

Caring for Patients With Chronic Lymphocytic Leukemia

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Chronic lymphocytic leukemia (CLL) is the most commonly diagnosed form of leukemia in the Western world, accounting for approximately 20%–30% of all cases of leukemia. Despite recent medical and scientific advances, the literature on the subjective experience and nursing care of patients diagnosed with CLL remains scarce and sporadic. This article provides a brief overview on the pathophysiology, clinical characteristics, and treatment options of CLL with focus placed on implications for nursing care. Fatigue, the most common symptom reported by patients, and infection, the leading cause of disease-related deaths, also will be addressed. Emerging data examining quality of life and the incidence of anxiety and depression in this patient population will be reviewed, and strategies aimed at addressing the educational needs of patients and family members will be discussed.

Hearing the words cancer or leukemia for the first time can be frightening and conjure feelings of uncertainty (Hays & McCartney, 1998). Advances have been made across healthcare disciplines in recent years to gain a greater understanding of how best to diagnose, treat, and predict the prognosis of patients diagnosed with chronic lymphocytic leukemia (CLL). However, despite a plethora of information, the literature does not provide nurses with an adequate guide on how to best care for patients with CLL (Breed, 2003; Hays & McCartney). Knowledge and support from oncology nurses are crucial for patients and their family members as they work through the disease trajectory and transition into a stage of living with an often chronic and incurable illness.

Approximately one-third of patients with CLL are asymptomatic at the time of diagnosis—often found during a routine blood count—and another one-third may not require immediate intervention but, instead, adopt a watchful waiting approach (Dighiero & Binet, 2000). All patients with CLL, regardless of their risk classification, should receive care tailored to meet their specific needs as both patients with cancer and patients living with a chronic illness.

Incidence and Epidemiology

CLL remains the most widely diagnosed type of leukemia in the Western world, accounting for about 20%–30% of all leukemia diagnoses (Redaelli, Laskin, Stephens, Botteman, & Pashos, 2004). The true incidence remains unknown, but recent epidemiology and population studies are shedding new light on the subject. The annual age-adjusted incidence of CLL in the United States is reported as 3 cases per 100,000, whereas a Canadian population-

At a Glance

- ◆ Chronic lymphocytic leukemia (CLL) is a common and often chronic hematologic malignancy that has undergone major medical and scientific advances since the late 1990s.
- ◆ A deeper understanding of the pathology, diagnosing, staging, and treatment of CLL is necessary to provide comprehensive and holistic care.
- ◆ Nursing interventions aimed at patient education, symptom management, and quality of life can have a positive effect on the lives of patients and their families.

based study, which accounted for cancer registry data as well as centralized flow cytometry data, reported an incidence rate as high as 10.5 cases per 100,000 (Banerji et al., 2006; Yee & O'Brien, 2006). Exact occurrence rates may be difficult to determine because asymptomatic patients with low-risk disease who are diagnosed by family practitioners may not require treatment, negating the need for referral to a specialist and possibly keeping them off of cancer registry databases.

CLL has been referred to as a disease of older adults, and recent statistics continue to confirm this characterization; the median age at diagnosis is approximately 60–68 years in the United States and slightly higher in Canada (72 years) (Banerji et al., 2006; Shanafelt & Call, 2004). Eighty-one percent of patients are

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