

9. PSYCHOSOCIAL CARE

Psychosocial Care

Each patient diagnosed with breast cancer will experience a range of practical, psychological and emotional challenges as a result of their diagnosis and the adverse effects of treatment. Each person's life may be further disrupted by changes in role and family functioning, occupational or employment status, and financial status. Some patients will have to come to terms with progressive illness and approaching death, others may be faced with the physical, emotional and social challenges of survival.

The psychosocial impact of cancer is significant. The prevalence of long-term psychological distress in patients with cancer has not been extensively researched but available estimates range from 20% to 66%. While most people with cancer experience symptoms of anxiety, evidence suggests that 12% - 30% experience clinically significant anxiety problems.

Studies of patients with breast cancer and with various other cancer types also show that those who have undergone chemotherapy, adjuvant therapy or radiation therapy are at increased risk for depression. Some studies report clinical depression in up to 40% of patients with cancer with progressive disease in palliative care.

The experience of cancer may continue to have an emotional impact on some people long after their initial diagnosis. Residual concerns about recurrence and fear of checkups may last for many years after the original diagnosis. The diagnosis of a recurrence causes significant stress. It is estimated that recurrence is associated with psychiatric disorders in up to 50% of women with breast cancer.

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The previous section was adapted from the publication:

Clinical practice guidelines for the psychosocial care of adults with cancer
Ch 1 pp 1 - 2

Support for patients with cancer

It is usual for most women diagnosed with breast cancer to experience sadness and loss during their illness and treatment. Responses can include episodes of intense and distressing emotions such as anger, fear and helplessness and feeling out of control.

Each patient will draw on their own individual coping resources that have helped in the past. Health workers can assist in strengthening the patient's own resources by providing additional emotional, informational and practical assistance.

For example, some women may feel as if they have little or no control over their disease or its treatment. This may lead to feelings of powerlessness and resentment. Providing information about breast cancer and available treatments and having the opportunity to discuss the management of their disease with their health team assists in enabling the women actively engage in her own care, gain control and assist in her ability to cope.

When to intervene

After the diagnosis of breast cancer, most women do not experience long-term emotional distress. Also, women who have good support mechanisms and perceive they are experiencing good support have decreased psychological

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morbidity.

Often psychological distress may present as anxiety and / or depression.

Depression is commonly under diagnosed and under treated. Nurses and health care workers in regular contact with the breast cancer patient are well placed to recognise that the diagnosis is causing psychological distress severe enough to need intervention. This can be done by referring the patient to appropriate support agencies for counselling and psychotherapy.

For 20—30% of women, the disruption to their life style through loss of roles, functional abilities, and problems with relationships (both existing and new) may be experienced. Other issues may relate to self concept, body image and sexuality.

Factors which may increase a woman's risk of psychological morbidity are:

- Younger age
- Single, separated, divorced, widowed
- Living alone
- Having children less than 21 years of age
- Economic adversity
- Poor marital functioning
- Past treatment for psychological illness especially depression
- Cumulative stressful life events
- History of alcohol or other substance abuse
- Disease / treatment factors
- Experiencing the side effects of treatment

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Anxiety

Anxiety can affect a person's whole being. Psychologically and on a behavioural level it can affect their capacity to express themselves or to deal with everyday situations. Anxiety results from an individual's internal response to a vague, distant or unrecognised danger. Psychologically anxiety can manifest in a variety of ways:

- Shortness of breath
- Heart palpitations
- Trembling or shaking
- Sweating
- Choking
- Nausea or abdominal distress
- Numbness
- Dizziness or unsteadiness
- Feelings of detachment or of being out of touch with oneself
- Hot flashes or chills
- Fear of dying
- Fear of going crazy or out of control.

Depression

Depression may be present where some of the following symptoms have been present for at least two weeks:

- Depressed mood most of the day, nearly every day
- Diminished interest or pleasure in almost all activities of the day, nearly

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every day.

- Significant weight gain or loss when not dieting, and decreased appetite every day.
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive inappropriate guilt nearly every day
- Diminished ability to think, concentrate, or make decisions nearly every day
- Recurrent thoughts of death or recurrent suicidal thoughts with a specific plan; or a suicide attempt; of a specific plan for committing suicide

Referral

If you are concerned about the person's psychological wellbeing it is important to refer them to their general practitioner, psychologist, social worker or a trained counsellor. Discussing a referral with your patient for psychosocial support is important, as often women may refuse assistance related to shame or guilt that they are not coping. Coping with feelings of shock, disbelief and denial can make it difficult for your patient to talk about deeply personal and intimate matters. If this has been their communication pattern in the past, they may find it difficult to communicate. Where appropriate,

- Discuss your concerns with your patient about their distress
- Encourage them to talk about their feelings
- Encourage the patient to talk with their clinician/s

If your patient is presenting with suicidal thoughts or has informed you that she has a specific plan for committing suicide, it is imperative that you contact her general practitioner for further assistance.

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Your relationship with the breast cancer patient can greatly assist them in their journey along the treatment pathways.

Psychological therapies

Psychological therapies usually involve exploring what breast cancer means for the women and can include problem solving, cognitive techniques to cope with the distress of the breast cancer and relaxation training.

Assistance

Depending on your professional relationship with the patient, there are a range of options that can assist with psychosocial care:

General Practitioners

The patient should be encouraged to see their GP.

Social Workers

All hospitals and many community health centres have social workers available.

Psychologists

Medicare now offers limited assistance to access psychologists. The program is limited to 12 sessions per calendar year and the patient must be referred by a GP, psychiatrist or paediatrician. For further information go to:

[Psychologists on Medicare](#)

Related Topics

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[Clinical practice guidelines for the psychosocial care of adults with cancer](#) - Summary Guide

[The identification of psychological distress in women with breast cancer](#) - National Breast Cancer Centre

[Psychosocial impact on the areas of body image and sexuality for women with breast cancer](#) - National Breast Cancer Centre

[Experience of diagnosis. Information and support needs of women diagnosed with ductal carcinoma in situ DCIS](#) - National Breast Cancer Centre

[Feelings and fears](#) - National Breast Cancer Centre

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