

Original Article

Relationship of Problem-Focused Coping Strategies to Changes in Quality of Life Following Treatment for Early Stage Breast Cancer

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Abstract

This study examined whether problem-focused coping strategies used by early stage breast cancer patients at the end of treatment could predict changes in quality of life six months later. One hundred forty-six women completed measures of problem-focused coping and quality of life at the end of early stage breast cancer treatment. Quality of life was reassessed six months later. Women who focused more on their symptoms at treatment end experienced less physical and mental quality-of-life improvement six months later. Women more likely to seek out information about their illness experienced greater physical quality-of-life improvement. The relationship of focusing on symptoms with quality of life was broad-based; the relationship of information seeking with quality of life was limited to improvements in physical functioning. Results suggest that focusing on symptoms is a maladaptive approach to illness, but that information seeking may yield benefits to physical recovery. J Pain Symptom Manage 2005;30:243–253. © 2005 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Coping behavior, quality of life, cancer

Introduction

Women who have completed treatment for early stage breast cancer appear to suffer few long-term deficits in their quality of life. Although notable exceptions exist among women treated with chemotherapy, including

problems with fatigue,¹ sexual functioning,² and cognitive functioning,³ cross-sectional research has shown that breast cancer survivors generally report the same quality of life two to seven years following early stage breast cancer treatment as do women who have never had cancer.^{2,4,5} This evidence, along with research that shows decrements in quality of life during the active treatment period,⁶ suggest the average early stage breast cancer patient experiences improvements in quality of life in the period following completion of active treatment (e.g., chemotherapy and/or radiotherapy).

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This speculation is supported by evidence from a limited number of longitudinal studies that have monitored quality of life during active treatment for breast cancer and beyond. For example, Greimel et al.⁶ found quality-of-life scores reported by breast cancer survivors two months after treatment did not significantly differ from pre-treatment baseline. This pattern was still evident one year later. Likewise, Ganz et al.⁷ found “considerable stability in the ratings of health-related quality of life” (p. 47) among women who were prospectively assessed for up to 5 to 10 years following their cancer treatment, with quality-of-life declines largely attributable to normal aging.

Despite this general pattern, evidence suggests there is substantial variation among breast cancer patients in the rate and extent of improvement in quality of life following treatment completion. In a study of women who had been disease-free for five to ten years, Ganz et al.⁷ found that those who had been treated with chemotherapy were more likely to report poorer physical quality of life than women who did not receive chemotherapy. In addition to treatment factors, demographic factors may also influence quality-of-life change after treatment. Older women tend to experience better mental quality of life in the months following cancer treatment than do younger women,^{8,9} and higher household income has been shown to predict better global¹⁰ and physical⁹ quality of life.

There has been limited research that has examined how well psychosocial factors measured at treatment completion predict subsequent improvements in quality of life among women with early stage breast cancer. Available findings suggest that women who experience more cancer-related distress experience less improvement,¹⁰ whereas those who receive greater emotional and social support¹¹ and who report higher marital quality¹² experience more improvement in quality of life. In addition, women with a more optimistic dispositional outlook appear to experience less psychological distress following surgery for early stage breast cancer.¹³

These findings support the view that psychological variables play a role in quality-of-life improvement following treatment completion. One variable that has been of particular interest to health psychology researchers is

coping—the cognitive and behavioral strategies individuals use to manage the effects of a significant stressor on their lives. Although a few studies have examined how coping influences quality of life after early stage breast cancer treatment,^{13,14} these studies have typically focused on the relationship of coping to emotional distress and not to a broader conceptualization of quality of life. These studies generally indicate coping behavior characterized by acceptance and active engagement predicts less distress, whereas both rumination and avoidance/denial predict more distress. Likewise, Aymanns et al.¹⁵ found rumination, defined as “focusing upon ... the implications of the disease for one’s life” (p. 111), combined with a failure to minimize the threat of cancer, was associated with poorer psychological adjustment.

Research with other clinical populations suggests coping strategies can influence both mental and physical quality-of-life changes following illness. For example, problem-focused coping and dispositional optimism predicted better physical and mental quality of life in a sample of patients recovering from coronary artery bypass surgery.¹⁶ However, other studies have shown no relationship between coping and quality of life in breast cancer patients. One study using a sample of early stage breast cancer patients indicated that neither active nor avoidant coping strategies assessed soon after treatment were associated with any aspect of quality of life four months post-treatment.¹⁷ In aggregate, these findings offer mixed support for the view that coping strategies influence improvement in mental and physical quality of life in women following early stage breast cancer treatment.

A potentially useful conceptualization of coping arises from efforts by Ray et al.¹⁸ to identify problem-focused strategies of coping with illness. These researchers identified four coping styles they believe represent an active, problem-focused approach to illness—maintaining activity, which is characterized by an attempt to ignore symptoms and carry on with normal activities; accommodating to the illness, which involves managing stress and planning activities to avoid overexertion; focusing on symptoms, which is marked by worries about illness symptoms; and information seeking, which involves both searching for

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