

## Original Research Reports

# Evolution of Emotional Symptoms Over Time Among Daughters of Patients With Breast Cancer

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**Objective:** This study longitudinally profiled anxiety and depressive symptoms of daughters of patients with breast cancer and examined the mother's survival status, the daughter's age at the time of mother's diagnosis, and the style of family communication about breast cancer as moderators of change in symptomatology across participants' first 3 appointments at the University of California, Los Angeles Revlon Breast Center High Risk Clinic. **Methods:** We evaluated the effects of hypothesized predictors on change in anxiety and depressive symptoms, 3 (symptomatology at first, second, and third clinic visits)  $\times$  2 (mother survived or died)  $\times$  2 ( $<20$  or  $\geq 20$  y old at diagnosis)  $\times$  2 (open or closed family communication) repeated-measures analyses of variance were employed. **Results:** There was a main effect for time of diagnosis on state anxiety, demonstrating a significant reduction in anxiety across clinic visits overall ( $p < 0.001$ ). There were also

significant 3-way interactions. For state anxiety, mother's survival status moderated the time of diagnosis  $\times$  age at diagnosis and time of diagnosis  $\times$  family communication interaction effects. For daughters whose mothers died, decreased anxiety was observed in those who were younger at the time of diagnosis ( $p = 0.001$ ). For daughters whose mothers survived, anxiety was decreased for those with closed family communication styles ( $p = 0.001$ ). The time of diagnosis  $\times$  mother's survival  $\times$  age at diagnosis interaction was also significant for depressive symptoms ( $p = 0.001$ ). Among daughters whose mothers died, those who were younger showed decreases in symptoms ( $p = 0.004$ ). **Conclusion:** These daughters appeared to benefit from the high-risk program as demonstrated by decreased symptomatology, particularly daughters whose mothers died who were younger at the time of diagnosis.

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In addition to the psychologic distress often experienced by children of patients with cancer,<sup>1,2</sup> daughters whose mothers are diagnosed with breast cancer must also cope with learning of their own heightened susceptibility to the disease.<sup>3,4</sup> These daughters and other women with a strong family history of breast cancer face ambiguity and threat about if and when cancer will develop as well as decisions on how to manage this increased risk. Screening and surveillance remains the mainstay of management for most women at increased breast cancer risk.<sup>5</sup> Because women at high risk for breast cancer experience greater levels of general and cancer-specific distress,<sup>6–9</sup> some concern exists about the

potential psychologic burden of long-term breast cancer surveillance.

Increased distress is common for many high-risk women on the day of screening appointments.<sup>9,10</sup> In

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general though, research has not shown lasting adverse psychologic outcomes related to breast cancer screening among high-risk women.<sup>11–13</sup> Findings from a large prospective cohort study of women with a family history of breast cancer showed significant decreases in distress 6 months after mammography.<sup>14,15</sup> Although research on the effects of adhering to a breast cancer surveillance program is more limited, findings from the Dutch magnetic resonance imaging screening study of women at increased breast cancer risk have demonstrated short-term reductions in distress following 2 successive screening appointments,<sup>16</sup> as well as long-term reductions in intrusion and avoidance.<sup>17</sup>

Although most women with a family history of breast cancer do not appear to experience significant distress associated with breast cancer surveillance, some are more prone to persistent adjustment difficulties and may benefit from additional psychosocial support. Research suggests that several demographic, clinical, and psychologic factors may influence adjustment to breast cancer surveillance.<sup>16–18</sup> Mother's breast cancer diagnosis or death from breast cancer are well-established risk factors for maladaptation among high-risk women.<sup>19–22</sup> In studies of psychologic adjustment in the context of breast cancer screening, death of a close relative from breast cancer has been found to be associated with increased levels of cancer-specific distress.<sup>15,17</sup> Given the unique psychosocial burden faced by daughters whose mothers have been diagnosed with breast cancer,<sup>4,19</sup> it seems important to further examine the specific effect of maternal loss from breast cancer on emotional response to surveillance.

For women with a family history of breast cancer, other aspects of their experiences with breast cancer in their family may moderate the psychologic effects of surveillance. The salience of specific risk factors varies according to the developmental phase of a woman at the time of the diagnosis of a parent or loss of a first-degree relative. Studies on daughters of patients with breast cancer have shown greater adjustment difficulties among women who were younger at the time of their mother's diagnosis<sup>23,24</sup> and whose mothers died of breast cancer at a younger age.<sup>20,25</sup> Previous research has also shown that open family communication regarding breast cancer has a positive effect on general and breast cancer-specific distress<sup>26</sup> as well as short- and long-term adjustment to genetic testing.<sup>27,28</sup>

However, to our knowledge, no previous study has investigated the effect of factors related to women's experiences of breast cancer in their family on adjustment to breast cancer surveillance among daughters whose mothers have been diagnosed with breast cancer.

The main aim of this study was to longitudinally profile the course of depression and anxiety symptoms of daughters of patients with breast cancer across 3 consecutive biannual surveillance appointments at a high-risk breast cancer clinic. This study also intended to examine the potential moderators of change in symptomatology over time of diagnosis. To accomplish these goals, 4 hypotheses were proposed. We expected the following:

1. A higher level of depressive symptomatology would be observed among daughters whose mothers died of breast cancer at baseline.
2. A significant reduction in anxiety symptoms, but not depressive symptomatology, would be observed over the span of the clinic visits.
3. Daughter's age at the time of her mother's breast cancer diagnosis would be related to the pattern of change in symptoms across clinic visits such that a greater decrease in anxiety and depressive symptomatology would be observed among daughters who were younger at the time of their mother's diagnosis.
4. Style of family communication about breast cancer would be related to the pattern of change in symptoms across clinic visits such that an open style of communication would be associated with a greater decrease in anxiety and depressive symptomatology.

The potential interactive effects of the mother's survival status, the age at time of mother's diagnosis, and the style of family communication about breast cancer were explored, though no specific hypotheses were proposed.

## METHODS

### Participants and Procedures

Institutional review board approval was granted before data collection. Study data were obtained during participants' first 3 visits to the University of California, Los Angeles Revlon Breast Center High

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