Breast Cancer: Psychosocial Support

What We Know

› Patients who are diagnosed with breast cancer (BC) commonly experience anger, intense fear, grief, changes in body image and sexuality, and treatment-related anxiety. The diagnosis, treatment, and recovery of BC can be stressful for both patients and their family members, and quality of life may be adversely affected\(^\text{(2-4,6-8,10,11)}\)

- Many persons with BC have a limited understanding of possible treatment options and outcomes; inadequate communication of information by healthcare clinicians makes psychological adjustment more difficult\(^\text{(5)}\)

› Successful adjustment is associated with receiving information from healthcare professionals, getting support from family members and friends, taking active responsibility for problem solving, expressing emotions, making healthy lifestyle changes, and adhering to the prescribed treatment regimen\(^\text{(2,4-6,8,11)}\)

- Risk factors for poor psychological adjustment to BC include younger age at diagnosis, having an ineffective coping style, the occurrence of multiple stressful events at the time of diagnosis, having a history of depression, having little or no social support, having an inclination to give up or to be pessimistic, and having an intense fear of death\(^\text{(6,8)}\)

- Anxiety and depression are the most common manifestations of women who report having persistent psychological distress following the diagnosis of BC and undergoing treatment. Anxiety is heightened during the diagnostic period, while waiting for the initiation of treatment, and when first experiencing the side effects of BC treatment, especially hair loss. Depression worsens during the period of treatment, especially if relationship difficulties develop between the patient and her intimate partner\(^\text{(6,11)}\)

  - In a study of women with BC and their relatives, researchers found that levels of anxiety and distress after completion of BC treatment were higher in the relatives than in the patients themselves\(^\text{(11)}\)

› Research indicates that psychological support from family, friends, and healthcare professionals is linked to better psychological adjustment and improved treatment adherence. Psychological support can alleviate the damaging effects of stress, increase self-efficacy, and improve coping ability\(^\text{(1,4-6,7,9,12)}\)

- A woman’s perception of the level of social support she receives can affect her overall quality of life during active treatment for BC, during the period of recovery, and subsequently in the life of BC survivors. Perception of support is a predictor of woman’s ability to find meaning in the BC experience. Perception of support is also associated with sexual adjustment and relationship satisfaction\(^\text{(4,9)}\)

  - Women whose partners attempt to avoid resolving problems experience worse psychosocial adjustment\(^\text{(12)}\)

  - Authors of a preliminary study found that a psychoeducational intervention aimed at the partners of women with BC resulted in diffusion of psychological benefit to the women with BC\(^\text{(1)}\)

› Psychosocial support is commonly defined as support offered by friends, family, or clinical professionals to someone who is experiencing stress, and can include the following\(^\text{(5,7,8,10)}\)
› Assistance with identifying and mobilizing support systems

• Instrumental aid (e.g., helping with tasks, accompanying the person to medical appointments)

• Informational aid (e.g., education, advice, or using a psychosocial intervention such as art therapy to enhance self-efficacy and expression of feelings)

• Listening and expressing empathy

• Individual therapy sessions with a mental health clinician, which have been shown to reduce short-term anxiety and depression but not to produce long-lasting relief from psychosocial distress in women who are undergoing treatment for BC

– Among patients with BC who have psychological distress, just 6–10% seek professional mental health services

• Group sessions for support that are led by a clinical professional or a BC survivor provide a setting for giving and receiving support, practicing communication skills, reordering life priorities, and finding meaning and hope

– Few BC patients attend group support programs, but those who do attend report that participation improves their coping skills

– Attending group sessions can improve self-esteem and self-efficacy. Support sessions that involve groups of women who have certain common factors or circumstances (e.g., single, married, similar ethnic background) can be especially helpful to patients

• Education for both patients and family members, which can focus on BC pathophysiology, treatment options, coping strategies, and available resources. Education helps to decrease feelings of confusion, inadequacy, anxiety, helplessness, and loss of control

Perceived psychosocial support in patients with BC

• Authors of a study examining changes in perceptions of social support in women with early-stage BC measured perceived social support at a starting point and at four subsequent times during a two year period determined that

– most patients with BC reported higher levels of social support at the starting point than those in the control group

– predictors of perceiving lower social support at the starting point were not being married or having a partner, being White, having a perception of lower health status, and having a greater negative affect

– women who had a mastectomy or who were African American had a sharper decline in social support, and women who were both African American and had a mastectomy had lower social support at the starting point

• The investigators of a study examining the links between perceived social support, depression, internal locus of control, and health-promoting behaviors in a group of BC survivors in Korea reported that having a perception of strong social support was the strongest predictor of a health-promoting lifestyle. The authors concluded that this may help identify the BC survivors who are more likely to adopt health-promoting behaviors and may identify those who need assistance in developing behaviors that promote good health

What We Can Do

› Learn about options for psychosocial support of patients with BC so you can accurately assess your patients’ personal characteristics and health education needs; share this knowledge with your patients and colleagues

› Ask your patients with BC to describe their support system, information needs, and coping styles so you can provide psychosocial support in a manner they view as constructive and make individualized recommendations regarding psychosocial support options

• Younger women with BC may prefer support and information that is related to contraception, fertility, a healthy lifestyle, and changes in sexuality

• Patients with BC may prefer individual or group support that involves others of like circumstances or ethnicity in order for them to better relate to participants and lessen feelings of isolation or loneliness

• All patients with BC require education regarding the likelihood of cure, treatment risks and benefits, body image, femininity, and sexuality. Verbal education provided during clinician visits or during group support sessions that is reinforced by written information for subsequent review can help to allay anxiety and fear

• Patients with BC can benefit from group support sessions during which survivors share their experiences about how BC has led to positive changes in their lives

• The Reach to Recovery program of the American Cancer Society, advocacy groups, or a spiritual advisor can also be beneficial for patients and caregivers
• Encourage your patients with BC to bring their spouses/significant others with them to medical appointments and support groups so spouses/significant others can also learn about BC and benefit from psychosocial support\(^{(3,10)}\)

› Assess your patients who have BC for unmet psychosocial needs at each clinical visit, and provide information for support options that meet their changing needs\(^{(6,7,9)}\).
References


