

Critical Review:
Does Quality of Life Differ in Older or Younger Individuals Post-Laryngectomy?

where patients had additional diagnoses beyond head and neck cancer were excluded from the review.

Data Collection

Results of the literature review yielded the following types of articles congruent with the aforementioned selection criteria: cross sectional study (2), longitudinal study (2) retrospective cohort follow up study (1), and qualitative study (1).

Results

Cross Sectional Studies

Eadie and Bowker (2012) used a cross-sectional survey to investigate how traditional variables, such as age, sex, stage of disease, and time post-laryngectomy and patterns of coping predict QoL after a total laryngectomy. Ninety-nine questionnaires were sent out to participants recruited through support groups, professional email lists, and professional contacts. The survey was delivered to participants on a secure website or by mail. Part of the survey contained the University of Washington Quality of Life (UW-QOL) Version 4 questionnaire. The surveys were completed by 67 individuals (51 males, 16 females) ranging between 44-89 years of age (mean=63 years). Eadie et al., 2012 found moderate overall quality of life scores. Results of the study showed a significant but weak relationship between age and QoL, with older individuals having better scores than younger individuals.

With participant inclusion criteria described, the sample size of this study is adequate, enhancing the validity of the study. However, this study is not representative of a diverse population as the ethnic groups in this study consisted of mainly Caucasians (96%). The remaining 4% were Asian (1%) and Indigenous (3%). The study included a greater number of males than females, however this is representative of the head and neck cancer population. One limitation of the study is that the participants had a large range post laryngectomy of 9-333 months (mean= 84 months). The study was not longitudinal making it difficult to determine at which time post-laryngectomy the QoL measures truly represented. Eadie et al., (2012) failed to mention the age range of older individuals versus younger individuals. A strength of the study includes the use of numerous correlation analyses (r=0.00000912, p=0.84 months). The study

review, there are concerns for validity with no disclosed age ranges as a limitation that impacts interpretation of results and clinical significance.

Longitudinal Studies

Derks, de Leeuw, Hordijk, and Winnubust (2004) completed a longitudinal study which explored the QoL in older and younger patients with cancer in the oral-cavity, pharynx, or larynx using the European Organization for Research and Treatment of Cancer (EORTC) Core Quality of Life Questionnaire, and the EORTC Head and Neck Quality of Life Questionnaire.

duration of the study. Results of the study showed that younger participants reported greater social isolation, changed roles, loss of employment, and forced early retirement. Some older women also expressed changed roles and social isolation.

A strength of the study includes a detailed description of inclusion and exclusion criteria. It is also important to

clinicians as they establish therapy expectations, consider resource allocation, and prepare for patient education regarding therapy.

References

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