

# Psychological Challenges of Breast Cancer Patients

Romana Renz  
Clinical Psychologist  
Psycho-onkologist



# Frequency of anxiety disorder, depression, and mixed states

N= 8.265 cancer patients

- 70% no anxiety or depression disorder (DSM-IV)
- 11,6% only anxiety (DSM-IV)
- 12,4% mixed anxiety/depression (DSM-IV)
- 6,0% only depression (DSM-IV)

Brintzenhofe-Szoc et al.(2009)

# Definition

## Psychosocial Distress:

„Is a multi-factorial unpleasant emotional experience of a psychological (cognitive, behavioral, emotional), social, and its treatment.

It extends from a continuum, ranging from common normal feelings of vulnerability, sadness, anxiety, panic, social isolation, and existential and spiritual crisis.“

National Comprehensive Cancer Network, 1999

# Risk factors for psychosocial distress

- Younger age
- History of pre-existing mental disorder
- Lower education and income
- Less social support

Syrowatka et al., 2017

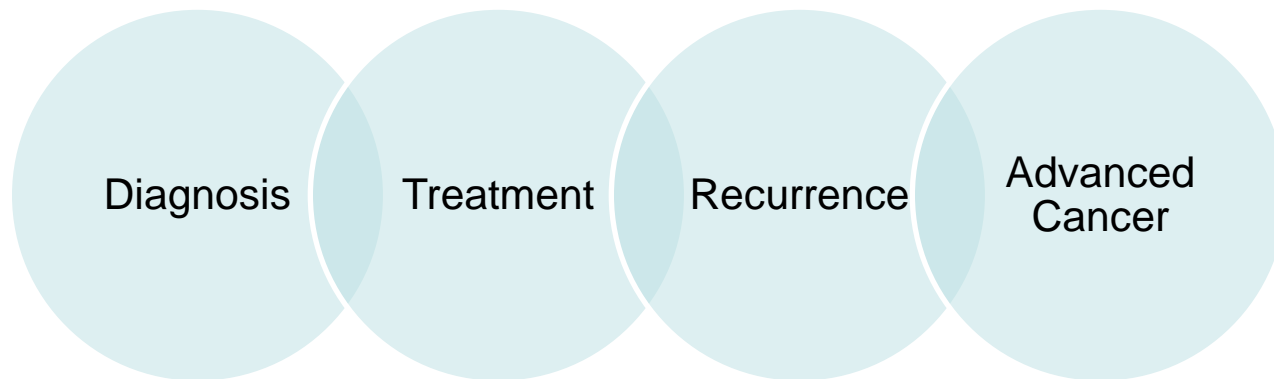
# Psychosocial concerns of women with breast cancer:

- Fear of recurrence
- Physical symptoms (fatigue, trouble sleeping, or pain)
- Body image disruption
- Sexual dysfunction
- Treatment-related anxieties
- Intrusive thoughts about illness/persistent anxiety
- Partner communication
- Feelings of vulnerability
- Existential concerns regarding mortality

Hewitt, Herdman & Holland (2004)

# Psychosocial concerns by women with breast cancer:

Breast cancer patients experience different psychological stress in the different phases of treatment.



# Diagnosis

- Existential threat - "Falling out of normal reality"
- Loss of control
- Attack on "immortality" & physical Integrity
- Dependence on doctors, medical system
- Persistent uncertainty & unpredictability

Even with a good medical prognosis.

# During Treatment

- Often very quick therapy decisions - Coping processing "limps behind"
- Therapy side effects (surgery, radiation, chemotherapy, ...)
- Psychosocial consequences (loss of work, role reversal/loss, limited relationships, financial burdens, etc.)



# After Treatment

- Mixture of joy, fear and uncertainty
- Fear of recurrence, disease progression, fear of check-ups
- No longer intensive interaction with the health-care system
- Sometimes unrealistic expectations of family members

**→ Time of considerable psychosocial distress!**

# Recurrence

- Shock and disbelief
- Recurrence is often seen as a failure by both the patient and her treatment team.
- Many women with breast cancer blame themselves for their disease or its recurrence.

**→ The oncological course of the disease does not depend on the psychological state of health.**

Coyne et al. (2007)

# Advanced Breast Cancer



- Integration of the treatments into everyday life
- New Self-definition for quality of life
- Often Physically as well as mentally tired from "fighting"
- Fear fantasies concerning the dying process (pain, shortness of breath,...)

# Measuring Psychosocial Distress

- Hospital Anxiety and Depression scale (HADS)
- Brief Symptom Inventory (BSI)
- Distress Thermometer
- Quality of Life Questionnaire (QLQ-C30)
- Functional Assessment of Cancer Therapie-Breast (FACT-B)
- Hornheider-Screening (HSI)

# What do Patients need?

- Patients need a plan.
- Patients need competent partners.
- Patients need a constant supply of relationships.
- Patients need interface work.

Frequent criticism from patients:

- have not been informed enough
- feel left alone
- have to gather all information themselves

# How can we support?

## Special role of Breast Care Nurses

- Information giving → knowledge reduces fear!
- Side Effect Management
- Nursing skills
- Relationship offer

## Contact mediation to physicians of different disciplines

- Oncologists, Radiooncologists, Complementary medicine, Fertility experts,...

# How can we support?

## Contact mediation to psychologists

- Clarification and treatment of depression, anxiety, post-traumatic stress disorder
- Partnership Conflicts
- Sexuality

## Contact mediation for exchange with like-minded people

- support groups

# In summary

- Women with breast cancer experience some psychosocial distress.
- The level of distress varies from women to women, within an individual, over the course of diagnosis and treatment.
- Identify and address possible psychosocial distress.
- Knowledge reduces fear!



# Thanks for your attention.



[romana.renz@gmail.com](mailto:romana.renz@gmail.com)

# References

- Brintzenhofe-Szoc KM1, Levin TT, Li Y, Kissane DW, Zabora JR. 2009. Mixed anxiety/depression symptoms in a large cancer cohort: prevalence by cancer type. *Psychosomatics*.
- Coyne JC & Palmer SC. 2007. Does psychotherapy extend survival? Some methodical problems overlooked. *Journal of Clinical Oncology*, 25, 4852-4853.
- Hewitt M, Herdman R, Holland J. 2004. Meeting Psychosocial needs of Woman with Breast Cancer. Washington (DC): National Academies Press (US).
- Hewitt M, Rowland JH, Yancik R. 2003. Cancer survivors in the United States: Age, health, and disability. *J Gerontol A Biol Sci Med Sci* 58(1):82–91.
- National Comprehensive Cancer Network. 1999. NCCN practice guidelines for the management of psychosocial distress. *Oncology (Huntingt)* 13 (5A):113-147.
- Syrowatka A, Motulsky A, Kurteva S, Hanley JA, Dixon WG, Meguerditchian AN, Tamblyn R. 2017. Predictors of distress in female breast cancer survivors: a systematic review. *Brest Cancer Research Treat* 165: 229-245.