

Hot Flashes

Christine Engstrom, MS, CRNP, AOCN®

Case Study: Mr. J is a 68-year-old African American man with a history of advanced prostate cancer. He was diagnosed nine months prior with adenocarcinoma of the prostate, with a Gleason score of 9 and tumor, node, metastasis staging of T3 N0 M1. His prostate-specific antigen (PSA) was 483 ng/ml at the time of diagnosis. He immediately began treatment with total androgen blockade after the staging workup was completed.

Mr. J was admitted to the hospital nine months ago for exacerbation of congestive heart failure after complaining of increased shortness of breath, heart palpitations, and fatigue. During his admission, he was found to have an elevated PSA; a prostate biopsy confirmed the diagnosis of prostate cancer. A computed tomography scan of the chest, abdomen, and pelvis did not demonstrate evidence of metastatic disease; however, a bone scan revealed lesions in the seventh and eighth left anterior ribs. He began total androgen blockade treatment with daily oral bicalutamide and subcutaneous goserelin acetate every three months.

Mr. J leads a very active life with many role responsibilities. He has been married for 40 years and has a very supportive wife and family. He has been a minister and family and marriage counselor in a large community church for the past 30 years. He and his wife also are very active with their grandchildren, working as volunteers in the children's preschool two days a week.

He arrives today for his third injection of goserelin acetate and is accompanied by his wife. They are very concerned that he is having "heart trouble" again because he has been sweating a lot and complains of heart palpitations.

Nursing Assessment

Obtaining a comprehensive database on Mr. J is important for ascertaining the etiology of his symptoms. A detailed history and review of systems will help to determine pertinent positive and negative symptoms related to his complaints. His cardiac medications include furosemide 20 mg by mouth and lisinopril 20 mg by mouth daily for the past three years. He denies history of diabetes, tuberculosis, thyroid disease, alcoholism, or HIV disease.

Sweating

Mr. J is concerned with the sweating he has experienced for the past six to seven months, with each episode lasting one to five minutes. Mr. J states he has noticed that if he drinks coffee or has a glass of wine, he breaks out in a sweat, "it seems like all over my body, but mainly on my face, head, chest, and neck." He says that sometimes he wakes up at night and his pajama top is "soaking wet." He has, on

occasion, placed a cool washcloth on his forehead with minimal effect. Waking up two to three times per night is making him sleepy during the day, and he believes that he is not as "alert" as he should be when conducting church business. The sweating became a social concern for Mr. J the previous Sunday, when one of the church members asked him if he was ill because his face was red and he seemed to be sweating a lot while giving the sermon. He denies fever or chills, nausea or vomiting, weight loss, signs and symptoms of an infection, or other cancers.

Palpitations

Mr. J states he is quite anxious about the "heart pounding" he feels at night when he is awakened by sweating. The pounding continues for the duration of the sweating attacks and ends when he starts to feel chills. He denies fatigue, chest pain, shortness of breath, dyspnea on exertion, dizziness, cough, peripheral edema, or change in medications.

Christine Engstrom, MS, CRNP, AOCN®, is an oncology nurse practitioner in medical oncology at Veterans Affairs Maryland Health Care System in Bethesda.

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