# Trajectories of Depression and Anxiety in Latina Breast Cancer Survivors

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**OBJECTIVES:** To identify subgroups of Latina breast cancer survivors with unique trajectories of depression and anxiety and examine predictors associated with these subgroups.

**SAMPLE & SETTING:** Secondary analysis of Latina breast cancer survivors (N = 293) from three psychosocial intervention studies.

**METHODS & VARIABLES:** Depression and anxiety were assessed at intake and at weeks 8 and 16. Group-based growth mixture modeling was used to identify subgroups who followed distinct trajectories of depression and anxiety. Multinomial logistic regression models were used to identify predictors of trajectory-based subgroup membership.

**RESULTS:** Three trajectories emerged for depression: low/moderate-stable (78%), high-improving (7%), and high-stable (15%). Three subgroups based on the trajectories of anxiety were low-stable (73%), high-improving (18%), and high-worsening (9%). Chemotherapy, age, and social support discriminated among the three depression trajectory subgroups. All anxiety trajectory subgroups had significantly different initial scores. No demographic or clinical factors were associated with anxiety trajectories.

**IMPLICATIONS FOR NURSING:** Latina women treated for breast cancer are at an elevated risk for depression and anxiety and follow distinct trajectories of these symptoms. Psychosocial interventions are needed to manage these symptoms, particularly for subgroups in which depression and anxiety persist or worsen.

Latinos represent the fastest-growing ethnic minority in the United States and are overrepresented among lower socioeconomic and underserved groups (Ennis, Rios-Vargas, & Albert, 2011). Latina women often are diagnosed with breast cancer at younger ages, with more advanced disease, and have lower five-year survival rates than non-Hispanic White (NHW) breast cancer survivors by an estimated 20% (Siegel, Miller, & Jemal, 2017; Yanez, Thompson, & Stanton, 2011). Latina women also have poorer adjustment to a breast cancer diagnosis (Spencer et al., 1999) and greater overall distress (Eversley et al., 2005), with more social disruption as a result of their disease (Petronis, Carver, Antoni, & Weiss, 2003) compared to NHWs, Asians, and African Americans (Ashing-Giwa, Tejero, Kim, Padilla, & Hellemann, 2007). In addition, Latina breast cancer survivors report a greater number of cancer-related symptoms (Badger et al., 2013; Fu et al., 2009) and an overall symptom burden that results in lower quality of life (QOL) (Ashing-Giwa et al., 2007; Yanez et al., 2011) and emotional well-being (Janz et al., 2014).

Prevalence estimates of depression range from 32%–36% among Latina survivors (Holden, Ramirez, & Gallion, 2014) compared to 12%–25% among NHW breast cancer survivors (Krebber et al., 2014). Often comorbid with depression, anxiety is also disproportionately experienced by Latina versus NHW breast cancer survivors (Sammarco & Konecny, 2010) and is positively associated with younger age, greater pain, less education, and higher levels of fatigue (Janz et al., 2011). When untreated, psychological symptoms of depression and anxiety adversely affect QOL (Fann et al., 2008; Jacobsen & Jim, 2008), impair cancer-related immune function (Liu et al., 2012; Spiegel, Giese-Davis, Taylor, & Kraemer, 2006), and, when severe and persistent, may decrease long-term survival (Giese-Davis et al., 2011; Siegel et al., 2017). In Latina women, these consequences are even more