

Caregiver Characteristics Associated With Cognitive Complaints in Women With Breast Cancer

Yesol Yang, PhD, NP-C, Victoria Poillucci, Med, MSN, ACNP-BC,
Deborah "Hutch" Allen, PhD, RN, CNS, FNP-BC, AOCNP®, Wei Pan, PhD,
Eleanor McConnell, PhD, RN, and Cristina C. Hendrix, DNS, GNP-BC, FAAN

OBJECTIVES: To explore whether caregiver characteristics were associated with cognitive complaints reported by women with breast cancer undergoing chemotherapy.

SAMPLE & SETTING: 61 dyads of women with breast cancer and their caregivers were recruited at Duke Women's Cancer Care Raleigh in North Carolina.

METHODS & VARIABLES: An exploratory, cross-sectional design was used. Data were obtained on patients and caregivers. Patient cognitive complaints were represented by cognitive impairment (CI) and cognitive ability (CA).

RESULTS: Two significant associations were found: between patient CI and caregiver mental health, general health, and burden; and between patient CA and caregiver self-confidence and burden. Caregiver burden, which showed correlations with both patient CI and CA, was found to influence patient CA. Also, patient depression played a mediator role in the association between caregiver general health and patient CI.

IMPLICATIONS FOR NURSING: Healthcare providers should consider caregivers when assessing and managing patients' cognitive symptoms. This study suggests the value of including caregivers when establishing interventions for patients who have cognitive complaints.

KEYWORDS breast cancer; caregiver; cognitive complaints; cognitive impairment; cognitive ability
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As many as 75% of women with breast cancer complain of changes in their cognitive function (hereafter called cognitive complaints) during chemotherapy (Janelins et al., 2018). Patients with cognitive complaints experience frequent forgetfulness (such as of names, dates, or telephone numbers); slower processing speeds; and difficulties in concentration, multitasking, and word retrieval (Asher, 2011; Ganz et al., 2013; Janelins et al., 2014). Although such complaints may not be observed by others, patients themselves are aware that they are not functioning well compared with their prediagnosis baseline (Myers, 2013). For these reasons, many studies of patients with breast cancer acknowledge the value of patient reports of cognitive complaints (Myers, 2013; Savard & Ganz, 2016; Tannock et al., 2004). In addition, researchers have emphasized self-reported cognitive complaints as an important indicator of patients' daily functioning (Ahles et al., 2002; Kohli et al., 2007; Von Ah et al., 2013).

Despite their high prevalence, knowledge about cognitive complaints during chemotherapy has not been consistent. Reviews of the empirical literature revealed that (a) the adverse effects of cancer and cancer treatments on the central nervous system and/or (b) co-occurring symptoms with chemotherapy (e.g., anxiety, depression, fatigue, sleep disturbance) can primarily influence patients' cognitive complaints (Janelins et al., 2014; Merriman et al., 2013). However, these two factors do not sufficiently explain the variabilities in cognitive complaints during chemotherapy. Some patients have complained that cognitive changes occurred during chemotherapy and persisted for more than one year following cancer treatment (Ng et al., 2018). Inconsistent manifestations of cognitive complaints