

## Post-Traumatic Stress Disorder Related to the Cancer Experience

Nancy Jo Bush, RN, MN, MA, AOCN®

I wasn't sure if it was a question or a statement, but when a family member commented, "It is the one-year anniversary of your cancer diagnosis. You must feel better," I found myself comforting her by replying, "Yes, I feel better." In reality, I felt worse. It was five months after my treatment ended and I still couldn't find myself. Was I even the same self? This is when I understood that I was experiencing a form of post-traumatic stress disorder (PTSD) after my diagnosis and treatment for ovarian and breast cancer.

Many healthcare professionals think about PTSD in the context of soldiers returning from war zones, victims of abuse, or trauma survivors. Beginning in 1994, PTSD also was applied to patients with cancer when the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (DSM-IV) redefined trauma criteria to include life-threatening illness such as cancer (American Psychiatric Association [APA], 2000). Many oncology nurses may be surprised by the prevalence and severity of PTSD in cancer survivors.

After many years of experience as an oncology nurse and with a specialty in clinical psychology, I was now one of the patients. A routine appendectomy revealed a 5 cm tumor diagnosed as stage II ovarian cancer. Scans found a breast mass that turned out to be a stage I breast cancer. Surgeries to treat both would be followed with six cycles of paclitaxel and carboplatin and seven weeks of radiation therapy. I felt like I was in a nightmare. How could this be happening to me? What about my job as a nurse practitioner working with patients with breast and ovarian cancer? I will lose my hair! How will this affect my family after years of prior stressors? Can I face the challenge with the courage of my patients who, throughout my career, have taught me the values of hope and resilience?

### Criteria for Post-Traumatic Stress Disorder

Research literature supports a range of psychological stressors that are associated with a cancer diagnosis and subse-

quent treatment. Psychological responses of distress are most often reported at major transition points, such as diagnosis, treatment, conclusion of treatment, recurrence, and terminal disease, and include but are not limited to shock, denial, fear, anxiety, panic, sadness, depression, and appetite and sleep disturbances. Less researched is the potential for cancer survivors to experience distress attributable to their cancer experience long after primary treatment ends and long into their survivor continuum (Andrykowski, Lykins, & Floyd, 2008). Depression and anxiety in patients with cancer have been a focus of psychological research (Andrykowski et al.); however, diagnosis and treatment of the two disorders still fall behind recognition and intervention at the professional level (Bush, 2008). Symptoms associated with depression, such as sadness, sleep disturbances, and anxiety (fear, panic, phobia), also may fit criteria for PTSD.

The essential feature of PTSD, as defined by APA (2000), is the development of characteristic symptoms following exposure to an extreme traumatic stressor. The diagnosis of PTSD is "severe and disabling anxiety and phobic reactions displayed by individuals in the wake of a traumatic experience" (Smith, Redd, Peyser, & Vogl, 1999, p. 521). Figure 1 summarizes the six criteria put forth by the APA to be met for a PTSD diagnosis. Inherent in criterion A is the objective severity of the traumatic event and the subjective appraisal of the event (Smith et al.). Historically, individuals diagnosed with PTSD have been traumatized by experiencing events ranging from military combat or hostage situations, terrorist acts, violent personal assault, or man-made or natural disasters. According to the APA, an individual diagnosed with a life-threatening illness, such as cancer, is included in the list of traumatic events. Criterion A also includes the witnessing of traumatic events or hearing about tragic events, such as learning that a loved one or child is facing a life-threatening illness or being told of a sud-

den, unexpected death of a close friend or family member.

Criterion B outlines distressing re-experiencing of the traumatic event by intrusive and recurrent memories in the form of nightmares, flashbacks, and physical or psychological fear at exposure to an internal or external cue that symbolizes the event. Criterion C outlines symptoms of numbing or avoidance that the individual may develop to prevent stimuli that are reminiscent of the trauma. This may range from avoiding people, places, or activities that recall the trauma to feelings of estrangement from others. Persistent arousal is defined by criterion D and includes a range of behaviors from hypervigilance, to difficulty falling asleep or staying awake, to irritability and outbursts of anger. Criterion E specifies that the duration of symptoms is more than one month (which differentiates PTSD from acute stress disorder), and criterion F signifies that trauma causes clinically significant distress or impairment in important areas of life-functioning, such as social and occupational roles. Kwekkeboom and Seng (2002) defined PTSD as a chronic, disabling response to an overwhelming trauma characterized by a three-symptom cluster: intrusive re-experiencing of trauma, avoidance and numbing, and hyperarousal.

In addition to the onset and duration of symptoms, the symptom response pattern to the extreme stressor is important for differentiating PTSD from other mental illnesses. For example, newly diagnosed patients with cancer often respond with sadness and anxiety or even develop depression at specific transition points along the continuum of their treatment (Bush, 2008). These short-term, normal, and expected responses may only require a psychiatric diagnosis if symptoms persist or if symptoms cause significant distress and interfere with clinical treatment; impact family, social, and occupational functioning; or negatively affect quality of life. If the symptom responses meet the criteria for PTSD, the disorder should be specified