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LETTER TO EDITOR

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MANAGING SYMPTOM CLUSTER AMONG PATIENTS WITH CHOLANGIOCARCINOMA: A CALL FOR NURSES

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Patients with cholangiocarcinoma (CCA) often suffer from multiple coexisting symptoms throughout the course of their illness and treatment. It is possible that one symptom could be the direct or indirect cause of another symptom which could be correlated to underlying physiological or psychological mechanism (Barsevick, Whitmer, Nail, Beck, & Dudley, 2006). Dodd, Miaskowski, and Paul (2001) defined symptom cluster as the co-occurrence of two or more correlated symptoms which may have a common etiology and might have synergistic effects on individual outcomes.

Approximately, 90% of patients with CCA have suffered from at least one symptom and sometimes many symptoms, and the symptoms that patients felt most distressing were abdominal pain, fatigue, of appetite (Somjaivong, lack Thanasilp, Preechawong, & Sloan, 2011). Recent studies indicated that pain, fatigue, and sleep disturbance were associated symptoms and analyzed it as cluster (Kwekkeboom et al., 2018; Miaskowski et al., 2017). The major factors that influenced intensity of symptom cluster include the stage of CCA, side effects of treatment, and life transitions (<u>Cai et al.</u>, <u>2016</u>). Poor management of symptom clusters impacts on many negative results such as complicates patient care, increases hospitalization and resource utilization, impacts on individually quality of life, and contributes to heavy burden on family caregivers (<u>Steel et al.</u>, <u>2016</u>; <u>Tiesi, Stuart</u>, <u>Yakoub</u>, & <u>Livingstone</u>, <u>2016</u>).

Moving toward the future of nursing care, the paradigm to manage the symptom experience has shifted from a single symptom to multiple symptoms or symptom clusters. In a clinical context, it is well established that symptoms co-occur but are treated independently. Nurses play a crucial role in managing of multiple coexisting symptoms and judgment regarding possible etiologies of cancer symptom cluster in clinical practice. Nurse should emphasize on theoretical framework that explain the of experiencing impact symptoms. Applying these theories, for example unpleasant symptom theory or symptom management model enhance a foundation for the current trend

to investigate the treatment of symptom cluster in nursing science and practice.

Caring for patients with CCA involves several challenges that call for a variety of nursing skills. First, nurse need to be able to assess characteristic, number, and mechanism of symptoms that co-occur in cluster. Using a valid and reliable assessment tool can help patients to verbalize and clarify their symptom experience into a more objective form, which may help nurse to organize nursing care plan and intervention. Second, nurses should consider the precipitating factors that trigger multiple symptoms occur concurrently which aim to fixing the root cause of the problem. Then nursing diagnosis should be created in order to response to the potential health conditions or needs. Third, nurse should set measurable and achievable short- and long-range health outcome such as reducing intensity of symptom cluster, increasing physical activity, and quality of life. Fourth, nurse should be able to select and implement an adequate intervention that aim to manage symptom cluster among this population. Finally, evaluation is recommended to test the effectiveness of the intervention for managing the symptom cluster among patients with CCA in a particular different cultures and oncology settings. Importantly, patients and relatives must be addressed with empathy and professionalism at all times of caring. It is hope that this article has contributed to a better understanding of managing symptom cluster in patients with CCA.

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Author Contribution

This is the original work of the corresponding author.

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