

of recurrence was the main source of ED. Potential distress arising from comparison between self and others with breast cancer was minimised through the rationalisation that 'everyone is different'. Coping with ED required individuals to minimise uncertainty about their own diagnosis. This was achieved through strategies which managed and interpreted information obtained from health professionals, other breast cancer patients and the Internet. A key aspect of this process was matching type and level of information sought to both their self-identified coping style and their ability to absorb and interpret it. Many participants followed advice from health professionals to limit searches for information on the Internet to professionally recommended cancer organisations. Feeling able to access health professionals to help interpret worrying symptoms or information made women feel less 'alone' and better able to cope.

Conclusions: Being able to access health professionals with questions or worries made women feel less alone. Person-centred individualised information and support helped women cope with the impact of disease and treatment on their everyday lives.

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Poster

Quality of Life and Body Image in the Immediate Breast Reconstruction

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Background: Women with breast cancer may have specific problems adjusting to disease and treatment, as they are associated with significant alterations in body image and sexuality. Breast cancer patients appear to experience problems in many quality-of-life domains, including emotional and social functioning during and after therapy. Several studies suggest that immediate breast reconstruction after mastectomy improve quality of life and construct of body image. The aim of this study was to investigate breast reconstructive surgery has an effect on an individual's body image and evaluate quality of life (QoL) parameters in patients underwent immediate breast reconstruction after mastectomy.

Materials and Methods: Sixty woman who underwent immediate reconstruction after mastectomy or no reconstruction were recruited in our department. Average age was 49 years (range 30–65). All patients provided written informed consent for participation. Two standardized questionnaires were administered: Short Form 36 scale (SF36) to evaluate Quality of life (QoL), Body Image After Breast Cancer Questionnaire (BIBCQ) to measure the long-term impact of breast cancer on body image.

Results: The data were analyzed using the SPSS statistical package. Numerical outcome measures were compared using parametric methods where data was normal (ANOVA analysis). Binary outcomes were compared using odds ratios and tests of association (Pearson analysis). A strong negative relationship between body image and mental health ($r = -0.40$, $p < 0.01$). A negative relationship between body image and vitality ($r = -0.29$; $p = .022$) and emotional reactions ($r = -0.28$ con $p = 0.029$). The vulnerability is strong negative relationship with general health $r = -0.45$, $p = 0.000$. Negative relationship between transparency and mental health ($r = -0.32$, $p = 0.013$). Several linear regression analyses were conducted, whereby body image evaluation and physical health, and body image evaluation or mental health were included as independent variables. The results showed that independent variables was related to changes in physical health ($\beta = 0.01$, $p = 0.82$) or mental health ($\beta = 0.02$, $p = 0.73$).

Conclusion: Our results demonstrate that immediate breast reconstruction offers an important psychological benefits in patients with breast cancer. QoL improve after breast reconstruction. The SF36 scores for Mental Health and General Health Perception show positive correlation with vulnerability scale and a negative correlation with physical health. This study suggest that psychological well-being and quality of life of patients are an important goal in the management of breast cancer.

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Poster

Facilitating Lifestyle Changes to Manage Menopausal Symptoms in Women with Breast Cancer: Delivering the Pink Women's Wellness Program

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Background: After breast cancer treatment, women of all ages may experience menopausal symptoms as a side effect of their cancer treatment. Menopausal symptoms can be severe and have a significant effect on a woman's lifestyle. Research has shown that lifestyle changes can have positive effects on menopausal symptoms. The Pink Women's Wellness Program was developed to enable women to promote wellness after breast cancer and to manage these menopausal symptoms. The presentation will discuss the nurse-led delivery component of the program which is based on Banduras self efficacy theory.

Methods: This study's intervention utilises cognitive behavioural and instructional techniques to assist women to develop knowledge, skills and confidence in preventing and managing factors which may contribute to menopausal symptoms after breast cancer. Onsite registered nurses are trained in and deliver the intervention. As a multi-modal intervention, all components and delivery strategies listed may be used with each patient. However, the timing and application of these strategies are tailored, based on the patient's and nurse's assessment. The patients are provided with 3 individual one-hour consultations with a registered nurse trained in delivering the intervention, where the nurse outlines the 12-week program and provides the individual health education and goal setting sessions, along with a 12 week journal and book.

Results: The research identified that a nurse led lifestyle program was successful in changing women's menopausal symptoms. Cognitive behavioural techniques including goal setting and review appear to be key components of the program which have motivated the women to continue with the program. It is important when delivering programs that consideration be given to the training of breast care nurses include these behavioural components.

Conclusion: The incidence of breast cancer is increasing in most societies throughout the world. Women who have menopausal symptoms as a result of breast cancer treatment report these symptoms as distressing. Providing a lifestyle change program to manage menopausal symptoms in women with breast cancer can be effective and is crucial when hormone replacement therapy is contraindicated.