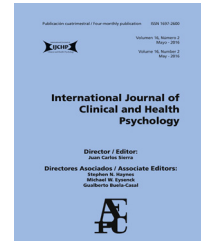




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Quality of life in breast cancer patients: Associations with optimism and social support

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KEYWORDS

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study

Abstract *Background/Objective:* The purpose of this study was to examine quality of life (QoL) in breast cancer patients from Colombia and to explore the relationship between QoL, habitual optimism, and social support. *Method:* A sample of 95 breast cancer patients treated in a hospital in Bogotá were administered the QoL instrument EORTC QLQ-C30 and the Life Orientation Test LOT-R. Additionally, they were asked to indicate from whom (physicians, friends, nurses, etc.) they wished and received social support. Reference data for the EORTC QLQ-C30 and the LOT-R were taken from a representative sample of the general Colombian population. *Results:* The breast cancer patients showed detriments to their QoL on most functioning scales and symptom scales of the EORTC QLQ-C30, while their general assessments of health and QoL were not worse than those of the controls. Optimism was positively correlated with QoL. Most patients wanted and received social support from their physicians and friends/family. *Conclusions:* The results suggest that optimism helps patients better cope with disease. A general assessment of global QoL cannot replace the more specific assessments of the functioning domains and symptoms.

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PALABRAS CLAVE

Cáncer de seno;
calidad de vida;
optimismo;
apoyo social;
Latinoamérica;
estudio descriptivo
mediante encuestas

Calidad de vida en pacientes con cáncer de mama: asociación con optimismo y apoyo social

Resumen *Antecedentes/Objetivo:* El objetivo del estudio fue examinar la calidad de vida (QoL, por sus siglas en inglés) en pacientes con cáncer de mama colombianas, y explorar la asociación entre calidad de vida, optimismo disposicional y apoyo social. *Método:* Se entrevistó una muestra de 95 pacientes con cáncer de mama tratadas en un hospital de Bogotá y les fue aplicado el instrumento de medición de calidad de vida EORTC QLQ-C30 y el test de orientación ante la vida (LOT-R). Adicionalmente, se preguntó acerca de su apoyo social usando varias preguntas. *Resultados:* En la mayoría de las escalas de funcionamiento del EORTC QLQ-C30 y de las escalas de síntomas, las pacientes con cáncer mostraron detrimentos en su QoL, mientras en la evaluación general de calidad de vida y salud las medias de las pacientes no fueron más bajas que las de los controles. El optimismo estuvo positivamente correlacionado con la calidad de vida. La mayoría de las pacientes desearon y recibieron apoyo social de su médico y de sus amigos/familiares. *Conclusiones:* Los resultados sugieren que el optimismo ayuda a las pacientes a afrontar mejor la enfermedad. Una evaluación general de la QoL no parece poder sustituir la evaluación más específica de los síntomas y dominios de funcionamiento.

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Quality of Life (QoL) is an important outcome criterion in oncology (De la Torre-Luque, Gambará, López, & Cruzado, 2016). Several studies have been performed to assess quality of life in breast cancer patients and survivors (Chu et al., 2016; Ghislain et al., 2016; Lemieux, Goodwin, Bordeleau, Lauzier, & Theberge, 2011; Mols, Vingerhoets, Coebergh, & van de Poll-Franse, 2005). However, most of them have been conducted in Western countries, and there are relatively few examinations from other parts of the world. In Latin America, breast cancer incidence has increased, but the age-standardized incidence rate there is still only about 50% of that in Western Europe (Justo, Wilking, Jonsson, Luciani, & Cazap, 2013). At the same time, in comparison to Europe, survival rates are lower in Latin America, where approximately 30-40% of the diagnoses are metastatic, due to late stages of diagnoses and poorer access to treatment (Justo et al., 2013). Efforts are currently being made to implement policies that address the growing incidence of breast cancer in Latin America (Nigenda, Gonzalez-Robledo, Gonzalez-Robledo, & Bejarano-Arias, 2016).

There are multiple instruments for measuring QoL in breast cancer patients (Maratia, Cedillo, & Rejas, 2016). One of the most often used questionnaires is the EORTC QLQ-C30 (Aaronson et al., 1993). It has been translated into many languages, and normative values are available for several European countries (Hinz, Singer, & Brähler, 2014), South Korea (Yun, Kim, Lee, Park, & Kim, 2007), and Colombia (Finck, Barradas, Singer, Zenger, & Hinz, 2012). This questionnaire covers multiple functioning domains and symptoms, and it also comprises a 2-item scale for making a global assessment of general health/QoL. Several studies have found that breast cancer patients' and survivors' general assessment of their global health/QoL was only marginally lower than that of the general population, despite the fact that the patients reported detrimentos in many specific domains (Arndt, Merx, Stegmaier, Ziegler, & Brenner, 2005; Hinz, Mehnert et al., 2017).

While psycho-oncological research has historically been mainly deficit-oriented, focusing on depression, anxiety, and loss of functioning, in recent years, a resource-oriented perspective has been gaining increasing attention. Factors such as habitual optimism (Colby & Shifren, 2013; Ha & Cho, 2014; Saboonchi, Petersson, Alexanderson, Branstrom, & Wennman-Larsen, 2016), self-efficacy (Shelby et al., 2014), sense of coherence (Rohani, Abedi, Sundberg, & Langius-Eklof, 2015), and social support (Spatuzzi et al., 2016) have been studied as protective or buffering factors in breast cancer patients. Habitual optimism is defined as a general tendency to expect positive outcomes (Carver & Scheier, 2014). It is associated with physical and mental health, quality of life, and even mortality (Anthony, Kritz-Silverstein, & Barrett-Connor, 2016). Social support includes emotional and instrumental support. Several questionnaires have been developed for assessing the generalized degree of social support a person receives. In the field of oncology it is of interest from whom the patients want to get and from whom they actually receive social support. A German study found that cancer patients prefer to get social support from physicians and from family/friends, while there was much less interest in other sources of social support such as psychologists, social workers, and clergy (Zenger, Ernst, Götze, Stolzenburg, & Hinz, 2010). In this study, we intend to test whether this pattern is also found in Colombia, and whether the need for social support is associated with QoL.

In summary, the purpose of this study was (a) to examine the QoL of Colombian breast cancer patients in comparison with the general population, including a comparison between general QoL assessments and specific functioning domains and symptoms, (b) to explore the relationship between clinical treatment variables and QoL, (c) to determine the degree of habitual optimism and its relationship to QoL, and (d) to explore the patients' desire for social support and the effectiveness of social support in Colombian breast cancer patients.

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