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Research Article

Psycho-Oncological Aspects of the Functioning of Women Who Have Breast Cancer: Discussion of the Author's Research

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ABSTRACT

Breast cancer interferes with the emotional sphere of a woman, causes body distortion and permanent disability, and evokes strong negative emotional reactions, such as anxiety, the feeling of insecurity, and anxiety. Also, during and after treatment, women experience not only persistent damage in the psyche but also intimate sensations. The study aimed to assess the quality, acceptance, life satisfaction and depression, and pain of women treated for breast cancer. Evaluation of the impact of the disease on emotional life and ways of dealing with it, among others, using unconventional methods. The studies involved a total of 573 women aged 30 to 79 years of age, suffering from breast cancer at its various stages of treatment. Women with severe comorbidities, BMI > 30 and other cancers were excluded from the study. The approval of the Bioethical Commission of Collegium Medicum of the Nicolaus Copernicus University in Toruń was obtained for all the tests. The study used psychometric tests: Quality of Life questionnaire QLQ-C 30 and the QLQ BR-23, Acceptance of Illness Scale (AIS), Beck Depression Self-Assessment Scale, Hospital Anxiety and Depression (HAD) Scale of Mental Adaptation to cancer (Mini Mac). The research drew important conclusions and practical implications regarding care for patients with breast cancer. Psychological support is necessary for multi-disciplinary proceedings, not only women, but also persons accompanying the disease. Such a procedure enables the proper course of the treatment process for patients with breast cancer. Research on coping with the disease including pain, depression, adjusting to life in this difficult situation, among others, may affect the outcome. Active struggle with the disease affects the alleviation of ailments and improving the quality of life.

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Introduction

Breast cancer is a serious oncological problem. It is the second most common malignant tumor in the world. However, the incidence of breast cancer continues to increase, but declining mortality rates in developed countries indicate an intensive development of detection methods and treatments that are hoping for a longer and better life for patients. In developed countries, breast cancer is still the most common malignancy in women. In Poland, from the '70s, breast cancer is the most commonly diagnosed malignant tumor among women.

Cancer disease disturbs the emotional sphere of a woman, causes body distortion and permanent disability. Amputation of the mammary gland triggers strong negative emotional reactions, such as anxiety, insecurity, and fear. Women's sense of life-threatening, uncertainty about the near future, loss of control over their own lives and insufficient information related to the disease and treatment methods may be an additional reason for feeling helpless. Also, women after mastectomy experience not only permanent damage in the psyche but also intimate sensations.

After surgery, the image of one's own body changes in a woman. The sense of value changes, the physical fitness decreases, which in turn leads to difficulties in performing daily home and professional work. Working a woman feels needed and active. Interruption of work even for

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a short period has a very negative impact on the psyche; it often causes withdrawal from interpersonal and social contacts.

Cancer is seen as the strongest stress among all diseases. It triggers negative emotional reactions, especially anxiety and is perceived as a traumatic situation. Stress occurs when the woman suspects the disease and results from the discovery of the first symptoms that do not have to be unambiguous. At the time of the first symptoms there is a sense of danger and stress, which contributes to the development of coping strategies. This strategy varies between acceptance intensifying anxiety and fear and reducing negativity with negation. Strong stress triggers during the waiting period for the results of diagnostic tests. A negative result results in relief and relieves emotional tension, while a positive one puts the woman in the face of a deadly threat.

Psychological disorders require the implementation of psychological and/or psychiatric help. The patients are worried about the fate of their relatives; they are afraid of death, feel depressed and feel being overcome by dejection. Some diagnostic and therapeutic activities also cause fear. It happens that the patient is uninformed about their nature and consequences. The quality of life of patients with breast cancer, on the one hand, affects the hope for the possibility of reducing the discomfort or complete remission of the disease.

On the other hand, there is anxiety before the appearance of additional, even more, onerous symptoms. For all patients calming and psycho-oncological support is extremely important. Treatment of breast cancer, as well as any cancer, is long and difficult, which is why many women resort to the search for and use of non-traditional treatments. These include numerous therapies proposed by unconventional therapists, among others to fight pain, anxiety, depression and mood disorders.

Bearing in mind the above, it was reasonable to research broadly understood psycho-oncological aspects of the functioning of women with breast cancer. The objectives of the study were to assess the quality, acceptance, life satisfaction, depression, and pain of women treated for breast cancer, and to assess the impact of the disease on emotional life and how to deal with it, among others, using unconventional methods.

In total, 573 women aged 30 to 79, with breast cancer at various stages of treatment, were included in the study. Women with severe comorbidities, BMI > 30 and other cancers were excluded from the study. The approval of the Bioethical Commission of Collegium Medicum of the Nicolaus Copernicus University in Toruń was obtained for all the tests. The tests used psychometric tests validated in Poland: QLQ C-30 Life Quality Questionnaire, QLQ BR-23, Acceptance of Illness Scale (AIS), Beck Depression Self-Assessment Scale, Hospital Anxiety and Depression (HAD) scale, Scale of Mental Adaptation to Cancer (Mini-Mac), Acceptance of Illness Scale (AIS).

It can be said that mastectomy significantly reduces the quality of life as regards the image of one's body and the discomfort of the arm compared to a saving operation. The use of a saving method has a positive effect on the self-esteem of women, which significantly affects a better quality of life. The use of less scarring method does not cause "half woman syndrome," which is observed in women after removal of the whole breast. Saving treatment compared with mastectomy gives a better overall brand satisfaction with life, and in the early period after surgery,

there are no differences in the functioning of physical, mental and social, which later may change. Interestingly, as a result of the research, we found that the quality of life of women after amputation and saving surgery in the early postoperative period is similar in terms of general health and functionality. Women treated with the saving method perceive their body better, whereas, after amputation, the shoulder symptoms such as pain, swelling and difficulty in raising the limb are more common. Women with breast cancer after radical treatment assess health and quality of life as good [1].

An in-depth assessment of the quality of life through complex questionnaires requires taking the time to collect the relevant data. These questionnaires, thanks to standardized questions, allow to objectively assess the physical, psychological and social functioning of patients. However, short questions about the self-assessment of quality of life, general health and pain sensations in patients with breast cancer are not very appreciated and can give a preliminary assessment of the quality of life during and after treatment. Medical staff often forget about the holistic approach to the patient, while the patient after invasive treatment is a very important quality of life and well-being, no less important than curing the disease. Thus, women who have locally advanced breast cancer after radical treatment consisting of the amputation of chemo and radiotherapy in self-assessment determine their state of health and quality of life as good. Non-analgesics assess the health and quality of life better and have a better mood than those using such drugs. Sociodemographic factors do not affect the self-assessment of health, quality of life and the intensity of pain [2].

In addition to the quality of life, we have also studied the pain of depression and anxiety, which almost always accompany patients with breast cancer [3]. The message about a serious illness causes a very strong emotional response such as anxiety and insecurity. The widespread use of anxiety and cancer has a strong influence on the occurrence of anxiety and depression that is cancer fear. We assessed, among others, the intensity of women's depression and anxiety before and after breast amputation due to cancer. It turned out that the severity of these symptoms decreased after the treatment, women with higher education abolished depression and anxiety to a lesser extent.

I also studied how they accept sick disease after breast cancer surgery. Almost half of women who have had an amputation and breast-conserving surgery have an average acceptance of the disease. Ideally, women who are educated, living in cities, working mentally with a good financial situation accept the disease best. For better management of the disease affect in the order: age, education, current occupation, and material situation, while the type of surgery is not affected. Over half of all women, regardless of the type of surgery, present a high level of constructive style. Every second woman accepts the disease well during complementary treatment, preferably in the 5th month. It seems that better psychological care would improve the acceptance of the disease in most patients because only every second woman felt necessary, does not feel more dependent on others, is not a burden to others and feels wholesome. We pointed out that such comprehensive treatment is most often possible in multi-profile oncology units with organ specialization (branches of breast cancer treatment) [4, 5].

The emotional life of women associated in the "Amazons" clubs after breast cancer surgery and the assessment of women's satisfaction after

reconstructive surgery was the subject of another work [6]. Most women predicted that the level of satisfaction with life would not change. However, a small number of women negatively assessing the level of satisfaction with their future life in the next five years could indicate that women are satisfied, accept themselves and the disease. Generally, the disease hurts the emotional state of women after breast amputation. It turned out that only half of women from 'Amazons' clubs have an optimistic approach to the disease, and married women and those working in a complete family are quicker to accept the changes that have occurred in their lives.

In the next work on psycho-oncology, we examined, among others, an important aspect of patient satisfaction assessment after reconstructive surgery [7]. The advances in the breast reconstructive technique make these operations a permanent place as part of the modern and comprehensive treatment of breast cancer. It turned out that 80% of women undergoing reconstructive procedures accept the appearance of their breasts and 75% of them were satisfied with the performed procedure at a good and very good level. And what's interesting, it was easier for the younger woman to decide on the surgery, with time she lost the desire to undergo reconstruction.

It is generally known that conventional medicine is based on facts and using it, a high degree of cure or inhibition of the ongoing cancer process is achieved. However, patients often use different methods of additional and/or alternative procedures. This problem has been bothering oncologists for a long time. The question was: to what extent do cancer patients use different methods of unconventional medicine? This topic was on the occasion of scientific conferences as well as in public discussions when discussing problems with healers, who often delayed standard treatment, and by applying alternative procedures led the patients to premature death. We tried to at least partially answer this question on the example of breast cancer patients who started standard treatment. It turned out that almost half of the women use the additional procedure. Complementary methods are used mainly by women in mood disorders and pain. Women were experiencing pain, anxiety, depression and mood disorders most often use, with good results, massage or physical exercises.

The research conducted among women associated in the 'Amazons' clubs showed that the most commonly used methods of non-conventional medicine were herbal medicine, chiropractic, Chinese medicine, and massage. In the opinion of the majority, the use of unconventional therapies did not affect the improvement of their state of health and should take place with the consent and knowledge of the doctor [8-10].

The fear of cancer leads, among other things, to the fact that women's knowledge about breast cancer is not satisfactory, especially in older and less educated women, and to a lesser extent, they gain knowledge from the Internet mainly from medical personnel. Young women up to 49 years of age do a self-examination to detect breast cancer most often, older women use mammography. Almost all women immediately report to the doctor and have no limited access to the clinic after detecting the changes using mammography or self-monitoring [11].

The psycho-oncological aspects of the functioning of women with breast cancer treated radically have been described by summarizing the

previous research in the chapter: e-Book Mastectomy. Psychological problems of women with breast cancer are described in the following subsections: suspicion of cancer - stress and coping strategies, confirmation of the worst messages: diagnosis and anxiety and emotions in the perioperative period, psychophysical functioning during adjuvant treatment, breast reconstruction, path to the acceptance of the disease, the role of the family and friends in the treatment process [12].

In the course of cancer, which is more and more often a chronic one, it leads to a serious psychological burden and may be the cause of depression disorders, apathy, anxiety and even neuropsychiatric diseases such as cognitive disorders or pathological behaviors. We also sometimes observe the symptoms of post-traumatic stress disorder (PTSD) later. Partial or total inability to reproduce certain important circumstances of encountering a stressor. Persistently persistent symptoms of increased psychological sensitivity and excitation (not occurring before stressor exposure) and add any of the following two symptoms: difficulty falling asleep and sustaining sleep, irritability or outbursts of anger concentration difficulties excessive alertness, increased reaction of surprise.

Conclusion

Thus, psychological support is necessary as part of multidisciplinary proceedings, not only for oncological patients but also for those accompanying the illness. Such a procedure enables the proper course of the treatment process for patients with breast cancer. Research on coping with the disease, including pain, depression, adaptation to life in this difficult situation may affect, among other things, the outcome of cancer treatment. It has been shown that active coping with the disease affects the alleviation of ailments and improving the quality of life.

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