

SPECIAL PAPER**Quality of Life in Women with Breast Cancer****Nikolaos Tsitsis, BSc in Law, BSc in Economics, MSc**

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Abstract**Background:** Breast cancer is one of the most common cancers in women. The term quality of life is difficult to define and has been defined in several ways. It is reported that diagnosis and treatment of breast cancer can affect health-related quality of life to a great extent**Purpose:** The purpose of the present study was to review literature on quality of life and breast cancer patients.**Results:** Women suffering from breast cancer may experience side effects during their treatment, such as fatigue, anemia, hot flashes, skin reactions etc. Also, they experience psychological distress, including restlessness and depression during diagnosis, treatment and also during the post-treatment period. A supportive social system that a woman suffering from breast cancer has seems to play a crucial part in the adaptation to the disease and to the subsequent distress experienced. In addition to, when she reaches the end of her life, the patient needs to satisfy her spiritual needs.**Conclusions:** Health professionals need to have good knowledge of the quality of life of cancer patients in order to meet their needs after diagnosis and during their treatment. There is a great need for further research in Greece, in order to determine the factors that influence the quality of life in breast cancer patients.**Key words:** quality of life, breast cancer, women, symptoms**Introduction**

Breast cancer is one of the most common cancers in women. It is estimated that 232,340 new cases of invasive breast cancer were expected to be diagnosed among US women in 2013, and approximately 39,620 US women were expected to die from breast cancer (American cancer Society, 2013). In Greece, about 4,500 women are diagnosed with breast cancer every year (National Plan for Breast cancer, 2011-15).

The term quality of life is difficult to define and has been defined in several ways (Saegrov, 2005). According to the World Health Organization (WHO), quality of life is

defined as “an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concern” (WHO,1997).It is reported that diagnosis and treatment of breast cancer can affect health-related quality of life (QoL) to a great extent (Härtl et al., 2003)

The aim of the present study was to review literature on quality of life and breast cancer patients. The method of this study included literature search from both the review and research of literature in the PubMed, which referred to quality of life and breast cancer patients.

The Dimensions of Breast Cancer Patients' Lives

Physical Dimension

The most common symptoms appearing after or during the treatments a breast cancer patient undergoes are: pain, loss of appetite, nausea-vomiting, dyspnea, constipation, lymphedema, and fatigue (Payne et al., 2003)

The potential conditions and complications that will result from surgery are: limb edema, fluid or blood collection at the injury (seroma/hematoma), necrosis at the margins of the injury, inflammation of the injury, weakness – limitation of limb mobility, and fatigue. Injury or pressure on the nerves in the region during surgery may cause numbness and paresthesia (Mc Cready, 2003)

Lymphedema is a common post-operative complication with an incidence rate of up to 62 per cent. Recommendations that are to be given in order to avoid the development of lymphedema are divided into four categories: a) avoidance of injury, b) prevention of inflammation, c) avoidance of limb constriction, and d) physical exercise (Erickson et al., 2001; Albert et al., 2006).

Fatigue is a common subjective symptom experienced by women suffering from breast cancer and undergoing chemotherapy. It occurs during chemotherapy and it varies in intensity. Its intensity may be moderate or high, and its occurrence is established four or ten to fourteen days after administration of the third chemotherapy cycle. After completion of chemotherapy, fatigue decreases (Spichiger et al., 2011).

Anemia is a severe side effect occurring after repetitive treatments among women and has an adverse effect on their quality of life. Patients should be informed of its occurrence and the methods of treatment, including intake of iron-rich food and administration of erythropoietin (Palmieri & Perez 2003).

Other symptoms of chemotherapy include: alopecia, nausea-vomiting, stomatitis, pain at the bones and joints, neuropathy, numbness at the fingers and toes, changes in taste following administration of Paclitaxel, sexual dysfunction, changes in fertility and suppression of ovarian function, temporary amenorrhea, decrease in sex drive, dryness,

vaginal and vulvar atrophy, vaginal irritation, and weight gain (Byar et al., 2006).

Patients receiving hormone therapy experience undesirable effects, including weight gain, hot flashes, night sweats, fatigue, decrease in sex drive, vaginal dryness, and effects on sexual function (Christinat et al., 2013).

The most common adverse effects occurring during radiotherapy are: skin changes, fatigue, sleep disorders, breast and limb edema, and changes in breast sensation. Skin changes constitute the most common complication occurring in women, with an incidence rate of 95 per cent, approximately. This usually occurs along with erythema, itching, sensitivity, dry and eventually wet desquamation. Fatigue rates are usually about 90 per cent among women undergoing radiotherapy. Fatigue levels increase during the treatment, reaching the maximum levels at the end of the treatment and decreasing upon completion of the treatment (Mc Cready, 2003).

Psychological Dimension

Women suffering from breast cancer may experience psychological distress, including restlessness and depression during diagnosis, treatment and also during the post-treatment period. Investigation of psychological effects in recent years has greatly increased, due to the fact that distress is related to the quality of life among breast cancer patients (Antoni et al., 2006, Costanzo et al., 2007; Montazeri, 2008).

Psychological distress among breast cancer patients is more related to depression, the feeling of anxiety, and low emotional function, and almost all studies have shown that psychological distress contributes to a destroyed quality of life, especially emotional function, social function, mental health, and, quality of life, in general. Diagnosis of the disease, significance of fears and anxieties regarding death and recurrence of the disease, distorted appearance and change in femininity, sexuality and attractiveness, are all factors that may cause unexpected psychological distress, even several years after diagnosis and treatment (Baucom et al., 2005; Montazeri, 2008; Reich et al., 2008).

In addition, it has been established that psychological adaptation, including the ability to deal with the disease, treatment and its consequences may result in an improvement in the quality of life. An association has been found among positive thinking, longer survival and quality of life (Spiegel, 2001; Montazeri, 2008).

Mastectomy may represent a traumatic experience for any woman undergoing such surgery. Any change in the image of breast constitutes a great shock for a woman's self-confidence, regardless of her age, level of educational attainment, or social class. Most women need more time to reconcile themselves to the idea of mastectomy, even more to get used to their image after surgery (Montazeri, 2008).

Every woman finds different ways to deal with a change in her body. Some women prefer to have a look at their body after surgery while being alone, without any witnesses. Other women may need support and sympathy by their partners, close friends, or doctors. Whatever their reaction, the first months after surgery are usually difficult from a psychological point of view, and most women are faced with conflicting feelings: sadness, fear, shock, anger, on the one hand, and relief that the cancer was promptly detected and treated, on the other.

The fear of death and a definite change in her body makes the patient interpret the presence of breast cancer as a cut in time and as a break in her personal history, which leads to a series of redefinitions of her relationships with others, her self-image and, by extension, of her sexuality and general values in life. Consequently, it seems that a woman's life after the occurrence of breast cancer and mastectomy may never be the same again because of the physical and psychosocial changes resulting from this disease (Shrestha, 2012)

Sympathy and support by a woman's partner is possibly the most important part of a woman's comeback to her life before cancer. Although mastectomy does not affect a woman's ability to have a normal sexual life in any case, the feelings that accompany surgery usually affect a woman's sexuality. Most women need to feel well and love their

body, in order to have a good sexual life. Therefore, the fear of allowing their partners to see or touch their "different" body again often stops them. At this point, a partner must make a woman feel safe with him, since the partner is the key person who will make a woman feel exactly as she was before the appearance of cancer. For many women, the first step to reconcile themselves with the image of their body is the sympathy they receive by their partners (Harvard Medical School, 2005).

Social Dimension

A supportive social system that a woman suffering from breast cancer has seems to play a crucial part in the adaptation to the disease and to the subsequent distress experienced. Family members and spouses play a leading part. Family relationships and wider interpersonal relationships do not seem to be affected by the disease and, in some cases, they even improve. A woman's perception that she receives great support by her environment constitutes an independent factor improving her adaptation and decreasing her distress (Skapinakis et al., 2008).

Management of the entire situation will largely be determined by people surrounding the patient. Once a family accepts the fact that one of its members is ill, the family is called to adapt themselves to the new facts. The attitude towards the patient also changes. Usually, a family creates an atmosphere of overprotection and false optimism around the patient, thus avoiding any unpleasant communication. Thus, a wall is built where things go without saying, however without being told. (National Plan for Breast Cancer 2011-2015).

Seeing the others changing attitude and behaviour, the patient slowly withdraws into herself, through their efforts to protect her. And, while she needs to express her fears and anxieties in this phase, she receives pity and silence. A family should have open communication with the patient, so that the family members can express their own feelings and needs and that the patient may function through a responsible and active role rather than that of a passive recipient (Knoop, 2000).

Spiritual Dimension

This dimension mostly refers to women in the final stage of cancer. As she reaches the end of her life, the patient needs to satisfy her spiritual needs. She experiences a deep existential crisis, since she loses herself, and she loses the goal and the meaning of her life [Fialka-Moser et al., 2003, Payne et al., 2003].

Meanwhile, she tries to satisfy some of her fundamental spiritual needs. Through her personal culture and cosmic theory, she tries to make a review and give a meaning to some facts of her life and her disease. Meanwhile, she strives to live the last days of her life under decent conditions, and experience a "good" death in a way. The patient's need to find and keep hope that there is life after death is also important. Faith in God constitutes a source of relief, while women who do not believe in life after death derive hope from their own deeds (Payne et al., 2003).

Conclusions

The majority of health professionals will meet cancer patients during their careers. Therefore, they need to have good knowledge of the quality of life of cancer patients in order to meet their needs after diagnosis and during their treatment. To meet individual needs, health professionals need to be aware of the differences in quality of life between those who were declared recovered and those who were not, and the potential differences in quality of life among cancer diagnostic groups. There is a great need for further research in Greece, in order to determine the factors that influence the quality of life in breast cancer patients.

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