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The teen-age as psychological risk factor in the breast cancer patients' children

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Background: The practice of the psychological help in the breast cancer patients and their families brings to the evidence the significant role of the breast cancer as the prognostic factor for the undesirable psychological consequences in the breast cancer patients' children. Nevertheless in a lot of patients medical treatment benefits in their recovery or in the significant prolongation of the life, psychological consequences in their young children can appear even later. The psychological problems of the neurotic level with the affective disorders with the late consequences such as social not adaptation, the communication problems and other are more probable in the young people, who had faced their mother's breast cancer disease in their age 12–16 years old. The difficult background of the active personal development in this age seems to be the most sensitive for the psychological deformations in the situation of the extremely dangerous mother's illness.

Method: The materials of the psychological diagnostics, consulting and psychotherapy in the 40 breast cancer patients and their 52 children in 5-years duration (for every patient) were studied. We systematically picked the complaints regarding the psychological, emotional problems in the children in the age 1–16 years old (until 6–21 years old). We suggested the children to meet the psychologist for the diagnostics and psychotherapy. For diagnostics we used formalized interview, projective drawings, questionnaires of Spilberger, scales of self-estimate and others.

Results: We picked the complaints about the psychological problems in 36 children of this group. There is not evidence of the late psychological consequences in these children. The most sensitive group was the group of the children of 12–16 years old (N=32). In 30 persons we found the disorders of self-esteem and social not adaptation, deviant behavior. In the 80% it leaded to the complex family psychological problem. If we can not involve children in psychotherapeutic process during the mother's primary diagnostics and treatment in more than 50% we have to deal with the later (more than 2 years) deviant behavior in boys and communicative problems in partnership (more often in girls).

Conclusion: 80% of the children of the breast cancer patients need the special psychological help. The most sensitive group is the group who first face mother's breast cancer in the age 12–16 years old.

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Directively approaching breast cancer patients during adjuvant radiotherapy to search for hereditary breast cancer. Does it lead to additional psychological burden?

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Background: In a previous study we tried to determine which risk factors for hereditary breast cancer predict the presence of BRCA1 and BRCA2 mutations in a hospital based population of breast cancer patients. Patients referred for adjuvant radiation were approached in a directive manner by their radiation oncologist. As many as 47% of patients at risk rejected the offer of genetic counseling and DNA testing. This unexpected observation as well as the lack of knowledge of the emotional impact of genetic counseling on affected women in general, lead to the present study.

Patients and Methods: We aim to include 600 breast cancer patients referred for adjuvant radiotherapy. The presence of risk factors and criteria for referral determine if composition of a pedigree, DNA testing and genetic counseling are offered. Before investigation of a possible risk for hereditary breast cancer and 6 and 50 weeks there after, patients are asked to complete questionnaires. These consist of a compilation of measurement instruments like the Impact of Events Scale (IES), the Hospital Anxiety and Depression Scale (HADS), and questions regarding coping strategy, self efficacy and social support, as well as questions on knowledge of genetic testing and regarding socio-demographic aspects. Selected patients receive an in depth interview at home.

Preliminary results: 572 patients are invited to participate so far. 77% completed the baseline measurement and most of them were prepared to fill out the second and third measurement as well. In the patients who completed all questionnaires up till now, breast cancer related anxiety score (as measured by the IES) was high or medium upon baseline and medium or low at the end. Patients who declined counseling and completed all questionnaires (n=6) scored lower levels of anxiety compared to patients who accepted counseling and received an inconclusive result of DNA testing (n=10), and controls (n=30). However differences were not statistically significant. Patients in whom BRCA1 or BRCA2 mutations are detected are still too few to compare with the others.

Conclusions: The current preliminary findings suggest that breast cancer patients during adjuvant radiotherapy can be approached in an active manner, to search for hereditary breast cancer, without concern for additional psychological burden. The project is funded by the Dutch Cancer Society.

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Depression and the use of complementary medicine among breast cancer patients

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As part of a study on the use of complementary medicine among cancer patients in Iran a survey of breast cancer patients was conducted to examine the association between anxiety, depression and quality of life and the use of complementary medicine. Anxiety and depression was measured using the Hospital Anxiety and Depression Scale (HADS) and quality of life was measured using the Global Quality of Life subscale selected from the EORTC quality of life questionnaire (QLQ-C30). In all, 177 breast cancer patients were studied. The mean age of patients was 47.1 (SD=10.9) years and mostly were less educated (72%), married (79%) and 32% (n=57) reported that they used or are using complementary medicine. The most commonly used complementary medicine was spiritual healing (n=45, 79%). Sever anxiety and depression reported by 29% and 32% of the patients respectively and the mean global quality of life score was found to be 54.7 (SD=15.7). Performing the logistic regression analysis after adjustment for age, marital status, educational level, time since diagnosis, and the knowledge of diagnosis, the results indicated that the use of complementary medicine among breast cancer patients was associated with sever depression (odds ratio = 2.5, 95% CI = 1.06–5.89, P = 0.04). The other variables studied did not show any significant results. The study findings confirm that the use of complementary medicine is more common among depressed breast cancer patients and might be a marker of greater psychological distress in this group of patients.

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A network of breast care nurse coordinators in Israel – a model of continuity of care

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Approximately 4200 women are diagnosed with breast cancer in Israel every year. Each one of these women will have different physical, as well as psychosocial needs. Nurses, and especially the advanced trained Breast Care Nurses, have an important professional role in supporting and meeting the specific needs of these women.

Since 1996, with the help and support of the Israel Cancer Association and the Ministry of Health, the role of a specialist Breast Care Coordinator has been developed in Israel. To date, there are over 20 nurses functioning in almost all the medical institutions and in the community. In most medical institutions there is a state-of-the-art multi-disciplinary breast care center where there is a central role to the Breast Care Nurse. During the treatment trajectory, the nurses in these centers offer counseling and support, as well as professional help with decision-making, to almost all women diagnosed and their family members.

The Israeli National Health Care System provides free access to the best quality care for all. Women with breast cancer commonly choose the place where to get their treatment. The same woman, therefore, may be seen at different institutions by a different breast care team. She may have the surgery in one institution, and choose to go to another center for her oncology treatment. The communication between the nurse coordinators, and the ongoing referral of patients, provides the woman with a continuity of care and with the best quality nursing service.

The model of care includes: Assessment of physical and psychological needs, information on diagnostic procedures and treatment options, as well as support during the whole treatment process. The nurse coordinator also provides referral to other professionals, follow-up phone-calls and long term open door policy for any consultation and advice. This network of care ensures optimal support system during the whole breast cancer experience.