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This is the author's manuscript

Original Citation:

Availability:

This version is available http://hdl.handle.net/2318/1701008 since 2019-05-06T18:10:27Z

Published version:

DOI:DOI: 10.1111/j.1099-1611.2013.3394

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12 October 2024

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Risk factors linked to distress in the pre-surgical and pre-chemotherapy phases. Do they have the same psychological basis?

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Background

The main purpose of this study was to describe the women's experiences after having received a breast cancer diagnosis in terms of anxiety, depression and distress in two phases along the cancer journey: the pre-surgery phase and the pre-chemotherapy phase. Moreover, we tried to model predictors of distress in the two phases, using a cross-sectional methodology of the following variables: age, stage of the disease, education, employment status, level of anxiety and level of depression.

Method

The data were collected in the Breast Unit of the Istituto Clinico S. Anna, Brescia, Italy, via a routine psychological screening program. Of 227 consecutive patients, 196 gave consent and completed responses for the administration of three questionnaires: BDI-II (Beck et al., 1996), STAI (Spielberger et al. 1983) and PDI (Morasso et al., 1996). 106 patients were in Group-A (pre-surgery phase) and 90 patients were in Group-B (pre-chemotherapy phase). Anxiety, depression and socio-demo variables (age, education, employment status, stage of the disease) were entered in a stepwise multiple regression analysis to predict the perceived distress level.

Results

In Group-A, 48.2% of the women reported a significant level of anxiety and 38.5% reported at least a mild level of depression; in Group-B anxiety and depression were found respectively in 44.3% and 37.3% of the sample. The mean of PDI score was 26.13 in Group-A (SD=9.13) and 26.77 in Group-B (SD=8.39). In Group-A, the prediction model ($F(2,92)=71.180$, $p<.001$) showed anxiety and depression as significant predictors and accounted for approximately 60% of the variance of PDI scores. In Group-B, depression and age emerged as predictors, and this model ($F(2,86)=71,798$, $p<.001$) explained 62% of the variability in the PDI scores.

Conclusions

There were no differences between the mean of Group-A and that of Group-B in terms of anxiety, depression and distress. In both A and B groups, correlations were identified between the presence of distress and anxiety and depression, but not with socio-demographic variables. However, differences were noticed in the predictors of distress in the two phases: in the group-A, anxiety and depression were the components that emerged with greater strength in determining the perception of the level of distress. In the group-B the level of anxiety was excluded from the model and the predictive variables were depression and younger age.

Research Implications

Many progresses highlight the differences that occur at various steps of the disease, but many are still pursued in order to understand the complexity of human experience along the cancer journey, from the beginning to the later phase, such as survivorship or end of life. For future research, we underline the importance of a longitudinal perspective, as psychological distress has been shown to vary significantly during time and stages of the disease.

Clinical Implications

This study underlines how it is important to properly understand the psychological sufferance of a woman with breast cancer in order to provide changes in her care management during the cancer trajectory. In particular, this study demonstrates how the level of anxiety plays a different role in determining distress in the two phases studied: anxiety is more impairing right before the surgery, while in later phases seems to be more integrated and accepted by patients.

Acknowledgement of Funding

Funding was provided through the Priamo Association (Brescia, Italy), Sant'Anna Clinic Institute - San Donato Group and Fondazione Edo ed Elvo Tempia (Biella, Italy). We thank dr. Diana Lucchini and to the entire Oncology team of the Sant'Anna Clinic Institute.