

## LETTERS TO THE EDITOR

### “Do elderly cancer patients have different care needs compared with younger ones?”

**To the Editor:** We read with great interest the article by Romito *et al.* reporting on the different care needs of elderly cancer patients compared with younger ones<sup>1</sup>. Highlighting the information needs of elderly cancer patients, this study concluded that older patients “felt the need for more information.” In the discussion the authors report a discrepancy between their data and our study on clinical communication in the elderly cancer patient population in which patients were satisfied with the information received<sup>2</sup>. We take this opportunity to add a few comments providing a different reading of the reported data.

Firstly, Romito’s study focused on the comparison between a younger versus an older group of patients, whereas we studied a sample of older patients (median age 72 years, interquartile range 68-76), 30% aged over 75 years. It is known to what extent age affects people’s attitude towards the management of stressful events like cancer, and how heterogeneous older people are.

Secondly, 71.7% of elderly patients in the study by Romito asked for more comprehensible information compared with 57.1% of the younger group. Although the difference is not statistically significant, in our opinion it reveals a different approach of the elderly patient toward clinical information and this finding is relevant to support the need for more meaningful information. Many older patients are afraid of being unable to understand or remember medical information, which is why they prefer or need a family member to be present during medical consultation, as shown by our study<sup>2</sup> and confirmed by a second study by our group specifically centered on the importance of the caregivers’ role in the communication process and in the management of the disease experience<sup>3</sup>.

Finally, there is a substantial difference between the instruments used to assess health care needs in the study by Romito *et al.* and our own study, which may explain the different conclusions. The NEQ questionnaire used in Romito’s study is usually administered during the first days after hospital admission; therefore it assesses the patient’s beliefs and expectations related to the hospital experience rather than the disease experience<sup>4</sup>. Furthermore, the questionnaire does not take into account factors related to the family context, which is an area investigated by interview in our study. This tool was developed with the specific aim to investigate the motivations and needs of patients and their caregivers on the basis of the disease experience.

In the assessment of the information needs of elderly cancer patients, the importance of adequate clinical communication comes out from both studies. In our opinion effective communication requires either providing more information to the older patient, as reported by Romito, or tailoring the information to their cultural, cognitive and social characteristics including the role of the family caregiver, as evidenced in our study.

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