Psychological aspects of breast cancer

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Common across all cancers
Adjustment as the norm

- distress to be expected but not inevitable
- distress intensity can be high
- different emotions, thoughts and behaviours more or less common across time
- focus on coping may prove more useful than diagnostic categories
## Emotional impact

<table>
<thead>
<tr>
<th>MacMillan Survey (n&gt;1700)</th>
<th>Literature (some specific to particular tumours)</th>
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<tbody>
<tr>
<td>45% say <strong>emotional aspects</strong> of cancer are the most difficult to cope with, compared to the practical (13%) and physical effects (41%)</td>
<td>30% reported unmet needs beyond end of cancer treatment and most frequently cited issues were psychological concerns and fear of recurrence.</td>
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<td>49% say they experience <strong>depression</strong> as a result of their cancer</td>
<td>8-24% experience depression during or after treatment.</td>
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<td>75% suffer <strong>anxiety</strong> as a result of their cancer diagnosis</td>
<td>19.0% showed clinical levels of anxiety &amp; another 22.6% had subclinical symptoms. &lt;50 years and women – in over 50% of cases either subclinical or clinical levels of anxiety</td>
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<td>43% say that their <strong>sex life</strong> suffers because they have cancer</td>
<td>53% of men and 24% of women who received radiotherapy to their pelvic area report issues with maintaining a <strong>sexual relationship</strong>, with the effects persisting up to at least 11 years after treatment of cancer</td>
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<td>32% say that their <strong>relationships</strong> are put under ‘enormous’ strain</td>
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<td>24% feel that they have <strong>nobody to talk to</strong></td>
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High relevance to breast cancer
Relational Cancer

• Breasts as (potential) part of identity
  o ‘I lost my femininity’ or ‘I am not who I used to be’
  o Loss/grief response
    o more vulnerable if many body changes (function, feel and look)
    o more vulnerable if narrow gender expectations
    o more vulnerable if significant value accorded to breast in identity
  o associated with less body connection and comfort
Relational Cancer

• Breasts as (potential) part of identity

• **Body image distress**
  - ‘I am deformed’ or ‘Nobody will be ok to see me like this’
  - Avoidance & significant emotional distress
  - Impact on relationships and sexuality
  - May present as keen to have more surgery or delaying decisions about treatment involving changes to body
  - More vulnerable if engages in comparison, places high value on appearance, has narrow appearance ideals, has elevated levels of general distress and anticipates (negative) judgements by others
Relational Cancer

- Breasts as (potential) part of identity
- Body image distress
- **Partner responses**
  - ‘[partner] doesn’t touch me anymore’ or ‘[partner] hasn’t asked to look’
  - Some evidence that woman’s BI (distress vs adjustment) associated with relationship functioning
  - Discrepancy between partner’s acceptance and woman’s perception of the partner’s acceptance
  - Couple based intervention – communication skills, touching and looking together, tackling avoidance
Relational Cancer

- Breasts as (potential) part of identity
- Body image distress
- Partner responses

**Relationship context**

- Poor relationship will affect mutual support available
- Lack of safety to explore/adjust to change
- Potential blame of partner’s response on altered body image
Decision-making

Potential for several options (decisions) for treatment, in particular surgery and reconstruction with **degree of uncertainty**

- potential for unmet expectations
- potential for regret
- multiple and competing factors involved
- highly individual and preferential decision
Risk reducing surgery

- Increasing number of women across all risk categories
- *Risk reducing* surgery - established pathway for those with significant family history
- Compared to *elective mastectomy* procedure – no established pathway
- Psychological referral best placed if MDM feels surgery is appropriate
- RRM (in high risk group) can reduce cancer related thoughts or worry
- RRM can produce physical problems/changes and impact negatively on sexuality and body image
Support around surgery

• Breast Reconstruction Awareness meeting – managing expectations and reducing anxiety
• Decision aids e.g. OptionGrid or Decision Conflict Scale
• PEGASUS – Patient Expectations and Goals: Assisting shared understanding of (reconstructive breast) surgery
• Psychological assessment (covering mental health, decision-making, expectations, preparation for surgery and considering factors to promote recovery) and treatment
How psychological support is organised across cancer services
## NICE - Recommended model of professional psychological assessment & support

<table>
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<tr>
<th>Level</th>
<th>Group</th>
<th>Assessment</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>1</td>
<td>All health and social care professionals</td>
<td>Recognition of psychological needs</td>
<td>Effective information giving, compassionate communication and general psychological support</td>
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<tr>
<td>2</td>
<td>Health and social care professionals with additional expertise</td>
<td>Screening for psychological distress</td>
<td>Psychological techniques such as problem solving</td>
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<tr>
<td>3</td>
<td>Trained and accredited professionals</td>
<td>Assessed for psychological distress and diagnosis of some psychopathology</td>
<td>Counselling and specific psychological interventions such as anxiety management and solution focused therapy, delivered according to an explicit theoretical framework</td>
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<tr>
<td>4</td>
<td>Mental Health specialists</td>
<td>Diagnosis of psychopathology</td>
<td>Specialist psychological and psychiatric interventions such as psychotherapy, including cognitive behavioural therapy (CBT)</td>
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Who needs Level 2+ help?

The dilemma:

It’s normal for people to suffer and struggle

Everyone should get good Level 1 support

There is limited Level 2+ resource, so it needs to be targeted
Understanding distress in the context of adjustment

When a patient experiences significant problems, we need to consider whether she is STUCK (or even deteriorating)

- Identifying causal and maintaining factors
- Thinking about psychological concerns in context

The key question:

What is it that makes you think this difficulty won't resolve over time?
Examples of being ‘Stuck’

- Loss of enjoyment
- Low mood
- Withdrawn

- Feels increasingly unattractive
- Avoidance of sex
- Partner withdraws

A depressive process

Increasing distance in a relationship post surgery
Adjusting vs. Stuck

Feels vulnerable
Anxious
Routine scan is ‘clear’
Feels less vulnerable

Belief: “Only vigilance will keep me safe”
Constant checking for symptoms
Arranges medical appointment
Reassurance is short-lived

Gradually diminishing fear of recurrence
Severe fear of recurrence
The 3 S’s

A framework to help further assess psychological concerns. Routinely consider:

1. Stuck (unchanging or deteriorating)
2. Safe (risky to self or others)
3. Suffering (potential to reduce)
Safety

Examples of where psychological issues might jeopardize safety?

Suicidality
Accessing medical care
Self neglect
Anger towards others
Neglect of dependants
Suffering

Examples of intense suffering that requires additional intervention?

Emotion significantly impacts functioning
Family extremely distraught
Terror
Where to refer on to?

Dependent on local services, level of need and acceptability

• Level 3 & 4 specialist cancer psychological services
• Liaison Psychiatry: for immediate risk, dementia & delirium
• Local mental health services, including IAPT, Drug & Alcohol services
• Third Sector: Maggie's, The Breast Haven, Breast Cancer Care, Macmillan, Chai, CYANA, support groups…

If in doubt, call your local level 3/4 psychological support service
Barriers to referrals

Patient related

Referrer related
How do you introduce referral to L3/4 psychological support?

Key points to remember:

• Discuss with patient, only refer with consent
• Which words to use? AVOID terms like counselling/chat which can be confusing. Suggest chance to meet for up to an hour with someone impartial to discuss their concerns and how they are managing.
• Remember to keep level 3/4 worker up to date with collaborative working.