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Child maltreatment and breast cancer survivors: Social support makes a difference for quality of life, fatigue and cancer stress

Christopher P. Fagundes^{a,*}, Monica E. Lindgren^{a,b}, Charles L. Shapiro^c,
Janice K. Kiecolt-Glaser^{a,d,e}

^a Institute for Behavioral Medicine Research, The Ohio State University College of Medicine, The Ohio State University, Columbus, OH, United States

^b Department of Psychology, The Ohio State University, Columbus, OH, United States

^c Department of Hematology and Oncology, The Ohio State University College of Medicine, The Ohio State University, Columbus, OH, United States

^d Comprehensive Cancer Center, The Ohio State University College of Medicine, The Ohio State University, Columbus, OH, United States

^e Department of Psychiatry, The Ohio State University College of Medicine, The Ohio State University, Columbus, OH, United States

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ABSTRACT

Purpose: To identify how child maltreatment is associated with quality of life (QOL) among breast cancer survivors.

Patients and methods: One hundred and thirty two women who had completed treatment for stage 0-IIIa breast cancer within the past 2 years (except for tamoxifen/aromatase inhibitors) and were at least 2 months post surgery, radiation, or chemotherapy completed questionnaires including the Childhood Trauma Questionnaire, the Impact of Events Scale, the Multidimensional Fatigue Symptom Inventory-Short Form (MFSI-SF) and the Fact-B breast cancer quality of life questionnaire.

Results: Women who were abused or neglected as children reported more cancer-related psychological distress, more fatigue and poorer physical, emotional, functional and breast cancer-specific well-being after treatment. These relations were partially explained by the fact that breast cancer survivors reported receiving less support as adults.

Conclusion: The findings suggest that child maltreatment is an important predictor of QOL among breast cancer survivors. One reason why this association exists is because those who are maltreated as children report less support as adults. A better understanding of how child maltreatment contributes to breast cancer survivor QOL will help in tailoring and, therefore, enhancing the efficacy of interventions aimed at improving QOL.

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Being diagnosed and treated for cancer is emotionally and physically challenging.¹ Breast cancer treatment contributes to mental and physical health problems.² Even when treatment-related problems subside, many breast cancer survivors report quality of life (QOL) difficulties including psychological distress, fatigue, occupational disruption and loss

of physical functioning.³ Clinically, understanding why some breast cancer survivors are more vulnerable to poorer QOL after treatment than others is important.

Women who have experienced past traumas are at increased risk for psychological distress when confronted with new traumatic experiences.⁴ Breast cancer patients

* Corresponding author: Address: Institute for Behavioral Medicine Research, The Ohio State University, 460 Medical Center Drive, Room 144B, Columbus, OH 43210, United States. Tel.: +1 801 835 5026, fax: +1 614 366 3627.

E-mail address: christopher.fagundes@osumc.edu (C.P. Fagundes).
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who experienced a serious accident, illness or death of a close loved one during the year before their diagnosis were more likely to develop PTSD symptoms.⁵ Breast cancer survivors who reported severe emotional, physical or sexual trauma over the course of their lifetime were more susceptible to cancer related emotional distress than those who did not have these experiences.⁶ Holocaust survivors experienced significantly more psychological distress than non-Holocaust survivors after a cancer experience.⁷

Child maltreatment is a common experience; approximately 50% of adults report experiencing some type of abuse or neglect as children.⁸ Those who were abused or neglected as children are more susceptible to a host of mental and physical health problems in adulthood, especially following a life threatening experience.⁹ For example, war veterans with a history of childhood abuse were more likely to have PTSD than their non-abused counterparts.¹⁰ Child abuse has also been linked to somatic symptoms in otherwise healthy people.¹¹

Women who have experienced past traumas are at increased risk for psychological distress when confronted with new traumatic experiences.⁴ Breast cancer patients who experienced a serious accident, illness or death of a close loved one during the year before their diagnosis were more likely to develop PTSD symptoms.⁵ Breast cancer survivors who reported severe emotional, physical or sexual trauma over the course of their lifetime were more susceptible to cancer related emotional distress than those who did not have these experiences.⁶ Holocaust survivors experienced significantly more psychological distress than non-Holocaust survivors after a cancer experience.⁷

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Women who have experienced abuse or neglect as children may be at increased risk for poorer QOL after a cancer experience. Newly diagnosed breast cancer patients who were emotionally abused as children had more psychological distress compared to those who were not abused.¹² Breast cancer patients who recalled one or more forms of abuse as children were more likely to experience emotional difficulties 2–4 d after cancer surgery.¹³

In sum, child maltreatment has been linked to cancer-related psychological distress. However, we do not know if child maltreatment also contributes to other QOL factors affecting breast cancer survivors, such as fatigue, occupational disruption, loss of physical functioning and problems specifically related to breast cancer. Furthermore, we do not know the mechanisms underlying why child maltreatment leads to these poorer QOL outcomes.¹³

Social support plays an important role in the QOL of cancer survivors.¹⁴ Those who report receiving less social support have poorer mental health outcomes than those who

report receiving more social support.¹⁵ Breast cancer survivors who received less support from family reported higher levels of depressive symptoms, less positive and hopeful outlooks for the future, less marital satisfaction, less self-esteem, lower levels of role functioning, more sexual problems, and higher levels of hostility than those who reported more support.^{16–19}

People who were abused or neglected as children report receiving less social support as adults.²⁰ Children who have troubled relationships with parents and other adults are less likely to develop social and emotional skills that are crucial for establishing supportive close relationships in adulthood.²¹ Compared to people with positive early relationships, those with troubled early relationships are more likely to report receiving less social support later in life.²² Accordingly, social support may play an important role linking child maltreatment to the QOL of breast cancer survivors.

The current study examined relationships between child maltreatment and QOL in breast cancer survivors. We hypothesised that those who experienced neglect or abuse as children would have more cancer-related distress, fatigue and poorer QOL after breast cancer treatment. We also hypothesised that these associations would be partially explained by the fact that those who experienced neglect or abuse as children would report receiving less social support as adults.

1. Participants

The study data were drawn from the baseline sample of 132 women who participated in a clinical trial addressing the potential benefits of yoga for breast cancer survivors. Participants were recruited through breast cancer clinics and media announcements. Eligible women had completed treatment for stage 0-IIIa breast cancer within the past 2 years (except for tamoxifen/aromatase inhibitors) and were at least 2 months post surgery, radiation or chemotherapy (whichever occurred last). Screening exclusions included a prior history of breast or any other cancer except basal or squamous cell, more than 5 h a week of vigorous physical exercise, a body mass index (BMI) of 40 or greater, diabetes, chronic obstructive pulmonary disease, uncontrolled hypertension, evidence of liver or kidney failure and symptomatic ischaemic heart disease. The Ohio State Biomedical Research Review Committee approved the project; all subjects gave written informed consent prior to participation.

1.1. Measures

In order to assess cancer-related psychological distress, we used the 15-item *Impact of Events Scale (IES)*, which assessed women's avoidant and intrusive thoughts about their cancer experience.²³ The current investigation used the total score. Cronbach's alpha was .88.

The *Functional Assessment of Cancer Therapy-Breast (FACT-B)* is a self-report inventory that provides a multidimensional assessment of QOL.²⁴ The items assess general areas of well-being (physical, social/family, emotional, and func-

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