

CHAPTER 3
PHYSICAL AND PSYCHOSOCIAL
IMPACT OF BREAST CANCER AND
ITS TREATMENT

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This chapter analyses the psychosocial and physical impact of breast cancer on patients.

Key findings

Physical Impact

- ▶ 65.3% of patients who had surgery had no or minimal discomfort and 10.3% of patients had severe discomfort. The most common form of discomfort after surgery was wound pain (16.1%).
- ▶ 64.7% of patients who had radiotherapy had no or minimal discomfort and 12.9% of patients complained about severe discomfort. The most common form of discomfort was dry skin (19.9%).
- ▶ 56.0% of patients who underwent chemotherapy complained about severe side effects. The most common forms of discomfort experienced were vomiting (25.6%), and loss of appetite (18.6%).
- ▶ 79.3% of patients underwent endocrine therapy and had no or minimal discomfort, and 8.0% of patients complained about severe discomfort. The most common form of discomfort was hot flushes (11.5%).
- ▶ 79.3% of patients who underwent targeted therapy had no or minimal discomfort and 7.5% of patients had severe discomfort. The most common complaint among these patients was fatigue (5.5%).
- ▶ 33.9% of patients who used complementary or alternative therapies said they felt more comfortable after the treatment.

Psychological/Social Impact

- ▶ At the time of diagnosis, 33.0% of patients accepted the result but felt depression.
- ▶ 53.4% of patients felt life was not fair after treatment.
- ▶ 54.1% of breast cancer survivors reported positive change in their outlook on life.
- ▶ 91.4% of patients reported a positive or no change in their self-image.
- ▶ 82.7% of patients reported lifestyle changes after diagnosis with breast cancer, the most common lifestyle change was diet (74.9%).
- ▶ 7.8% of patients felt depressed by their negative emotions with regards to breast cancer.
- ▶ 59.2% of patients always or sometimes worry about recurrence. Worry about recurrence was higher in younger age groups and reduced with increasing age.

3.1 Physical discomfort after treatment

10,311 patients were asked to complete the part 3 survey for the HKBCR report. The average time at which patients did the survey was 4.3 years after initial diagnosis.

3.1.1 Physical discomfort after surgery

65.3% of patients who had surgery had no or minimal discomfort while 10.3% of them had severe physical discomfort (Figure 3.1). The rate of patients reported having severe physical discomfort was highest among the patients who had mastectomy and reconstruction (Figure 3.2).

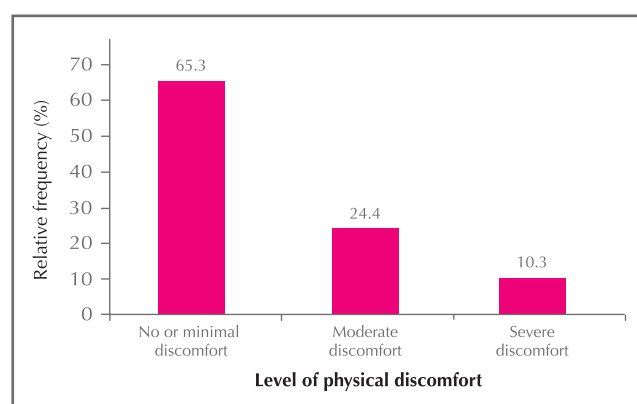


Figure 3.1 Level of physical discomfort after surgical operations (N=10,388)

The most common form of discomfort after surgery was wound pain (16.1%), followed by wound problems (7.2%) (Table 3.1).

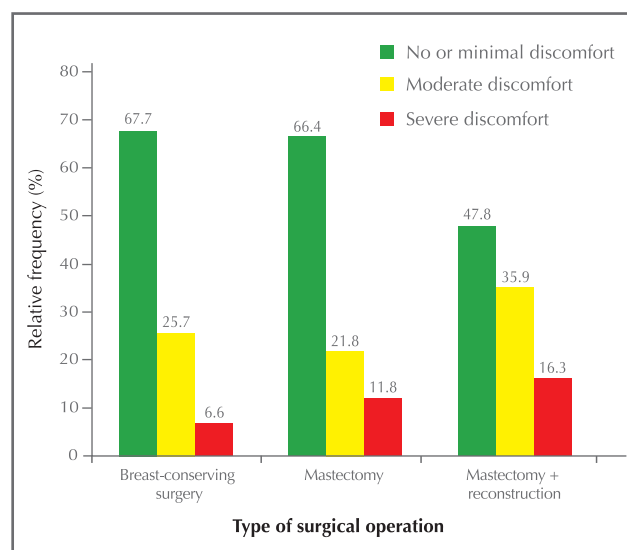
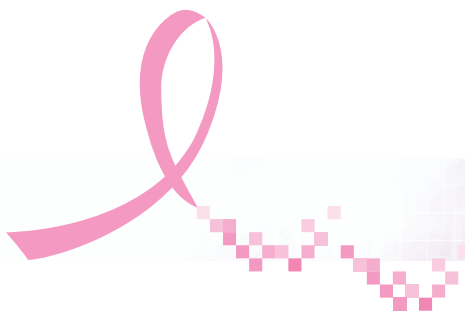


Figure 3.2 Level of physical discomfort by type of surgery (N=10,375)

Table 3.1 The five most common forms of discomfort after surgery (N=10,388)

	Number	(%)
Wound pain	1,669	(16.1)
Wound problems (infection / inflammation / tightness / poor wound healing)	743	(7.2)
Difficulty in arm movement	566	(5.4)
Numbness	356	(3.4)
Lymphoedema	337	(3.2)



3.1.2 Physical discomfort after radiotherapy

64.7% of patients who had radiotherapy had no or minimal discomfort while 12.9% of patients complained about severe discomfort (Figure 3.3). Discomfort was higher in patients who had chest wall irradiation (with or without regional nodes irradiation) than those who had breast irradiation (with or without regional nodes irradiation). (Figure 3.4).

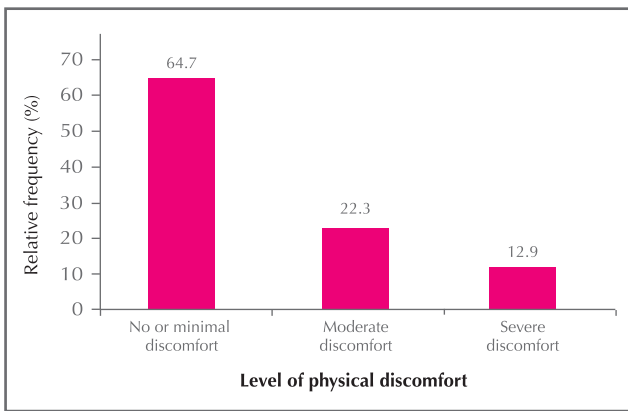


Figure 3.3 Level of physical discomfort after radiotherapy (N=6,275)

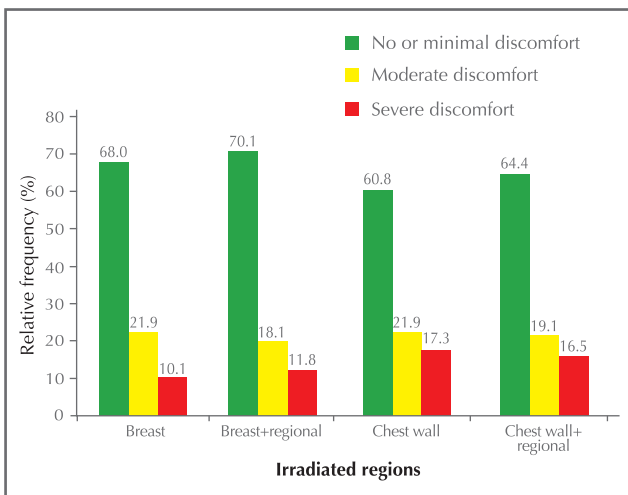


Figure 3.4 Level of physical discomfort after radiotherapy by irradiated regions (N=4,457)

The most common form of discomfort was dry skin (19.9%).

Table 3.2 The five most common forms of discomfort after radiotherapy (N=6,275)

	Number	(%)
Dry skin	1,250	(19.9)
Skin burns	577	(9.2)
Pain	317	(5.1)
Fatigue	162	(2.6)
Skin ucleration	140	(2.2)

3.1.3 Physical discomfort after chemotherapy

56.0% of patients who underwent chemotherapy complained about severe side effects (Figure 3.5).

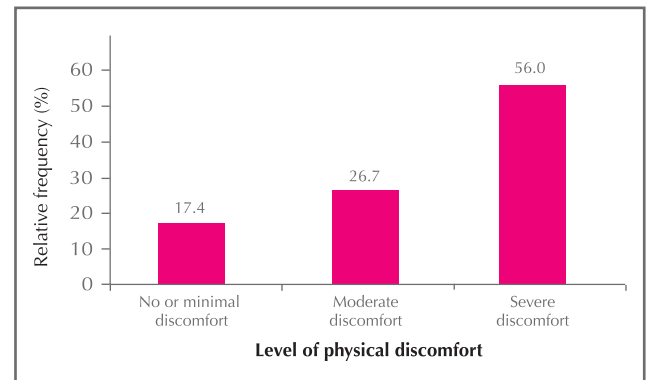


Figure 3.5 Level of physical discomfort after chemotherapy (N=6,383)

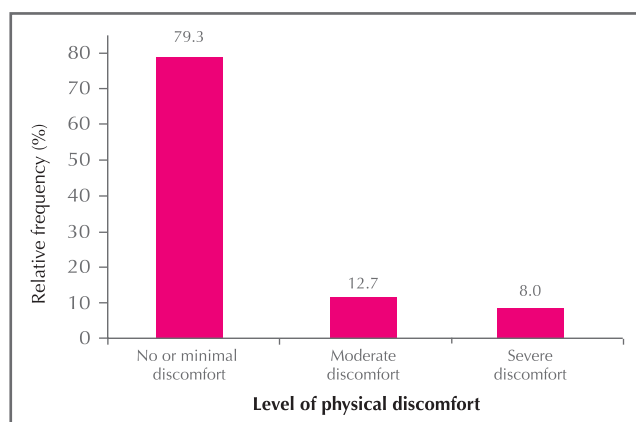
The most common forms of discomfort experienced were vomiting (25.6%), and loss of appetite (18.6%) (Table 3.3).

Table 3.3 The five most common forms of discomfort after chemotherapy (N=6,383)

	Number	(%)
Vomiting	1,636	(25.6)
Loss of appetite	1,188	(18.6)
Hair loss	982	(15.4)
Weakness	617	(9.7)
Nausea	573	(9.0)

3.1.4 Physical discomfort after endocrine of therapy

79.3% of patients who had endocrine therapy had no or minimal discomfort, while only 8.0% of patients complained about severe discomfort (Figure 3.6). The most common forms of discomfort were hot flushes (11.5%) followed by bone pain (4.5%) (Table 3.4).

**Figure 3.6** Level of physical discomfort after endocrine therapy (N=6,523)**Table 3.4** The five most common forms of discomfort after endocrine therapy (N=6,523)

	Number	(%)
Hot flushes	749	(11.5)
Bone pain	293	(4.5)
Menstrual Disorder	160	(2.5)
Tiredness	140	(2.1)
Weight gain	126	(1.9)

3.1.5 Physical discomfort after targeted therapy

79.3% of patients who had targeted therapy had no or minimal discomfort while 7.5% of patients had severe discomfort (Figure 3.7). The most common complaint among these patients was fatigue (5.5%) (Table 3.5).

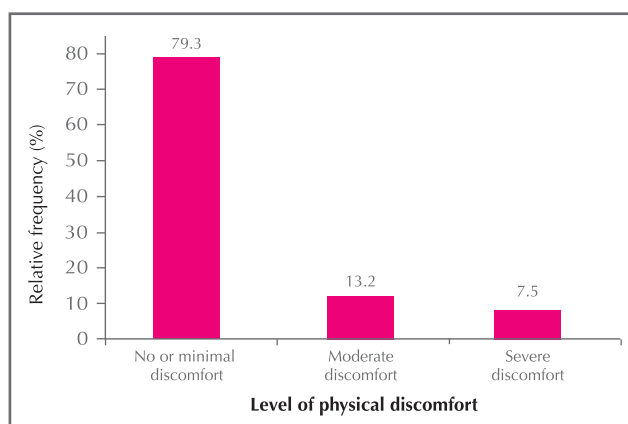
**Figure 3.7** Level of physical discomfort after targeted therapy (N=749)



Table 3.5 The five most common forms of discomfort after targeted therapy (N=749)

Discomfort	Number	(%)
Fatigue	41	(5.5)
Pain	19	(2.5)
Numbness	13	(1.7)
Others organs affected	12	(1.6)
Dizziness	10	(1.3)

3.1.6 Physical discomfort after complementary and alternative therapies

33.9% of patients who used complementary or alternative therapies said they felt more comfortable after the treatment, while 54.4% complained about no or minimal discomfort (Figure 3.8).

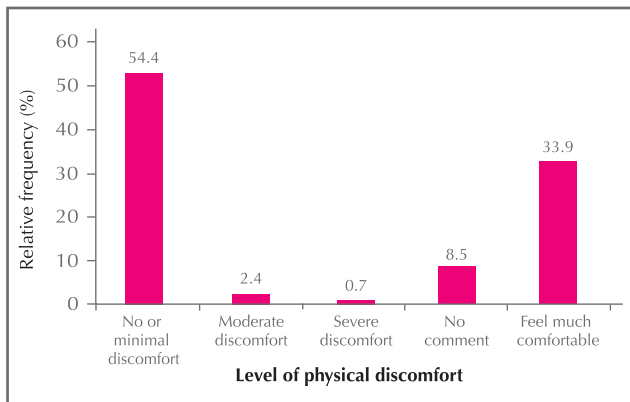


Figure 3.8 Level of physical discomfort after complementary and alternative therapies (N=4,634)

3.2 Psychosocial impacts and adjustments after diagnosis and treatment

3.2.1 Psychosocial impacts after diagnosis and treatment

The psychosocial and support care needs of breast cancer patients is not currently well understood. Analysis of the patient cohort survey data showed that in Hong Kong, at the time of diagnosis, 33.0% of patients accepted the result but felt depression, and 21.2% were in denial. After treatment, 53.4% of patients felt life was not fair. 54.1% of breast cancer survivors reported positive change in their outlook on life, and 91.4% had a positive or no change in their self-image (Table 3.6).

Positive change in the outlook on life was negatively correlated with increasing age while no change in the outlook on life was positively correlated with increasing age (Figure 3.9). Negative change in patients' self-image reduced with increasing age. With the exception of patients aged under 29, positive change in self-image also reduced with increasing age. The under-20 age group had low patient numbers and therefore the data may not be representative. In the 20-29 age group, positive change in self-image was lower than that of patients aged, 30-59 (Fig 3.10).

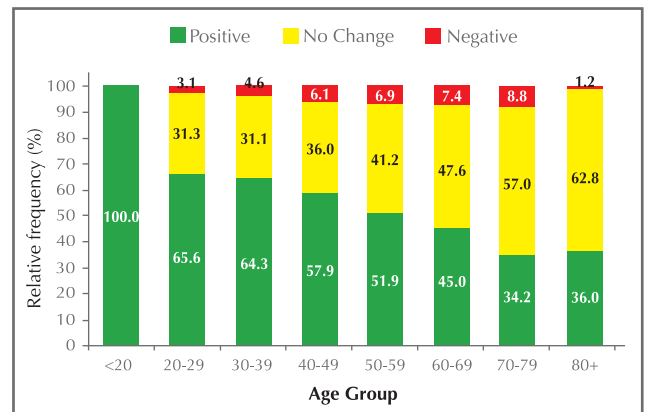


Figure 3.9 Change in outlook on life by age group (N=9,988)

Table 3.6 Psychosocial impacts of breast cancer on patients

	Number	(%)
Feelings at time of breast cancer diagnosis (N=10,042)		
Acceptance and positive attitude to fight	2,206	(22.0)
Calm acceptance	2,158	(21.5)
Acceptance with depression	3,314	(33.0)
Lack of acceptance ("It cannot be true.")	2,131	(21.2)
Acceptance with anger ("Something must be wrong.")	233	(2.3)
Feelings after breast cancer treatments (N=8,144)		
Life was not fair	4,347	(53.4)
Cancer was an alarm that caught patient by surprise	2,721	(33.4)
Cancer took away something from patient	565	(6.9)
Cancer changed patient's value system	511	(6.3)
Change in outlook on life (N=10,120)		
Positive	5,475	(54.1)
Negative	643	(6.4)
No change	4,002	(39.5)
Change in self-image (N=10,137)		
Positive	4,241	(41.8)
Negative	871	(8.6)
No change	5,025	(49.6)

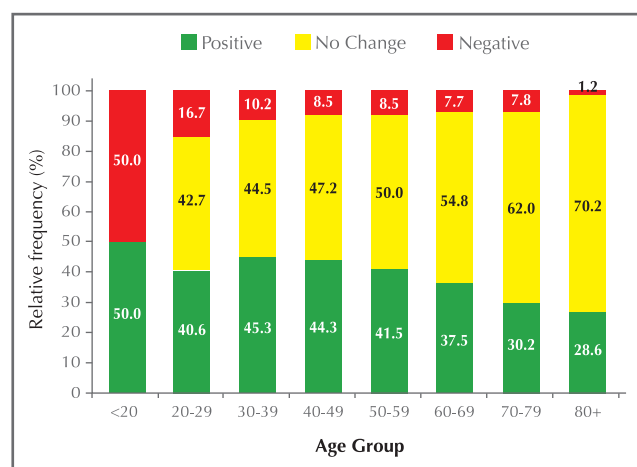


Figure 3.10 Change in self-image by age group (N=10,007)

3.2.2 Psychosocial adjustments and coping strategies

Of the 10,311 patients in the patient cohort, 8,529 (82.7%) reported lifestyle changes after diagnosis with breast cancer. The most common lifestyle change was change in diet (74.9%), followed by increased exercise (61.5%). 12.5% of patients quit their job.

54.4% of patients managed their negative emotions by direct verbal expression, 11% of patients ignored their negative emotions, while 7.8% of patients felt depressed.

Table 3.7 Psychosocial adjustments and coping strategies for survivorship

	Number	(%)
Types of lifestyle changes (N=8,529)		
Changing diet	6,389	(74.9)
Doing more exercise	5,246	(61.5)
Taking health supplements	2,208	(25.9)
Reducing workload	1,704	(20.0)
Quitting job	1,067	(12.5)
Way of managing negative emotions (N=10,311)		
Direct verbal expression	5,617	(54.4)
Divert attention from them	3,549	(34.4)
Ignoring them	1,137	(11.0)
Feeling depressed	809	(7.8)
Others	706	(6.8)
Level of worry about recurrence (N=10,108)		
Never	2,325	(23.0)
Seldom	1,794	(17.7)
Sometimes	4,903	(48.5)
Always	1,086	(10.7)

3.2.3 Levels of worry about recurrence

59.2% of patients always or sometimes worry about recurrence (Table 3.7). The number of patients that always or sometimes worry about recurrence reduced with increasing age, while the number of patients who seldom or never worry about recurrence increased with increasing age (Fig 3.11).

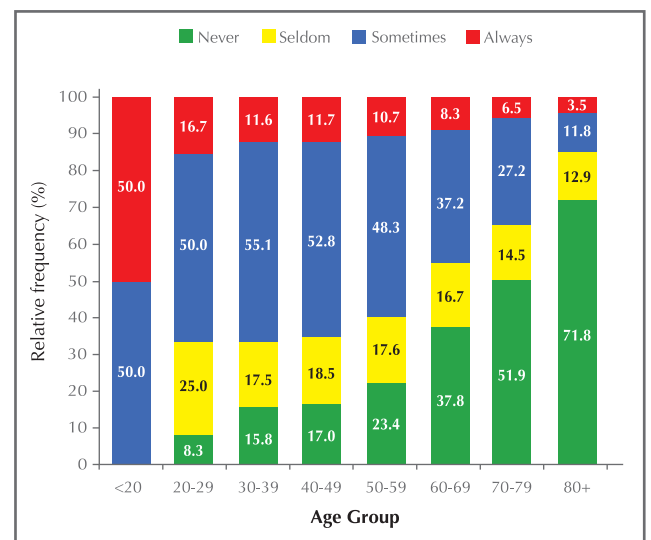


Figure 3.11 Level of worry about recurrence by age group (N=9,976)