POST TRAUMATIC STRESS SYMPTOMS IN BREAST CANCER PATIENTS

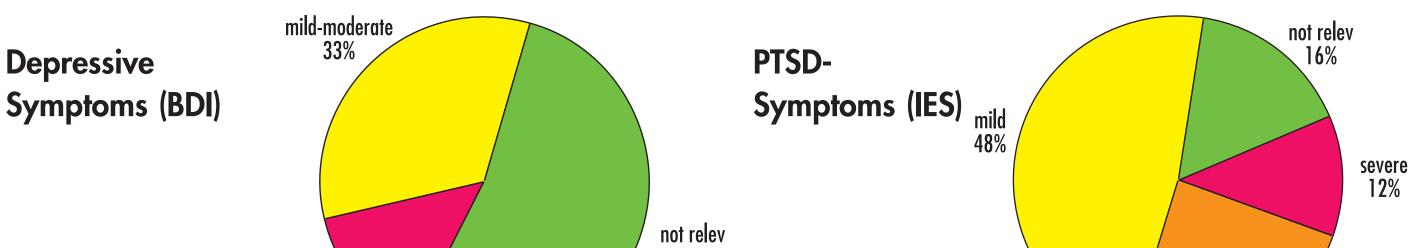
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INTRODUCTION:

For most women the diagnosis and the treatment of breast cancer is a trauma, comparable with other traumatic events like accidents, natural disasters or rape. Meanwhile some studies indicate that PTSD- (post-traumatic stress disorder) symptoms are relevant in breast cancer patients, others suggest depression as most prevalent. However this study aimed at establishing the frequency of PTSD symptoms in breast cancer patients and to investigate what other clinical characteristics are associated with PTSD symptoms.

SYMPTOMS OF DEPRESSION AND PTSD



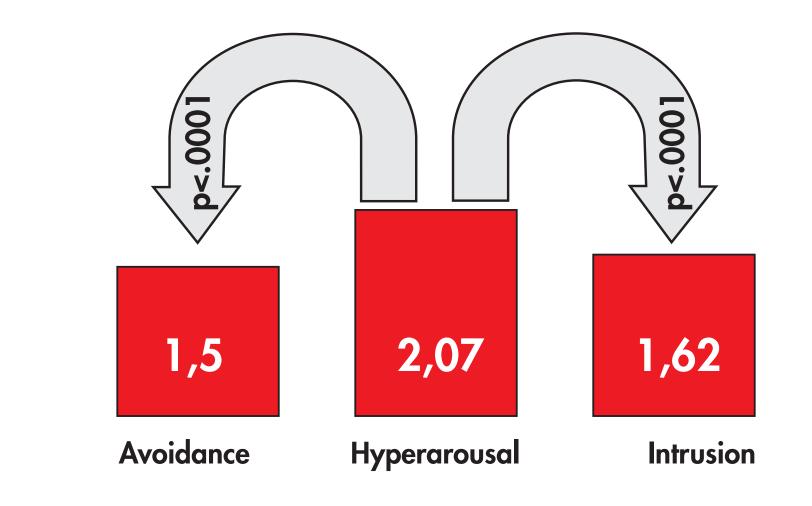


moderate-severe 14% moderate 24%

METHODS:

In a project funded by the European Commission, 156 breast cancer patients rated a comprehensive set of standardised psychological and quality of life scales. The relevance of different aspects of psychological distress and quality of life was examined. A short questionnaire of only eight items (BC-PASS: Breast Cancer - Psychosocial Assessment Screening Scale) was developed for the use in medical routine care. The scale has three dimensions: A) physical well-being, B) satisfaction with life, C) emotional stress reaction. The dimension C, consisting of 3 Items (sensitivity : 87, specificity: 90; criterion: Impact of Event Scale IES), can also be used as a screening scale for PTSD symptoms in breast cancer patients. Patients classified as "low PTSD" according to the dimension C of the BC PASS were compared with "high PTSD" patients regarding different aspects of quality of life, measured by the EORTC Quality of Life Questionnaire QLQ-C30 and the breast module BR23.

PTSD SYMPTOMS: IES-R* SUBSCALES



*IES-R (Impact of Event Scale), Breast Cancer Patients N = 142

PTSD SYMPTOMS AND QUALITY OF LIFE

EORTC Quality of Life Questionnaire & Breast Surgery (N = 154)

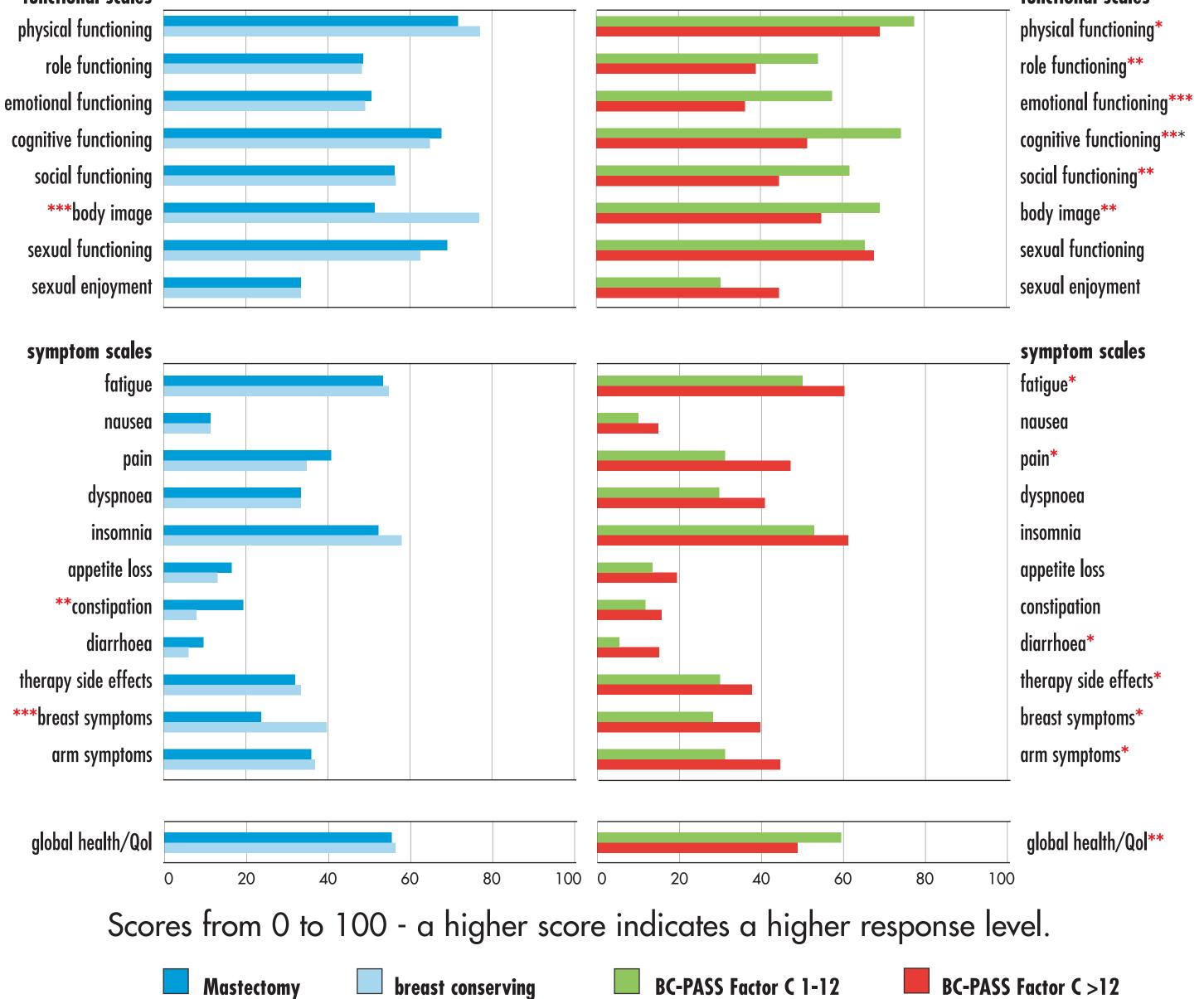
functional scales

EORTC Quality of Life Questionnaire & BC-Pass (N = 142)

functional scales

Moderate and severe PTSD symptoms were reported by 36%, mild symptoms by 48% of the patients and 16% showed no clinically relevant traumatic stress symptoms. Moderate and severe symptoms of depression were reported by 14% of the patients, mild and moderate symptoms by 33% and 53% reported no clinically relevant depressive symptoms. Hyperarousal was the most prevalent PTSD syndrome. PTSD symptoms were not associated with the severity of the cancer diagnosis and treatment, neither with tumor grading nor with the type of surgery (mastectomy vs. breast conserving). Quality of life was more associated with the severity of PTSD symptoms than with the severity of the breast cancer diagnosis or the type of surgery. "Low PTSD" patients showed better scores on six of the eight functioning scales of the EORTC Quality of Life Questionnaire compared to "high PTSD" patients, while type of surgery was only associated with "body image". "High PTSD" patients also reported more physical symptoms like fatigue, pain, diarrhoea, therapy side effects, breast symptoms and arm symptoms than "low PTSD" patients. Patients after mastectomy reported only more constipation than patients after breast conserving surgery and patients with breast conserving surgery reported more breast symptoms than patients after mastectomy.

CONCLUSIONS:



PTSD Symptoms seem to play an important role for women diagnosed with breast cancer. These symptoms are known too little in the medical routine care of breast cancer patients. Special therapeutic interventions must be developed, integrating the results of psycho-trauma research.

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* p<.05 **p<.01 ***p<.001

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