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Investigating the Role of Physical Symptoms on Important Goal Pursuit in Early-Stage Breast Cancer Patients

Natalie Stefanic

University of Wollongong, ns329@uowmail.edu.au

Peter Caputi

University of Wollongong, pcaputi@uow.edu.au

Donald C. Iverson

University of Wollongong, iverson@uow.edu.au

Lisbeth Lane

University of Wollongong, lisbeth@uow.edu.au

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Abstract

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Keywords

pursuit, goal, role, important, investigating, symptoms, physical, patients, cancer, breast, stage, early

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higher ($p < 0.05$). These imply that in P the areas that provide MiL might shift from the material things to psychological ones. **RESEARCH IMPLICATIONS:** The analysis of these qualitative data together with the quantitative data (presented last year) will provide multilateral findings about the MiL of the cancer patients. The tendency of the data of the Japanese cancer patients is similar but not the same when compared with the results of German and French studies. The precise comparison will open the possibilities for cross-cultural studies on MiL of the cancer patients between the West and the East. **CLINICAL IMPLICATIONS:** The overall analysis of the qualitative data and quantitative data on MiL of the cancer patients with SMiLE helps the Japanese clinicians to know and assess the patients' current situation and need for MiL and to plan effective intervention programs for them. The SMiLE also could be a useful tool to open communication between cancer patients and clinicians about MiL. **ACKNOWLEDGEMENT OF FUNDING:** This work was supported by JSPS KAKENHI Grant Number 22530771.

P1-91

Quality of Life, Spirituality and Hope in Elderly Palliative Care Patients: An Italian Experience

Samantha Serpenti^{1,2}, E. Pasquin¹, P. Del Bianco², C. Berti¹, F. Busa¹, E. Capovilla²

¹Az. ULSS 3 Bassano del Grappa, Vicenza, Italy,

²Veneto Institute of Oncology IOV-IRCCS, Padua, Italy

BACKGROUND: Aging process and psychological distress related to the cancer experience may adversely affect an older patient's ability to cope with the illness. Particularly, the critical condition of the advanced phase of cancer suggests the importance of a global approach that consider not only the quality of life but also the spiritual needs. The aim of the present study is to evaluate QoL and the Spirituality of elderly palliative care patients in Italy. **METHOD:** The evaluation was conducted through two structured questionnaires: the EORTC (European Organization for Research and Treatment of Cancer) QLQ-C15-PAL and the WHO-QOL-SRPB (World Health Organization Quality of Life - Spirituality, Religiousness and Personal Beliefs). **RESULTS:** The sample presents 80 elderly patients ($M = 46$; $F = 34$; range age: 65–94; mean age: 79.5). The study is in progress, final results will be presented at the conference. The partial analysis show a tendency of our subjects to have lower scores regarding QoL domain (Physical functioning, Emotional functioning and Global health status); instead is possible to observe higher score in Fatigue, Dyspnoea, Insomnia, Appetite loss and Constipation. Spirituality domain tend to

show lower results on: Awe, Whole, Strength, Peace, Hope, Faith. Physical scale negatively seems to correlates with Whole, Emotive scale with Connect, Strength and Faith, Dyspnoea with Awe. **CONCLUSIONS:** The partial results indicate that QoL, Spirituality and Hope are key variables in the elderly palliative cancer patients. Actually, we can observe a critical QoL with a poor global status and with more symptoms. Regarding Spirituality, our patients seems to demonstrate a less sense of participation to these dimensions. Various aspects of QoL tend to be associated with different spiritual issues. Our results, although observational, allow interesting reflections on the Italian context and indicate the opportunity to continue further studies to more accurately describe the relationship between QoL, psychological well-being and spiritual needs. **ACKNOWLEDGEMENT OF FUNDING:** None.

P1-92

Investigating the Role of Physical Symptoms on Important Goal Pursuit in Early-Stage Breast Cancer Patients

Natalie Stefanic¹, Peter Caputi¹, Don Iverson¹, Lisbeth Lane²

¹University of Wollongong, New South Wales,

Australia, ²Wollongong Hospital, New South Wales, Australia

BACKGROUND: The diagnosis and treatment of early-stage breast cancer can interrupt ongoing goal-directed behaviour, and disrupt or completely block the pursuit of important personal goals. Symptoms of pain, fatigue, and insomnia are common across different treatments. Patients who report this particular cluster of symptoms are highly susceptible to functional impairment and poor psychological outcomes. This prospective study sought to better understand the relationship between physical symptoms and personal goal pursuit in breast cancer patients over time. **METHOD:** Forty-three women recently diagnosed with early-stage breast cancer provided self-report data at 1, 2, 4 and 6 months post-surgery. Questionnaires assessed physical symptoms, cancer-related goal interference, and psychological distress. Non-parametric correlations, cluster analysis and one-way analysis of variance were conducted to test the study hypotheses. **RESULTS:** The 5 most prevalent symptoms at each time-point were pain, difficulty sleeping, lack of energy, feeling drowsy and difficulty concentrating. Goal interference was significantly correlated with pain at T1, difficulty sleeping and feeling drowsy at T2, lack of energy at T2–T4, and difficulty concentrating at T1–T4. Women in the moderate-to-high symptom cluster had significantly higher average goal interference, depression, anxiety and stress than women in the

low-to-moderate cluster at each time-point. **CONCLUSIONS:** These novel findings indicate that common treatment-related physical symptoms differentially impact on the personal goal pursuit of breast cancer patients in the months following surgery. As expected, cancer-related goal interference was higher in women experiencing higher combined levels of these symptoms. Women in this subgroup also reported higher levels of psychological distress. **RESEARCH IMPLICATIONS:** This study provides important insight into the impact of cancer diagnosis and treatment on important goal pursuit, an under-researched topic in oncology. More research is needed to further explore the role of physical symptoms on goal pursuit in the short- and long-term following a cancer diagnosis. **CLINICAL IMPLICATIONS:** The findings suggest that women who experience high levels of pain, insomnia and fatigue at one or multiple times following surgery may require ongoing psychosocial support to help them cope with goal interference, disengage from unattainable goals and continue pursuing goals that remain attainable. **ACKNOWLEDGEMENT OF FUNDING:** None.

P1-93

Course and Predictors of Hopelessness and Demoralization

Sigrun Vehling¹, Anja Mehnert^{1,2}

¹University Medical Center Hamburg-Eppendorf, Hamburg, Germany, ²University Medical Center Leipzig, Leipzig, Germany

BACKGROUND: The constructs of hopelessness and demoralization represent 2 different approaches that are currently used to assess existential distress in patients with cancer. The present study aims to determine and compare the course and predictors of these phenomena over 1 year. Given the high relatedness between hopelessness and depression, we further aimed to analyze the course and potential difference of these constructs in 2 groups of cancer patients with different prognosis. **METHOD:** At T1, $N = 307$ patients with lung/gastrointestinal (46%) and breast/gynecological (54%) cancer were recruited during inpatient treatment. The majority (79%) were diagnosed with advanced cancer, 55% received palliative treatment. After 1 year (T2), 25% of the patients had died and $N = 150$ (65% of remaining patients) participated again. Patients completed self-report measures including Beck Hopelessness Scale, Demoralization Scale, Patient Health-Questionnaire-9, and Memorial Symptom Assessment Scale - Short Form. In order to identify predictors of each dependent variable at T2, regression analyses were conducted controlling for baselines values, age, gender, treatment phase (curative vs. palliative) and number of physical problems at T2.

RESULTS: At T1, moderate to severe scores were found in 33% of the patients for hopelessness, 33% for demoralization, and 30% for depression. At T2, moderate to severe scores were found in 43% for hopelessness, 27% for demoralization, and 29% for depression. The correlation between hopelessness and demoralization was $r = 0.75$ ($p < 0.001$). At T2, the mean hopelessness score was significantly higher ($M = 7.6$, $SD = 2.8$ vs. $M = 8.1$, $SD = 3.0$) ($p = 0.003$). Hopelessness at T2 was higher in patients with lung/gastrointestinal cancer ($\beta = 0.17$, $p = 0.04$) and in those with more physical problems ($\beta = 0.30$, $p < 0.001$). Demoralization at T2 was only higher in those with more physical problems ($\beta = 0.29$, $p < 0.001$). **CONCLUSIONS:** The differences in changes of hopelessness and demoralization over 1 year point toward different conceptual emphases within these constructs, despite their high intercorrelation. This is further underscored by patients with lung/gastrointestinal cancer being more hopeless at T2 compared to T1, but not more demoralized, depressive or anxious. Importantly, this result was independent of gender and treatment phase. **RESEARCH IMPLICATIONS:** Based on the results it could be hypothesized that the constructs of hopelessness and demoralization identify different aspects of existential distress in cancer patients. Hopelessness refers to negative cognitive expectations of the future, while demoralization refers to both emotional and cognitive symptoms of loss of meaning and a sense of failure in addition to feelings of hopelessness. Hopelessness might hence more closely relate to changes in prognosis. **CLINICAL IMPLICATIONS:** Only patients with lung/gastrointestinal cancer showed an increase in hopelessness after 1 year, independent of treatment phase. An explanation might be that among those receiving palliative treatment, patients with lung/gastrointestinal cancer still face a faster disease progression than patients with breast/gynecological cancer. Patients with lung cancer did however not show an increase in depression, anxiety, and demoralization in our sample, indicating that an increase in hopelessness is not necessarily associated with higher emotional distress. **ACKNOWLEDGEMENT OF FUNDING:** This study was funded by the German Donor's Association.

P1-94

Oncological Case Management and Care for Concerns Regarding Meaning - A Case Study

Anja Visser¹, Henry Wolterink², Rineke Leys²

¹Helen Dowling Institute, Bilthoven, The Netherlands, ²Maasstad Hospital, Rotterdam, The Netherlands

BACKGROUND: Several Dutch hospitals - among which the Maasstad Hospital - have recently introduced casemanagement in their oncological