Karnofsky performance scale adalah

INSTRUCTIONSFor patients aged 16 ≥. Useful to use over time to track the progression of the disease. When to usePearls / PitfallsWhy UsePatients with the advancement of cancer or other chronic diseases - or even the progression of fragility in the elderly. Karnofsky Performance Status Scale (KPS) is widely and for many purposes, including responding to chemotherapy in cancer and assessing chronic diseases. It quantifies a patient's functional abilities and the impact of treatments would be chemotherapy on their basic functional capabilities. Sometimes it is also used prognostically and to help determine treatment. The state of performance is highly correlated with survival time and the need for services in the home. It can also help predict the ability to thrive with invasive and intensive treatment. Normal no complaint; no evidence of diseaseAble to perform normal activity; minor signs or symptoms of diseaseNormal agency with effort; some signs or symptoms of diseaseCares for oneself; unable to conduct normal activity or do active workAsk for occasional assistance, but is able to take care of most of his personal needsDeath of considerable care and frequent medical careDisabled; requires special care and assistanceSeverely disabled; hospital admission is indicated, although death is not imminentVery ill; hospital admission required; active supportive treatment requiredMoribund; Fatal processes progress rapidlyPlease fill in the necessary fields. David A. Karnofsky, MD (d. 1969) was an oncologist at the Sloan-Kettering Institute for Cancer Research. He specialized in cancer chemotherapy and joined the experimental chemotherapy division. To view Dr. David Karnofsky's publications, visit PubMedRelated CalcseCOG Performance StatusLansky ScaleKhorana Risk Score for TETEHave feedback about this computer? Karnofsky Status Karnofsky Grade ECOG Grade ECOG Status Normal, no complaint 100 0 Completely active, able to perform all pre-disease performance without restrictions Able to perform normal activities. Minor signs or symptoms of the disease 90 0 Limited in physically intense activity, but ambulatory and able to carry out work of a light or sedentary nature, e.g. light work at home, office work Normal work with effort 80 1 Restricted in physically intense activity, but ambulatory and able to perform work of a light or sedentary nature, e.g. light work at home, office work Self care. Failure to carry out a normal activity or to perform active work 70 1 Outpatient and capable of any self-reing, but unable to perform any work activities. Up and about 50% of waking hours require occasional assistance, but take care of most of its needs 60 2 Outpatient and capable of any self-boarding, but unable to perform any work activities. Up and about more than 50% of waking hours requires considerable and frequent medical care assistance 50 2 Capable of limited coaches, limited to bed or chair more than 50% of disabled waking hours. Requires special care and assistance 40 3 3 only limited coaches, limited to bed or chair more than 50% of the hours of Vigil Attended By Very Disabled. Hospitalization indicated, though nonimminent death 30 3 Completely disabled. No self-care can continue. Completely limited to bed or chair Very sick. Hospitalization required. Active supportive treatment required 20 4 Completely disabled. No self-care can continue. Totally limited to bed or chair Moribund 10 4 Completely disabled. No self-care can continue. Totally Limited to Bed or Chair Dead 0 5 Dead As published in Am J Clin. Oncol.: Oken, M.M., Creech, R.H., Tormey, D.C., Horton, J., Davis, T.E., McFadden, E.T., Carbone, P.P.: Toxicity and Response Criteria of the Eastern Cooperative Oncology Group. I J Clin Oncol 05:649-655, 1982.Eastern Cooperation Oncology Group, Robert Comis M.D., Group President. 1 Department of Family Medicine, Faculty of Medicine, Tokat Gaziosmanpasha University, Tokat, Turkey, Find articles by Nagihan YILDIZ ÇELTEK 2 Department of Anesthesia and Resuscitation, Faculty of Medicine, Tokat Gaziosmanpasha University, Tokat, Turkey, Find articles by Mustafa SÜREN 3 Department of Biostatistics, Faculty of Medicine, Tokat Gaziosmanpasha University, Tokat, Turkey, Find articles by Osman DEMİR 4 Department of General Surgery, Faculty of Medicine, Tokat Gaziosmanpasha University, Tokat, Turkey, Find articles by İsmail OKANAuthor information Copyright and license information Disclaimer 1 Department of Family Medicine, Faculty of Medicine, Tokat Gaziosmanpasha University, Tokat, Turkey, 2 Department of Anesthesia and Reanimation, Faculty of Medicine, Tokat Gaziosmanpasha University, Tokat, Turkey, 3 Department of Biostatistics, Faculty of Medicine, Tokat Gaziosmanpasha University, Tokat, Turkey, 4 Department of General Surgery , Faculty of Medicine, Tokat Gaziosmanpasha University, Tokat, Turkey, CONFLICT OF INTEREST: none declared © 2019 Author(s) This article is distributed under the terms of the Creative Commons Attribution (, which allows unrestricted use and redistribution, provided that the author and the original source are credited. The measures validated in patients with palliative cancer are very important in the evaluation and management of the disease. The Karnofsky Performance Scale (KPS) has been used for several years to assess the performance status of cancer patients. The purpose of this study is to determine the validity and reliability of KPS in cancer patients receiving palliative care in Turkey. Between 01.03.2016 and 01.03.2017 they were admitted to the Palliative Care Unit of the University Hospital of Gaziosmanpasha Medicine. KPS, metrics from Katz Daily Activities (ADL) scale, and basic daily activities (BADL) scale were recorded. The alpha coefficient (Cronbach) was using SPSS version 20.0. The P value was accepted as P < 0.05 in the analysis There was a positive and strong correlation between the total score of the Katz ADL scale and the KPS score (r = 0.895; P < 0.001). In addition, there was a strong negative correlation between the total SCORE of the BADL scale and the KPS score (r = –0,894; P < 0.001). In terms of the reliability of scale scores, Cronbach's alpha coefficient turned out to be 0.720. KPS is a reliable scale for Turkish cancer patients in palliative care environments. Keywords: Palliative Care, Karnofsky Performance Scale, Quality of LifePalliative Care is an integral part of cancer care. This involves a prompt and holistic assessment of patients, including their physical, social and spiritual needs. Although the need for palliative care cancer patients can be identified in the early stages of the disease, it becomes more prominent as the patient reaches the end of life [1]. Palliative care services can be provided in outpatient clinics, hospitals, specialist care centres, hospice centres or at the home of patients by home care units [2]. To provide an effective palliative care service, the patient's symptoms and the state of physical performance should be accurately assessed. Performance assessment is essential for assessing the overall well-being of cancer patients, as it provides an insight into the overall physical condition of the patient, which underpins the advanced treatment decision. Performance assessment is also used to measure patient quality of life [3,4]. There are different scales used for the evaluation of palliative care patients. Karnofsky Performance Scale (KPS), Edmonton Symptom Assessment Scale, Katz Independence Index in Everyday Life Activities (Katz ADL), Palliative Performance Scale, Palliative Prognostic Score, and Palliative Prognostic Index are commonly used scales [5]. KPS was defined by Dr. Joseph H. Bruchenal and Dr. David A. Karnofsky in 1949. KPS is widely used worldwide to assess the performance of cancer patients [4,6]. The functional state of a patient is evaluated on a scale of 11 points, ranging from full well-being (100%) death (0%), down ten points at each level. According to the results of the evaluation, patients are divided into three groups; Group A (100%–80%) can independently perform daily activities, Group B (70%–50%) can perform daily activities with help, Group C (<40%) requires continuous assistance and addresses progressive death [2,7]. Although studies on palliative care have been published for some time in Turkey, well-institutionalised palliative care services began to be established in 2013. Since palliative care is in the early stages of development in our country, studies are needed to reveal the patient's profile and characteristics. well-known scales and measures used for palliative patients around the world in our settings with our patients would allow us to evaluate them more accurately and compare our services with the rest of the world. World. we set out to validate KPS in palliative care environments with Turkish patients. The sample of the study consisted of patients diagnosed with cancer and who received follow-up treatment in the palliative care unit at the University Hospital of Medicine Gaziosmanpasha. Our unit was founded in October 2015. Between 01.03.2016 and 01.03.2017 80 patients were included who presented to the Outpatient Palliative Care Clinic. With the help of G*power 3.1.2, the sample size was determined as 80 with a power of 80%, type I error of 5%, and an effect size of 0.282. Among the above mentioned data, 820 patients applied to our unit for examination and treatment. The standard group of patients included in the study was that of patients aged 18 to 90 years. Patients who did not want to participate in the study and those with communication problems were excluded. Patients included in the study were informed and consented. The Ethics Committee for The Study (The Ethics Committee for Clinical Research of Tokat Gaziosmanpasha University/19.01.2016/16-KAEK-012) was also approved. KPS has been translated from English into Turkish by academics working in the Palliative Care Working Group (1 member of the Department of Anesthesia, 1 member of the Department of General Surgery and 2 members of the Department of Public Health) and has become applicable. On this scale, the general condition of the patient is marked from 0 to 100; 100 means that the performance state is very good, i.e. they are healthy, and 0 indicates the patient's death. Each drop of 10 points on the scale means that the patient's condition worsens. Katz ADL consists of 6 questions, including information about bathroom-taking, self-dressing, toilet, mobility, excretion, and the nutritional activities of the patient. Those with scores between 0 and 6 points are rated as addicts, 7-12 semidependent points and 13-18 points as independent [8, 9]. The IADL scale developed by Lawton and Brody in 1969 measures the daily activities of individuals. The IADL scale involves 8 questions about phone use, food preparation, shopping, routine daily household chores, laundry, transportation use, ability to use medication, and money management. On this scale, those with scores between 0 and 8 points are defined as dependent, 9-16 points as semidependent and 17-24 points as independent [9, 10]. One of the authors (NYC) recorded all 3 scales (KPS, Katz ADL and IADL) for patients who were admitted to the outpatient palliative care unit. In the case of repeated admission, only the scales completed on first admission were taken into account. A kolmogorov-smirnov test was used to test whether the variable follows the distribution of population. Qualitative data were presented as number and percentage, and quantitative data as average ± standard deviation. The Mann-Whitney U test was used to compare quantitative (non-normal (non-normal) data differences KPS score, Katz score and IADL between sex groups). An independent t-test was used to compare differences in quantitative data (variables normally distributed by age, length and weight between sex groups). The Pearson correlation coefficient was used for the linear relationship between qualitative variables. In order for the IADL scale to be consistent with the other 2 scales, it has been recoded to express a higher score for a good prognosis. The alpha coefficient (Cronbach) was obtained for all 3 scales. SPSS 20.0 (Chicago, IL, USA) was used to evaluate all data. Statistical significance was accepted at P < 0.05.Eighty patients were included in the study and 48 patients (60%) were men. The average age of patients was 61.61 ± 13.31 years, the average height was 163.60 ± 8.44 cm, and the average weight was 63.75 ± 14.76 kg. Although there was no significant difference in weight and age between the two sexes, the height difference between them was significant (P < 0.001). The most common tumors observed in patients were stomach, lung, and colon (n: 17, 16, 10) respectively. The details of the clinical and demographic findings are given in Table 1. Distribution of variables by sex. TotalSexPMale (n = 48)Female (n = 32)Age61.61 ± 13.3163.83 ± 10.4958.28 ± 16.290.094Height163.6 ± 8.44168.27 ± 6.75156.59 ± 5.29< 0.001Weight63.75 ± 14.7664.56 ± 13.7462.53 ± 16.320.550 Primary tumor sitesLungs16(20)12(25)4(12.5)N/ABrain1(1.3)1(2.1)0(0)Kidney1(1.3)1(2.1)0(0)Colon10(12.5)5(10.4)5(15.6)Liposarcoma1(1.3)1(2.1)0(0)Malignant melanoma1(1.3)0(0)1(3.1)Breast10(12.5)2(4.2)8(25)Bladder3(3.8)3(6.3)0(0)Mesothelioma2(2.5)2(4.2)0(0)Stomach17(21.3)11(22.9)6(18.8)Over1(1.3)0(0)1(3.1)Esophagus1(1.3)1(2.1)0(0)Pancreas6(7.5)2(4.2)4(12.5)Prostate2(2.5)2(4.2)0(0)Rectum6(7.5)4(8.3)2(6.3)Cervix1(1.3)0(0)1(3.1)Thyroid1(1.3)1(2.1)0(0)Total80(100)48(100)32(100)The mean KPS score of the patients was 64.63 ± 15.34 and the mean total score of the Katz ADL was 14.66 ± 3.92. The average total score of the IADL scale was 9.35 ± 3.92 (Table 2). There was a positive and very strong relationship between the total Katz ADL score and the KPS score (r = 0.895; P < 0.001). In addition, there was a negative correlation between the total IADL scale score and the KPS score (r = –0,894; P < 0.001) (Table 3). Both the subunit ADL and IADL scales significantly correlated with KPS scores (both P < 0.001). Cronbach's alpha coefficient for KPS was 0.720; was 0.912 for the 6-item Katz ADL scale and 0.947 for the 6-cell IADL scale. Sexual distribution of KPS and KATZ GYA upon admission. TotalSexPMale (n = 48)Woman (n = 32)KPS a total score64.63 ± 15.3466.25 ± 14.8262.19 ± ± 16.010.248Katz GYAb total score14.66 ± 3.9215.25 ± 3.4114.38 ± 3 .70.281TGYAc total score9.35 ± 3.928.98 ± 3.6510 ± 4.190.252TGYAc total score (recoded)14.66 ± 3.9215.02 ± ± 4,190.252Efficiencys of correlation between different scales. (The correlation coefficient of Spears used.) KPS pointsKatz GYAb pointsTGYAc score points (recoded)KPSA pointsr10.895–0.894P<0.001<0.001Katz GYA pointsr0.8951-0.995P&t lt;0.001<0.001TGYAc score points (re-coded)r-0.894-0.9951P<0.001<0.001Samiles names are used to evaluate patients with palliative care. They have both advantages and disadvantages. It is necessary to prefer scales that are easy to apply in practical use, easy to interpret and available for different communities. The validity and reliability of these scales have previously been confirmed for different companies. KPS is one of the most used scales in palliative care settings. In this study, we set out to determine the validity of the scale in the population of patients with Turkish palliative care. In our analysis, we found a strong correlation between KPS and the Katz ADL scale. We also found that KPS has a negative and very strong correlation with the IADL scale. As patients' KPS scores decrease, the rate of daily activities with or without help also decreases. That's how we evaluated each of the 3 scales in terms of subdimensions, they were very compatible. The results of our study suggest that all are reliable and applicable to patients in our country. Many studies that have used different methods of statistical analysis have found that the KPS scoring system is a reliable measure of the patient's performance status. Mor et al. evaluated patients with KPS and Katz ADL scales and found a remarkably strong relationship between the two scales [4]. In a different study of cancer patients, the Pearson correlation coefficient was found to be 0.89 for KPS, and the scale was considered very reliable [11]. Yates et al. found that the Pearson correlation coefficient is 0.69 in the assessment of the KPS score of 52 hospitalized patients measured independently of clinical nurses and social workers. The statistical analysis of 50 similar patients, measured by a social worker in patients' own homes, found that the Pearson correlation coefficient is 0.66. In our study, the fact that we evaluated patients in outpatient care could have contributed to our high level of Pearson correlation coefficient [12]. In our study, clinical evaluations of patients and the administration of scales were carried out by a single clinician. We believe that this factor could have had an impact on the significance of the test results. A prospective study of 209 patients showed that the performance assessment by a clinician using KPS and ECOG scales was highly reliable and could be used in clinical trials [13]. In a similar study, Liem et al. asked 2 different physicians to evaluate 117 patients independently for their KPS score and observed statistically significant and perfect compliance between scores awarded by both physicians. [14]. Au many studies comparing KPS with katz independence index in everyday life activities. In our study, we found a very strong relationship between Katz Katz's total score independence in everyday activities and the KPS score. A similar study by Terret et al. demonstrated a poor relationship between KPS and the physical performance test. In the physical performance test, there are entries that require more effort, such as climbing stairs and walking 50 steps, which are different from Katz ADL and may be the reason why the relationship turned out to be weak [15]. The fact that our study was conducted in a single center and included only a limited number of patients who were admitted to our outpatient clinic can be considered a limitation. Therefore, further studies with multiple patients and multicentric participation are needed. In conclusion, performance evaluation has been used for several years to assess functionality in cancer patients. It is very important that the scales to be used for this purpose are adequate, reliable and valid for the selected patient group. In this study, we showed that KPS, an important performance measure, is valid in Turkish patients with palliative cancer. As the number of palliative care centres opened in Turkey has increased, this study could help standardise patients. However, further studies are needed to determine changes in health over time, as well as the validity and reliability of the KPS scale in different settings. We thank the following people for their contributions to our Working Group on Palliative Care: Mustafa Şahin, Nurshah Başol Kaya, Tuğba Karaca, Rıza Çıtıl, Mehmet Esen, Medine Koç, Yalçın Önder, Shahizer Eraydın, Nagehan Bayram, Nisa Nur Ayhancı, Hülya Turaç, Dem Keskin, Derya Özen, Eda Taspınar Ö Aydın T Akcakaya A Importance of palliative care in cancer rehabilitation. Bezmialem science. 2014;1:31. [Google Academic] Yıldız Celtek N Okan I. 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