

Patterns of Symptom Distress in Older Women After Surgical Treatment for Breast Cancer

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Purpose/Objectives: To describe patterns of symptom distress over time in older women receiving surgical treatment for breast cancer and to examine the relationship of selected patient and clinical characteristics to symptom distress.

Design: Secondary analysis of breast cancer data from a prospective, longitudinal study of older patients with several types of cancer.

Setting: Large mid-Atlantic teaching hospital.

Sample: 57 patients with breast cancer participated. Subjects had a mean age of 68 and were predominantly white, not Hispanic, married, Protestant, retired, and in stage I or II. A total of 55 subjects completed the study.

Methods: The Symptom Distress Scale was used. Data were collected on discharge and at three and six months postdischarge. Descriptive statistics, t test, analysis of variance, correlation coefficients, and stepwise multiple regression were analyzed.

Main Research Variables: Total symptom distress and 13 individual symptom scores.

Findings: Fatigue, frequency of pain, outlook, and insomnia consistently were most prevalent and severe. Symptoms decreased gradually. Younger, more educated, and married women experienced more distress.

Conclusions: Interactions among symptoms are complex. Later symptom distress may be predicted by early experience and demographic characteristics.

Implications for Nursing: Clinicians should inquire about symptom distress at each encounter, expect multiple symptoms, and anticipate greater symptom distress in patients who are younger, more educated, or married or living with a partner. In women with more severe, earlier symptom distress, nurses should intervene promptly. Research should determine interrelationships of symptoms and how they might be affected by contextual variables, describe critical attributes of the nurse-patient interaction that might mitigate symptom distress, characterize the relationship of symptom intensity and distress, clarify the mechanism of the relationship between marital status and symptom distress, and identify the effect of symptoms, individually and collectively, on survival and quality of life.

Breast cancer, the leading cause of cancer deaths among women worldwide (World Health Organization, 2006), is the most commonly diagnosed invasive cancer among women in the United States (Jemal et al., 2005). Of the approximately 200,000 American women diagnosed with invasive breast cancer each year, about 78% are older than 50 years (Department of Defense, 2005). Most of the women who seek treatment for breast cancer will undergo surgery, either lumpectomy or mastectomy with or without axillary node dissection.

Women experience an array of symptoms throughout the course of their diagnosis, treatment, and recovery, such as

Key Points . . .

- Most new cases of invasive breast cancer occur in older women who will be treated with surgery.
- Fatigue, frequency of pain, outlook, and insomnia were the most distressing postsurgical symptoms reported and were experienced by more than half of the women throughout six months.
- Although individuals have unique patterns of postsurgical symptom distress, women who are younger, better educated, or married may experience greater distress.
- Later symptom distress can be predicted from knowledge of earlier symptom distress.

insomnia, mood disturbances, fatigue, and difficulties with concentration (Carpenter et al., 2004; Cimprich, 1999; Nail & Winningham, 1995). Treatment-related fatigue, sleep disturbances, pain, hot flashes, nausea, and vomiting occur during and after breast cancer treatment (Bower et al., 2000; Graf & Geller, 2003). Following treatment, in addition to the previously listed symptoms, women report lymphedema and decreased arm mobility, sexual difficulties, problems with memory and attention, being unhappy with their appearance, and having hot flashes, aches and pains, and muscle stiffness (Ganz et al., 2004).

Symptom management is a core aspect of nursing practice. Understanding is necessary to plan and carry out effective interventions to relieve symptoms. Measurement, using reliable and valid instruments, allows nurses to learn about the frequency and intensity of symptoms, how the phenomena change over time, and their relationship to other variables.

The purpose of the current study was to describe the patterns of symptom distress over time in older women receiving surgical treatment for breast cancer and to examine the

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