

# Psychosocial aspects of breast cancer

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- What is the psychosocial impact?
- Research at CAR, UWE:
  - Breast Reconstruction
  - Chemotherapy



# Including:

- Impact of diagnosis (shock?)
- Impact of treatment
- Impact of genetic testing
- Impact of recurrence
- Decision making about treatment
- Impact on others
- Coping
- Beliefs about cancer
- Provision of supportive care

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- Anxiety (~1/3 at some stage)
  - Depressive symptoms
  - Quality of life
  - Cognitive functioning
  - Relationships
  - Social confidence
  - Fears for the future
  - Impact on roles & sense of self
  - Feelings of uncertainty
  - Existential questions
  - Body image



# Positive outcomes

- Priorities
- Change in perspective
- “Benefit-finding”

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- Reactions aren't unusual
  - A usual reaction to an unusual situation
  - Increased recognition over past 15 - 20yrs
  - Increased provision of psychosocial support



# Research at the Centre for Appearance Research, UWE:

# Breast cancer & appearance:

- scarring
- loss of sensation
- swelling  
(lymphoedema)
- onset of menopausal symptoms
- hair loss
- weight gain or loss
- ulcers
- hormonal changes
- use of prosthesis





# Changes can be:

- permanent (e.g. scarring)
- temporary (e.g. hair loss)
- changeable (e.g. breast reconstruction)



# Impact of changes to appearance:

- adjustment to new body image
- loss of previous looks
- body is failing?
- body is out of control?
- signals recurrence or new cancer?
- act as vivid, constant reminders



# Research areas to date:

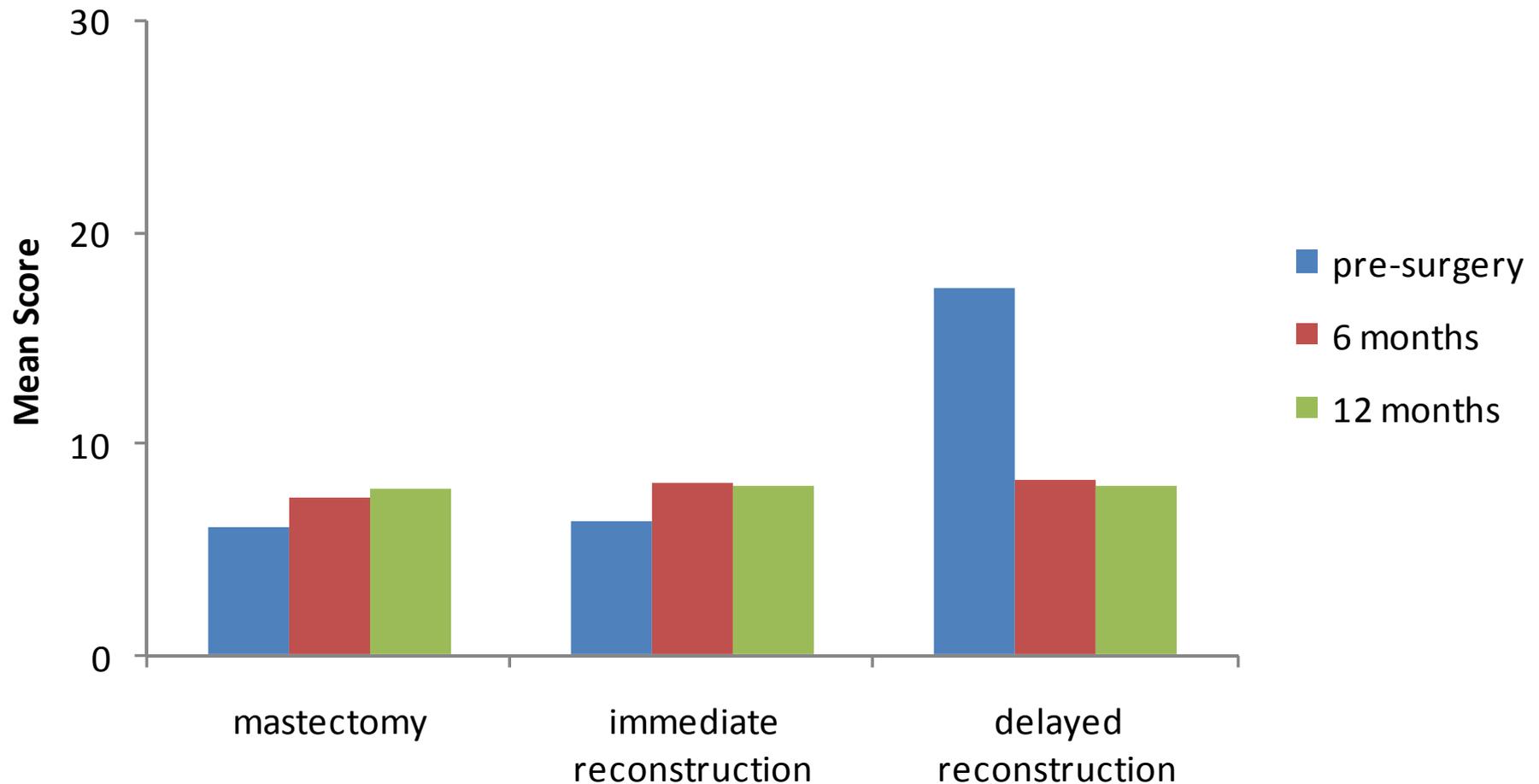
- Breast reconstruction
- Partners' experiences of reconstruction
- Nipple reconstruction
- Chemotherapy
- Ductal carcinoma in situ



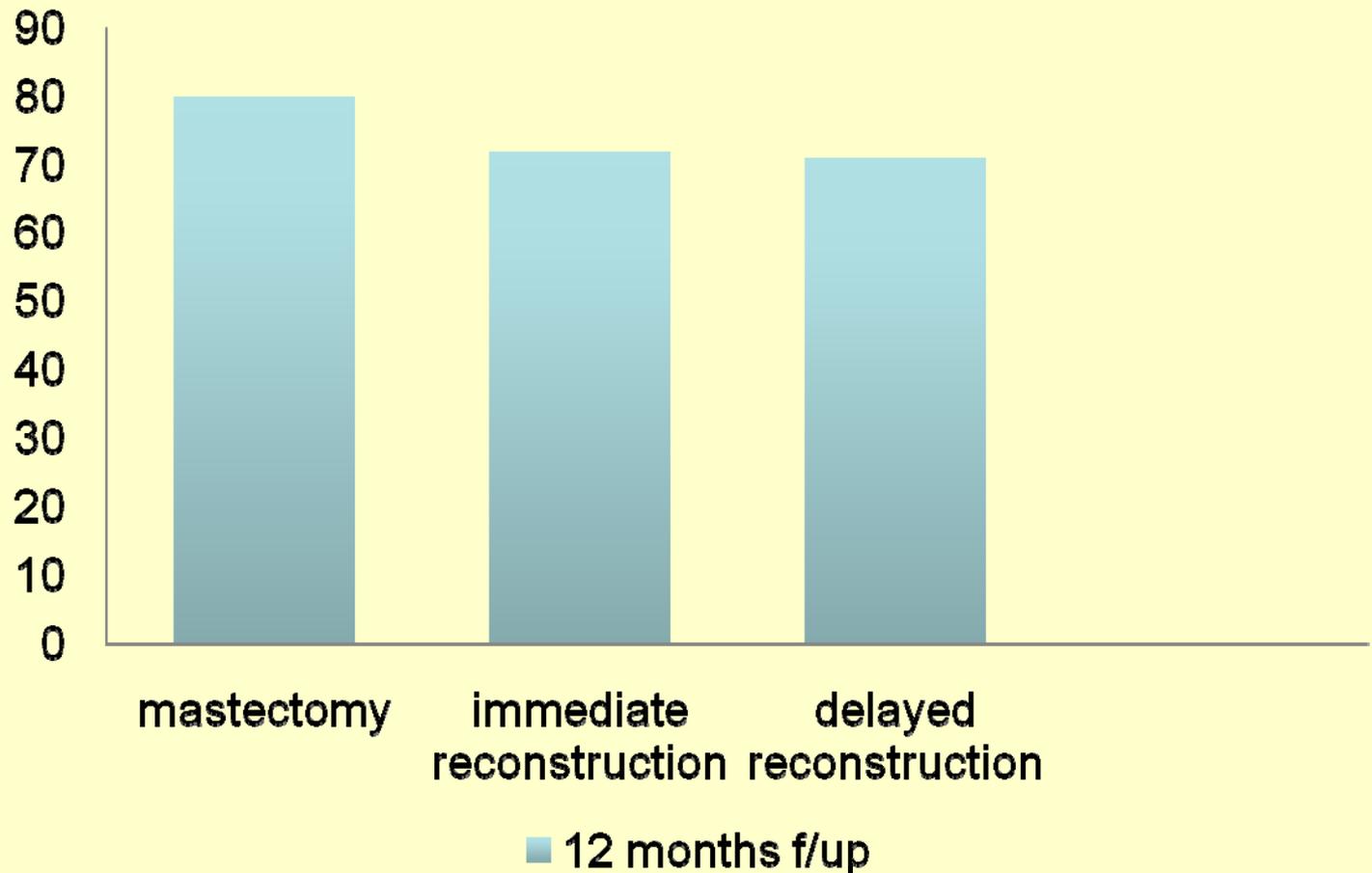
# Breast reconstruction:

- ~10% of women who undergo mastectomy
- assumed to offer psychological benefits
- 103 women:
  - 46 electing breast reconstruction
  - 57 undergoing mastectomy

# Body Image according to surgical group (lower score preferable)



# Satisfaction with the results of surgery (scores range 0-100)





No one option is  
necessarily better than  
another

So, how do women  
decide?



# A complex decision

- Reconstruction or not?
  - Which type?
  - When?
  - Nipple reconstruction?



# Instant/immediate Decision-makers

*I sort of accepted it without thinking about it. It was just the next step as far as I was concerned*



# Information-seeking decision-makers

*I wanted to seek out the information and get all the details. All surgery has risks but I wanted to know information about how long the operation would be, how my muscles would be compromised, how long it would take to get back to normal etc.*



# Indecisive decision-makers

*Then the breast care nurse said well, if you're not sure why don't you just have the mastectomy with a prosthesis and then have the reconstruction later? Well I've got to be honest with you, but that really mixed me up. I hadn't even thought about that, so my head was spinning again.*



# What influences the decision?

- one choice is more or less salient
- previous experience
- personal background e.g. occupation
- understanding of cancer & BR
- option to 'wait & see'
- the hospital system & HCP



# Summary:

- Complex decisions must be made soon after diagnosis
- some women find this decision particularly difficult
- cannot assume benefits of procedure over another

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- it is a major commitment
  - it can be psychologically beneficial for many women
  - impacts on partners too
  - not a panacea for the psychological impact of mastectomy
  - support in decision-making is needed

# Chemotherapy & Appearance

- 19 women due to start chemo
- mean age 44 (range 35-68 yrs)
- interviews pre- & post chemo
- photos during chemo



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- Being identifiable as having cancer
    - *it's obvious to everyone, it's like a signal, 'I've got cancer' you know you can't walk around anonymously any more in the world"*
  - Dealing with the reactions of others
  - Anticipating an altered appearance is a significant stressor
  - “only temporary”?

# Until now:

- Most research with White UK patients
- Current research: experiences of South Asian & Black women
- [Geeta2.Patel@uwe.ac.uk](mailto:Geeta2.Patel@uwe.ac.uk)



# Summary:

- Appearance matters to patients
- impact on appearance is diverse & enduring
- still little research in some areas, e.g. men, radiotherapy, BME groups, DCIS
- impact of new treatments need research
- concerns evident before changes occur
- issues for the provision of care

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- Help patients prepare
  - Ascertain pre-treatment expectations & fears about appearance
  - Don't assume or underestimate the impact of changes to appearance
  - Clear referral routes for specialist support (e.g. Psychology services, support groups & organisations)

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- Nichola Rumsey



*researching the cure*



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