

# Young Breast Ca Patients at Higher Risk of Distress

BY DIANA MAHONEY  
New England Bureau

BOSTON — The psychosocial needs of young breast cancer patients should be viewed in a different context than those of older women, said Lidia Schapira, M.D.

“Premenopausal women with breast cancer are at greater risk of psychological distress at diagnosis and during treatment, especially when it coincides with child-bearing years or with years spent in active parenting roles,” Dr. Schapira said at a breast cancer meeting sponsored by Harvard Medical School.

Because younger women face such concerns as premature death and the impact that treatment will have on fertility, child rearing, career, finances, and appearance, clinicians must broaden their traditional vertical focus on managing the medical aspects of the disease “and look at the horizontal axis of patients’ social functioning as they deal with their diagnosis and treatment,” said Dr. Schapira of Massachusetts General Hospital, Boston.

**Clinicians need to be acutely aware of the special issues facing women who are diagnosed with breast cancer during their parenting years.**

The nature and extent of a breast cancer patient’s psychological distress vary depending on the individual and the phase of the disease. The concerns at diagnosis might be different from those experienced during primary treatment or at treatment completion, Dr. Schapira said.

At all points along the disease trajectory clinicians should address “normal” levels of psychosocial distress and be alert for signs of persistent distress that would benefit from specific mental health intervention. Toward this end, according to guidelines published in a 2004 Institute of Medicine report on the psychosocial needs of women with breast cancer, clinicians should:

- ▶ Ensure understanding of diagnosis and treatment options and side effects.
- ▶ Advise that distress is normal and expected and can increase at transition points.
- ▶ Build trust.
- ▶ Mobilize resources and direct patients to educational materials and local resources.
- ▶ Consider medication for symptoms.
- ▶ Ensure continuity of care.
- ▶ Monitor and reevaluate for referral to more specialized services if needed.

Additionally, a variety of interventions have been shown to favorably impact psychological status and quality of life, Dr. Schapira said. “Notably, there is strong evidence for the benefit of relaxation, hypnosis, and imagery in early-stage breast cancer, for group interventions in both early and metastatic disease, and for individual interventions primarily in the early setting,” she said.

Finally, clinicians need to be acutely aware of the special issues facing women who are diagnosed during their parenting

years. “Being a parent affects preference for adjuvant chemotherapy in women with breast cancer, yet the impact that the side effects of treatment will have on the parenting experience are rarely discussed in the context of a medical encounter,” Dr. Schapira said.

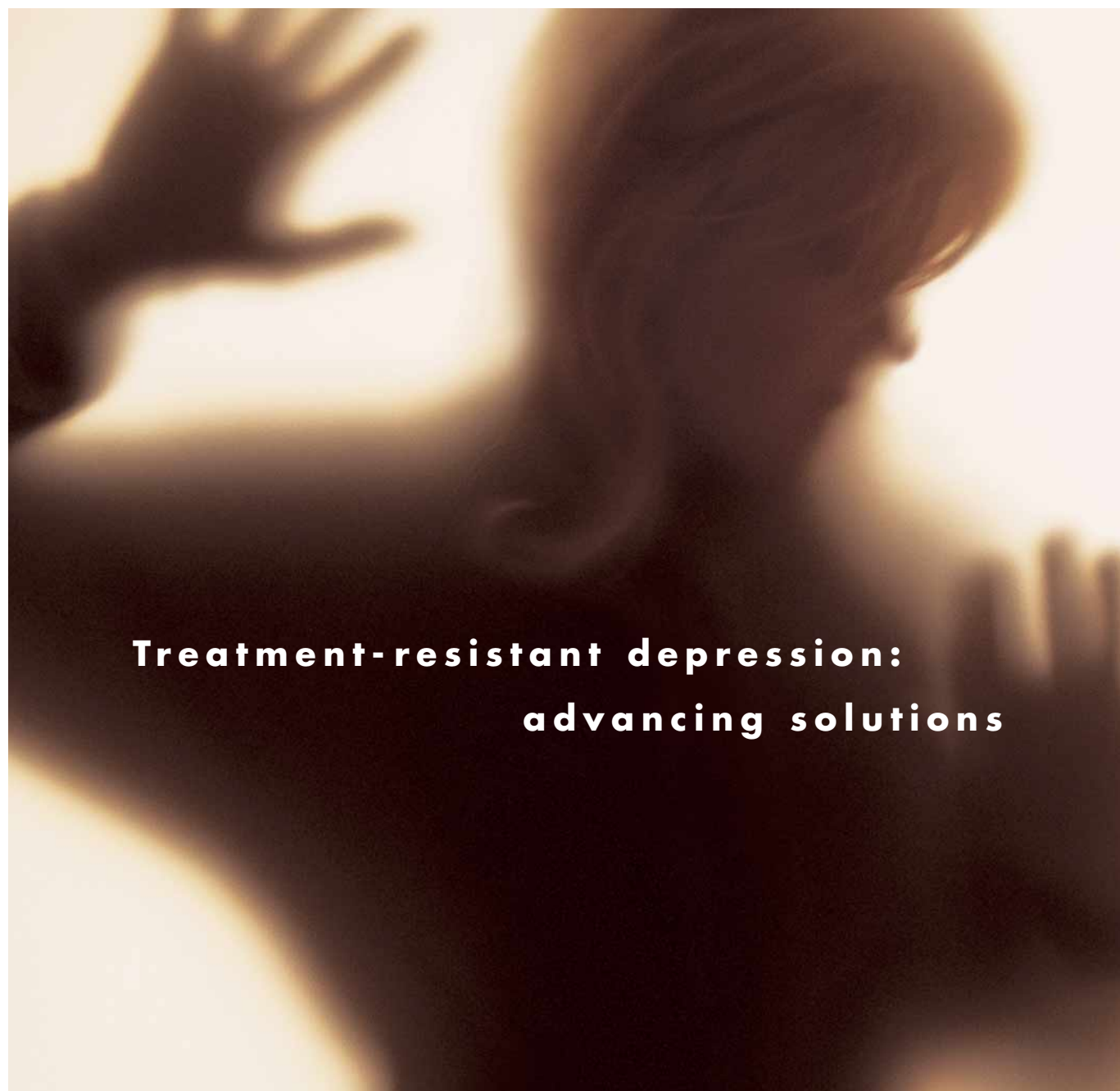
“Studies have shown that parents want to know how to talk about the illness with their kids in a developmentally appropriate way,” she said, and that parents need guidance in understanding and deal-

ing with the impact of maternal disease on children’s behavior and level of distress.

One example of how such issues might be addressed is a program developed by Paula Rauch, M.D., at Massachusetts General called Parenting at a Challenging Time (PACT). Through PACT, child psychiatrists and psychologists provide free consultations to adults with cancer or their partners to help them address the needs of their children during cancer treatment, Dr. Schapira explained. “The pro-

gram recommends that clinicians ask patients if they have children, and follow up with questions about the children and discuss the resources that are available to them,” she said.

Clearly, clinicians cannot be the only source of psychosocial support for their younger breast cancer patients; they should be cognizant of the potential for significant distress and be prepared to help these women get the support they need, Dr. Schapira concluded. ■



## Treatment-resistant depression: advancing solutions

The challenge treatment-resistant depression (TRD) poses to physicians and patients is universally acknowledged. Patients with TRD are twice as likely to be hospitalized,<sup>1</sup> make more outpatient visits,<sup>1</sup> consume over six times more healthcare utilization costs,<sup>1</sup> and are at greater risk of suicide than patients who experience sustained efficacy.<sup>2</sup>

After one or two prior episodes of depression, patients have a 50% to 90% risk of another

episode,<sup>3</sup> which is often of longer duration, more severe, and less responsive to treatment.<sup>3</sup> Long-term outcomes may be even worse than those reported in clinical trials, with the percentage of patients who get well and stay well falling as low as 35%.<sup>2</sup>

Given that patients with TRD require long-term or lifelong treatment,<sup>4</sup> there remains the need for a more tolerable therapy that provides antidepressant and quality-of-life efficacy shown

to improve over time and to be sustained long-term. Despite the many therapeutic options available, the prevalence and implications of TRD highlight the urgency of exploring new therapies with unique mechanisms of action. In collaboration with psychiatry, Cyberonics is committed to search for more effective and tolerable long-term solutions.

**Cyberonics**®

**References:** 1. Crown WH, Finkelstein S, Berndt ER, et al. The impact of treatment-resistant depression on health care utilization and costs. *J Clin Psychiatry.* 2002;63:963-971. 2. Fava M, Rush AJ, Trivedi MH, et al. Background and rationale for the Sequenced Treatment Alternatives to Relieve Depression (STAR\*D) study. *Psychiatr Clin N Am.* 2003;26:457-494. 3. Zajecka JM. Clinical issues in long-term treatment with antidepressants. *J Clin Psychiatry.* 2000;61(suppl 2):20-25. 4. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder (revision). *Am J Psychiatry.* April 2000;157(suppl):1-45.

© 2005 Cyberonics, Inc. All rights reserved. Cyberonics® is a registered trademark of Cyberonics, Inc.

**Cyberonics, Inc.** 100 Cyberonics Boulevard, Houston, Texas 77058 USA Tel: (281) 228-7200 Fax: (281) 218-9332 [www.cyberonics.com](http://www.cyberonics.com) DPLA204-11-1000