



**ORIGINAL RESEARCH PAPER**

**Oncology**

**DESCRIPTIVE ANALYSIS OF ONCOGERIATRY IN A HOSPITAL OF QUITO-ECUADOR**

**KEY WORDS:** Old, adult, cancer, oncogeriatry, Quito-Ecuador

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**ABSTRACT**

**Introduction:** More than 50% of malignant tumors occur in people with 65 years, taking into account that according to the Ecuadorian Institute of Statistics and Census (INEC), six out of every one hundred people in the city of Quito are older adults, the goal of this research is to determine a descriptive analysis of the vulnerability and fragility of geriatric patients admitted to our institution.

**Methods:** descriptive analysis of the patients admitted to the oncology service during the month of November of the year 2019 evaluating their age group, vulnerability and polypharmacy.

**Results:** 41 older adults were registered of which 92.7% presented fragility and vulnerability, 65.9% received clinical management and polypharmacy was reported in 75.6% of the patients

**Conclusion:** It is important to implement the Oncogeriatrics service, which would allow attention that focuses on both comorbidities and its underlying oncological problem, which would attempt to better manage polypharmacy and improve the vulnerability of the elderly patient.

**INTRODUCTION**

According to Surveillance, Epidemiology and End Results (SEER), people over 65 years old are 11 times more at risk of developing cancer than people between 25 and 44 years and 2 to 3 times more risk than those between 45 and 64 years. (1)

More than 50% of malignant tumors occur in people with 65 years old 19.6% in individuals between 75 and 84 years old, and 7.9%, in individuals over 85 years old. (1)

By 2030, approximately 70% of all cancers will be diagnosed in individuals over 65 years old. (2)

An older adult is any individual from the age of 65 years old, since the term old age has been discontinued because it is considered pejorative and humiliating, the same applies to the term "third age." (3)

According to the Ecuadorian Institute of Statistics and Census INEC, six out of every one hundred people in the city of Quito are older adults, being a total of 90,628 older adults of all residents in the city of Quito, of these 55.2% are they find married or under free union, and an interesting fact is that 3 out of 10 older adults are widowers. (3)

With respect to schooling in Quito, two out of ten elderly women and one in ten older men have not received any level of instruction. (3)

While regarding their disposition regarding affiliation to an insurance scheme for every ten older adults in the city of Quito, they are not affiliated or covered by insurance and three out of every ten older men and half of the older women in the city Quito are not affiliated or covered by insurance. (3)

First of all, we must indicate that oncogeriatric evaluation is important in the context of stratifying the elderly with cancer according to their functionality, in order to prevent their vulnerability in their biopsychosocial, oncological and quality of life context. (4)

**MATERIALS AND METHODS**

For the present investigation, a descriptive analysis of the patients admitted to the oncology service was carried out during the month of November of the year 2019 evaluating their age group, vulnerability and polypharmacy.

**Fragility:** it is defined as "a medical syndrome with multiple causes and factors that contribute to its development, characterized by decreased strength, endurance and reduced physiological functions that increase the vulnerability of an individual in the development of functional dependence and / or his death"(5,6)

**Vulnerability:** It is the degree to which people can be susceptible to losses, damages, suffering and death, in cases of disaster or loss. It occurs based on physical, economic, social, political, technical, ideological, cultural, educational, ecological and institutional conditions. Vulnerability is related to the ability of an individual or a community to face specific dangerous or harmful events at any given time.(7)

**Polypharmacy:** Polypharmacy can be defined as the use of multiple pharmacological preparations prescribed or not (more than 5 drugs), along with delirium, dementia, falls, immobility and incontinence have been constituted in one of the major challenges to the geriatrics of our times, leading to interactions that aggravate the frailty of the elderly patient.(8)

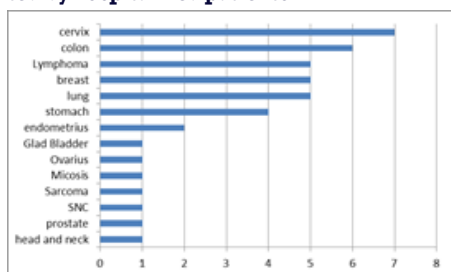
**RESULTS**

The nursing census of the Clinical Oncology service registered an admission of 202 individuals of which 41 (29.3%) individuals represent older adults, with an range of age to 65 at 83 years old, more in women than men, likewise 70.3% of individuals correspond to adults over 65-75 years old, and an important fact is to appreciate how 92.7% of the individuals presented fragility and vulnerability, less despicable is that 65.9% of the individuals received clinical management and polypharmacy is reported in 75.6% of the patients, data that are better represented in Table 1, the tumors evaluated are represented in Figure 1.

**Table 1.- Descriptive representation of the group of elderly patients.**

Variable		n	%
Sex	Men	14	34.1
	Women	27	65.9
	Total	41	100
Group of age	65 -75 years old	29	70.7
	76-85 years old	12	29.3
	> 86 years old	0	0
	Total	41	100
Fragility	Yes	38	92.7
	No	3	7.3
Vulnerability	Yes	38	92.7
	No	3	7.3
polypharmacy	Yes	31	75.6
	No	10	24.4
Condition	Clinic	27	65.9
	Chemoterapy	14	34.1

**Figure 1.- Hospital representation of the tumors presented by hospitalized patients.**



**DISCUSSION AND CONCLUSIONS**

By Martínez, the approach of elderly people with cancer is a major public health problem and is expected to increase in the coming decades, which brings questions as to whether the elderly patient will be able to tolerate dose treatment full or you will need a dose reduction or if you will improve your vital prognosis at the expense of your functional situation. (9)

Many times the administration of chemotherapy in an elderly patient has been extrapolated from the research carried out in younger patients since many of the studies seek a good performance status to validate their medication and avoid biases, take into account the multiple comorbidities of the patients older adults, polypharmacy and frailty which accompanies these patients are susceptible to falls, and abandonment of cancer treatment.

It is important to highlight the need for Oncogeriatrics care in an institution observing studies such as the Rey Juan Carlos Hospital in Spain had the need to implement a clinic and achieve better care for this group of patients as well as avoid anxiety problems in the waiting room and discomfort among young patients waiting for your attention.

According to the present investigation, it could be concluded that in an institution like ours it is necessary to create a department dedicated to Oncogeriatrics, which would help provide comprehensive vision attention between comorbidities and their oncological pathology, as well as this branch does not exist we would be pioneers in our country in this group of patients, we would avoid discussions among the other patients before the slogan of priority attention to the elderly displacing those patients who came early to the consultation, and this group of patients would be linked to an approach to the service of palliative care providing better care.

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