with primary disease who are hematological malignancies, those with severe heart, liver, kidney and

other organ dysfunction. Comparison of common data between the two groups of patients ( $P > 0.05$ ) was comparable.

## 1.2 Method

The reference group adopts routine care, and the research group implements comprehensive care on this basis. The specific measures are as follows: (1) Psychological care: strengthen ward patrols, actively talk with patients, understand their psychological status, and address the patients' diseases. Conduct anxiety and comfort for bad emotions such as anxiety, fear, and depression, express understanding and give guidance and solutions to their concerns. Patiently explain to them the knowledge of related diseases, treatment methods, precautions and prognosis to eliminate their psychological concerns and increase their confidence in treatment. (2) Nutrition support care: Abnormal iron metabolism and malnutrition caused by disease can cause anemia symptoms. Instruct patients' families to prepare high-iron, high-protein, high-vitamin and other digestible foods for them, and inform patients and their families about the important role of iron in the synthesis of hemoglobin. Poultry and fish that need to eat more iron and absorb it should be supplemented by green leafy vegetables Vitamin B12 and folic acid, avoid eating tea, coffee, phytate and oxalate-containing foods that affect iron absorption. (3) Strengthen the observation of the condition: closely observe whether the patient has bleeding phenomenon, report the abnormality to the doctor in time and assist in handling, to avoid aggravating anemia due to blood loss. Pay attention to whether the patient has abnormalities such as fatigue, dizziness and palpitations caused by anemia, guide the patient to relax the whole body, relieve their mental burden, arrange the patient to exercise properly, ensure their adequate sleep and rest, to reduce oxygen consumption in the body. Pay attention to prevent bedridden patients from falling, and give careful life care. (4) Medication care: patiently explain the function, principle, medication method, dosage, efficacy, and side effects of the drugs used to patients and their families to enhance patient compliance. Give close observation after medication, monitor the changes in hemoglobin levels of well-treated patients, pay attention to observe and ask if there is any abnormal reaction. (5) Blood transfusion care: Through blood transfusion, the patient's hemoglobin level can be rapidly increased, and its clinical symptoms can be relieved. Before the blood transfusion, patiently and carefully explain to the patient the need for blood transfusion and the abnormal reactions that may occur, so that they are psychologically prepared and reduce the fear of blood transfusion. Check carefully before blood transfusion, and pay close attention to the patient's reaction during and after the transfusion to prevent adverse reactions.

## 1.3 Observation indicators and judgment standards

Observe and compare the quality of life scores of the two groups after nursing. Quality of life score: Refer to the EORTC QLC-C30TG core quality of life scale for evaluation [4], which mainly includes 5 dimensions such as physical function, role function, cognitive function, emotional function and social function, and each dimension contains 30 items. Among them, 1 to 28 items are divided into four options: never, one point, more, and many. The scores are 1 to 4 points. The 29 and 30 items have 7 options each, and the score is 1 to 7 points, the higher the score Shows that the better the quality of life.

## 1.4 Statistical analysis

In this study, SPSS19.0 was used to process the data. The measurement data was expressed as ( $\pm s$ ), the t test was performed, the count data was expressed as (%), and the 2 test was performed. The test standard was  $P < 0.05$  as statistically significant.

## 2. Result

The scores of physical function, role function, cognitive function, emotional function and social function of patients in the study group after nursing were significantly higher than those in the reference group, the difference was statistically significant ( $P < 0.05$ ), as shown in Table 1

**Table 1.** Comparison of quality of life scores of two groups of patients after nursing

Groups	Somatic function	Role function	Cognitive function	Emotional function	Social function
Research group (n=34)	80.06±5.58 75.05±5.29	69.33±6.78 62.14±7.03	82.36±7.29 76.11±7.22	73.54±6.74 67.42±5.15	76.61±7.82 69.98±8.01
Reference group (n=34)	3.799 <0.05	4.293 <0.05	3.552 <0.05	4.207 <0.05	3.453 <0.05
t					
P					

### 3. Discussions

There are many factors leading to cancer-related anemia in digestive tract tumors. It is generally believed that patients can cause anemia during surgery, radiotherapy and chemotherapy, and biological treatment, especially anemia caused by radiotherapy and chemotherapy is very common [5]. The location, irradiation area, dosage and frequency of radiotherapy have a great relationship with the anemia caused by it; at the same time, due to the chronic malnutrition of the patient, the hematopoietic function is abnormal, which can also cause anemia; and the radiation treatment causes bone marrow damage , Thereby affecting the hematopoietic function, which in turn leads to anemia; chemotherapy drugs can cause tissue hypoxia, increase the chance of tumor cell invasion, and eventually lead to anemia of varying degrees, which in turn affects the treatment effect [6]. Therefore, it is very important to give patients effective nursing intervention in the course of treatment to improve their clinical symptoms and alleviate their pain.

This article has achieved ideal results through the implementation of comprehensive care for patients with cancer-related anemia of the digestive tract cancer. The body function, role function, cognitive function, emotional function and social function and other quality of life scores were significantly higher than the reference group, the difference was statistically significant ( $P < 0.05$ ). Scholars such as Dong Wenjing also confirmed the importance of effective nursing intervention to improve the quality of life of cancer-related anemia patients in related research reports [7-10], This shows that in the course of clinical treatment of diseases, we also need to attach great importance to nursing services for patients. During the nursing process, the nursing staff will satisfy the patient's physical and mental needs, pay attention to their psychological emotions, and explain the current status of the disease and the corresponding treatment methods according to their psychological characteristics and acceptability, patiently channel the bad emotions, and provide strong support to the patients , To help them build confidence in treatment, thereby improving treatment compliance; at the same time, dietary guidance throughout the nursing work, due to disease factors can cause patients with iron metabolism disorders and malnutrition, etc., which can lead to anemia symptoms, so strengthen dietary guidance to make the disease The patient realizes the importance of a reasonable diet to promote the recovery of the condition; close monitoring of the condition and medication care ensure the safety of the treatment and prevent the occurrence of adverse events; through blood transfusion care, the clinical symptoms of the patient can be quickly improved and reduced Its pain also prevented the occurrence of abnormal events. Although cancer-related anemia is less likely to endanger the life of the patient, its high incidence has a greater impact on the patient's quality of life and prognostic effect, so it is necessary to attach great importance to anti-anemic care during its treatment, Thereby avoiding or reducing the impact of anemia on the prognosis.

### Conclusion

Giving a comprehensive care to patients with cancer-related anemia of the digestive tract can

effectively improve their quality of life, help to ensure the treatment effect of patients and improve the prognosis.

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