

Influence of Health Literacy influence on Quality of Life in oncology patients

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INTRODUCTION & AIM

Lower levels of patient Health Literacy (HL) have been associated with poorer self-perceived quality of life (QoL). To evaluate the influence of HL influence on QoL in oncology patients.

METHOD

A systematic review and meta-analysis were performed. Both observational and interventional studies evaluating both health literacy (HL) and quality of life (QoL) among cancer patients were included. HL was evaluated using various instruments that categorized participants into high, medium, or low levels; while QoL was assessed using the Functional Assessment of Cancer Therapy–General (FACT-G), which classified QoL into four subdimensions: physical well-being, social/family well-being, emotional well-being, and functional well-being.

CONCLUSION

HL may represent an essential instrument to achieve higher levels of QoL. However, several key factors should be considered that could limit the generalizability of the included studies, since most patients suffering from cancer diseases reported low QoL levels and also low HL levels, too. This trend has been explained by several difficulties in enrolling patients with very low HL, due to numerous barriers in self-administration of questionnaires. Thus, most patients with low HL are usually excluded from enrollment.

RESULTS & DISCUSSION

Author(s) Publication years	Study design Cancer typology	HL assessments	FACT-G: PW SFW EW FW	Findings
Hahn et al., 2007 USA	Observational cohort study Cancer Outpatients	Low: n=214 High: n=201	PW: 18.2±5.9 SFW: 20.5±5.8 EW: 17.6±4.9 FW: 15.8±6.4	Very few statistically significant differences were recorded in QoL between the low- and high-HL groups. The mean differences between HL groups were not significant, the 95% CIs included the minimal significant.
Hahn et al. 2010 USA	Observational cohort study Cancer Outpatients	Low: n=213 High: n=201	PW: 18.8±5.9 SFW: 18.8±5.7 EW: 16.0±4.7 FW: 15.3±5.2	Low HL recorded significantly lower mean scores on FACT-G subscales. Low HL could be a marker, and possibly a risk factor, for poorer QoL.
Halverson et al. 2015 USA	Cross-sectional survey Lung Cancer patients	Low: n=446 Medium: n=521 High: n=748	PW: 23.9±4.7 SFW: 22.1±5.6 EW: 18.9±4.5 FW: 21.9±5.9	HL was positively and independently associated with QoL among cancer patients.
McDowell et al. 2020 USA	Retrospective cohort study BC patients	Low: n=81 High: n=685	PW: 24.0±4.6 SFW: 23.5±5.2 EW: 20.6±3.4 FW: 22.5±5.1	The association between CCC and QoL was strongest for people who recorded lower HL.