

RESEARCH HIGHLIGHTS

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Psychosocial

Treatment Preferences and Treatment Received May Affect Body Image and Mental Health in Older Women

Researchers from Georgetown University Medical Center in Washington, DC, and the National Cancer Institute in Rockville, MD, surveyed 563 female breast cancer survivors. The participants were aged 67 and older and had stage I and II breast cancer. The survey was conducted at 3, 12, and 24 months after surgery. The purpose was to evaluate whether concordance between treatment preferences and treatment received predicts post-treatment body image and whether body image, in turn, affects mental health in older women with breast cancer two years after treatment. All women were clinically eligible for breast conservation. The study found that body image was an important factor in treatment decisions for 31% of women. Women who received breast conservation had better body image two years post-treatment than those who received mastectomies. Women who preferred breast conservation but received mastectomy had the poorest body image. The study also estimated that body image, in turn, predicted two-year mental health. The researchers concluded that receiving treatment consistent with preferences about appearance was important in long-term mental health outcomes. Body image was measured using questions adapted from the Cancer Rehabilitation Evaluation System–Short Form, and mental health was evaluated using the Medical Outcomes Study subscale.

Figueiredo, M.I., Cullen, J., Hwang, Y., Rowland, J.H., & Mandelblatt, J.S. (2004). Breast cancer treatment in older women: Does getting what you want improve your long-term body image and mental health? *Journal of Clinical Oncology*, 22, 4002–4009.

Study Looks at Effects of Chemotherapy on Cognitive Function in Women With Breast Cancer

The term chemobrain is described as the cognitive decline associated with chemotherapy. Several retrospective studies have concluded that chemotherapy in patients with breast cancer is associated with persistent cognitive deficits after treatment is completed. However, no documented reports have evaluated cognitive function in patients

with breast cancer with no central nervous system involvement before the initiation of systemic adjuvant therapy (e.g., radiotherapy, chemotherapy, hormonal therapy). Researchers at the University of Texas M.D. Anderson Cancer Center studied cognitive function in 84 patients before they received adjuvant therapy for nonmetastatic primary breast cancer. The comprehensive neuropsychologic evaluation included 5–14 different measures. All participants had a diagnosis of primary breast cancer with no metastasis, were aged 18 or older, had completed at least eight years of formal education, and spoke fluent English. The findings showed that cognitive impairment is observed frequently even before the administration of systemic chemotherapy. Thirty-five percent of women exhibited overall cognitive impairment. Verbal learning (18%) and memory function (25%) were impaired significantly more frequently than normative expectations. In addition, differences in psychomotor processing speed and attention, nonverbal memory, confrontational naming, complex visuoconstruction, and fine motor dexterity were noted. The study recommended that investigators planning to measure chemotherapy-induced cognitive dysfunction should incorporate prechemotherapy baseline assessments.

Wefel, J.S., Lenzi, R., Theriault, R., Buzdar, A.U., Cruickshank, S., & Meyers, C.A. (2004). Chemobrain in breast carcinoma? A prologue. *Cancer*, 101, 466–475.

Patients Undergoing Radiotherapy Exhibit High Rates of Psychosocial Distress

A study conducted by three German researchers confirmed a high rate of psychosocial distress among inpatients with cancer receiving radiotherapy. In an effort to first assess the prevalence of psychological distress and mental disorders and then compare the need for psychotherapeutic treatment as determined by self- and expert evaluation, inpatients from two radio-oncology wards were evaluated. Eighty-seven patients underwent psychodiagnostic interviews and completed self-rating instruments to determine mental disorders, psychosocial distress, coping strategies, and quality of life. Need for psychotherapeutic interventions and treatment motivation were estimated by patients and a professional. Patients undergoing radiation therapy have a tendency to become withdrawn, and difficulties in

coping with their disease frequently cause them to minimize their distress and help others rather than accepting help themselves. Using International Classification of Diseases-10 criteria, mental and behavioral disorders were diagnosed in 51% of the patients, most of which were adjustment disorders present in 28.3% of patients. The need for psychotherapeutic treatment was perceived as high by the patients (43%) and the research assistant (32%). A marked discrepancy existed between the points of view of patients and professionals in that, although professionals regarded anxiety as a highly significant predictor of the need for treatment, psychosocial distress played no role in patients' estimations. Self-assessment showed that 9% of patients experienced increased anxiety and 9% experienced increased depression. As many as 11% of patients had maladaptive coping styles, including lack of active problem-oriented coping, depressive coping, minimization, and wishful thinking. Of those patients, 31% were experiencing problems in their social lives, 43% were experiencing functional deficits in everyday living, and 32% had increased somatization. Results of the study indicated a "considerable need" for psychotherapeutic interventions in the radio-oncology inpatient population.

Fritzsche, K., Liptai, C., & Henke, M. (2004). Psychosocial distress and need for psychotherapeutic treatment in cancer patients undergoing radiotherapy. *Radiotherapy and Oncology*, 72, 183–189.

Mothers and Fathers Cope Differently With Children's Death From Cancer

Cancer is the leading cause of nonaccidental death in children. A gap exists in the literature about the effects of parent psychological functioning and long-term bereavement related to the place of the child's death. Independent measures of psychological functioning, family functioning, and pathologic grieving were completed by 50 Australian parents. The researchers found support for a relationship between the place of death and gender of the parent with regards to differences in bereavement outcomes. Fathers had increased psychological effects when their child died in the hospital. For mothers, on the other hand, the place of death had an impact on pathologic rather

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