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Quality of life in breast cancer – a review

The aim of the study is a review of articles about the quality of life in breast cancer.

The definition of the quality of life is relatively new, multi-faceted, connected with individual characters and needs of every patient (14). This definition has existed in philosophy and sociology since the 1950s with its evolution from consumerism to medical aspects. Health related quality of life (HRQoL) was first used in clinical medicine by Schipper in 1990.

Schipper defined HRQoL as activity-related effect of an illness and treatment experienced subjectively and objectively by a patient. HRQoL has a connection with health and is related to physical, psychological and social aspects of health. The definition of the quality of life is strictly connected with WHO definition of health as complete physical, psychological and social well-being, not only the lack of illness or disability. In 1994 WHO defined the quality of life as a patient's individual perception of their position in life in the context of culture, system of values which they live in, and in connection with their individual needs, interests and ambitions. This is a broad concept of the quality of life containing such aspects as: physical and mental health, social status, the degree of independence and relations with the surrounding world. Kowalik distinguished two aspects of the quality of life: recognition and experience. Recognition means the ability to understand and evaluate the quality of life and also to plan and control life. Experience is connected with different emotional states in life.

Lin Zahn's concept of the quality of life has both social and personal aspects. It is connected with a patient's character, age, individual feelings and their context, culture, social and economic status. The quality of life is determined by: 1. life satisfaction; 2. self-concept; 3. health-functioning; 4. socio-economic status.

In the opinion of de Walden-Gałuszko, the quality of life is a difference between a person's real and desired status (9). Nowadays we define the quality of life as a subjective feeling of well-being in all the three spheres of life: somatic one (type and intensity of disease symptoms, physical condition), psychological one (fear, depression, positive experiences) and social one (family life, sexual life, working life). The quality of life is very subjective and does not mean the same for everybody. According to G.W.Torrance the quality of life is a broad concept containing all aspects of life. For A.F. Lehman it is a satisfaction experienced by a man in his/her current conditions of life. Studies of the quality of life focus on the needs satisfied by the consumption of goods and services (standard of living), social relations (social integration and cooperation, individual and group conflicts).

Nowadays there are many different definitions of the quality of life, depending on the discipline it refers to. Nevertheless, the "quality of life" is an ambiguous and hard-to-define concept. In Poland

in the 1980s many institutions and centers studied the aspects of the quality of life, e.g. studies of family living conditions in 1983–1988 by GUS. The evaluation of the quality of life is a valuable source of information about a patient and it is used to assess changes in a patient's situation during the disease process. In modern oncology the quality of life is one of main parameters which define a success in cancer treatment. It depends on: the disease specificity, methods of treatment, side-effects of drugs, prognosis, and also the perception of the above by the patient. We understand how necessary are clear criteria to evaluate the influence of the disease, treatment and complications on various functions of the organism, mental health and the quality of life of the patient. Irrespective of the cancer prognosis the diagnosis of the disease and the use of extensive methods of treatment cause many somatic and also psychological after-effects. In people's opinion the diagnosis of cancer determines the fate of a patient. This emotional strain is connected with death threat, pain, treatment, addiction to drugs, repeated hospitalizations and dependence on other persons, including health service and family. Every illness, and especially neoplasm, destroys the current status of every person. Waiting for test results, diagnosis of cancer and oncological treatment cause stress response syndrome (12). Cancer is a very specific disease for its dynamic course and every patient needs an ability to manage in constantly changing situation. One of serious problems is fear (depression) which influences the methods of treatment and the quality of life. A very important aspect of treatment is broad and true information about the disease, prognosis and chances of recovery.

Patients' knowledge of their disease is very poor, fragmentary, additionally limited by emotional strain and stress connected with diagnosis and planned long-lasting treatment. Feeling of limited control of life, fear, increase of negative emotions have negative influence on the quality of life and social functioning in family, society. Patients with cancer often suffer from pain and fear. The quality of life of patients with cancer is determined by the lack of such principal values as health, self-acceptance and sense of life, and by the loss of independence and feeling of uncertainty about their future. Many studies are interested in the influence of diagnosis and treatment of cancer not only on the patient but also on their family.

Breast cancer is the most common female neoplasm in Poland and other countries. We observe approximately 11,000 new cases every year. Due to mass screening and education campaigns more cases of breast cancer are detected in early stages of the disease. Nevertheless, only 47% of patients have 5-year survival periods, whereas in Western Europe this rate is nearly 60% and in the USA – 73%. Optimistic is the fact that despite the constant increase in the number of new cases of breast cancer we observe decreasing mortality (8, 15). This trend is connected with education, screening, new methods of diagnosis and treatment.

The type of treatment of breast cancer depends on the clinical stage of the disease, menopausal state and performance status of a patient. The type of surgical treatment (radical mastectomy or breast conserving therapy) is conditioned by the size of the tumor, its location, the presence of metastatic lymph nodes. In adjuvant therapy we offer chemotherapy, hormonotherapy and radiotherapy. After mastectomy and BCT the patients have problems with oedema, physical acceptance and sex life. Nowadays we prefer BCT because of better cosmetic effect and self-acceptance (13, 18). In some centers more local relapses after BCT are observed (3, 6), but in other – fewer. In 10-year observation by the National Cancer Institute in Bethesdy the rate of local relapses after BCT was 10% versus 5% after mastectomy (17). Adjuvant radiotherapy after BCT decreases the rate of relapses from 25–40% to 6–8%. Almost all patients with breast cancer need adjuvant systemic therapy. Chemotherapy is used in women with negative receptors and with high dynamics of neoplastic process. During chemotherapy certain side-effects are observed, such as nausea, vomiting, constipation, laxation, loss

of appetite, loss of hair, tiredness and pain. Current health status, social support are positive factors of the quality of life, but adjuvant chemotherapy is a negative factor.

The period of surgery, radiotherapy and chemotherapy influence the quality of life in many aspects: toxicity of treatment, sexual activity (5, 10, 16). In the studies by Adamczak et al., 72% of women after mastectomy were interested in their sex life and 68% of women needed a conversation about their sexual problems (1). Breast cancer causes not only emotional stress but also feeling of sexual dysfunction and social isolation. Women do not accept their look, loss of breast. Female patients who receive palliative chemotherapy or with poor prognosis are often tired, depressed, frightened. Strict monitoring of the treatment process and using different methods of supportive care could lead to a decline of these problems and change the quality of life.

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The bibliography is available from the authors of article

SUMMARY

The study is a review of the literature concerning the assessment of the quality of live of female patients with breast cancer. Nowadays there are many definitions of the quality of life. It is described in the literature in a very different way depending on the discipline it refers to. In the contemporary oncology one of the basic parameters which define a success in treatment is the quality of life of the patient. It is conditioned by the specific nature of the disease, methods of treatment, side-effects of the drugs, prognosis, but also the perception of all these factors by the patient. There is an increasing need to find out clear criteria to assess the influence of the disease, treatment and complications on various functions of the organism, mental health and the quality of life of patients with cancer. Regardless of the possibilities of recovery, the diagnosis of cancer and the use of extensive methods of treatment cause many both somatic and psychological consequences.

Jakość życia pacjentek z nowotworem piersi – przegląd piśmiennictwa

Praca jest przeglądem piśmiennictwa, dotyczącym oceny jakości życia pacjentek z nowotworem piersi. Współcześnie istnieje wiele definicji jakości życia i bardzo różnie jest ono opisywane w literaturze w zależności od dyscypliny, której dotyczy. A mimo to „ jakość życia'' jest pojęciem wieloznacznym i trudnym do zdefiniowania. We współczesnej onkologii jednym z zasadniczych parametrów opisujących sukces leczenia jest jakość życia chorego. Jest ona uwarunkowana specyfiką choroby, metodami leczenia, niepożądanym działaniem leków, rokowaniem, ale także sposobem odbierania tego przez pacjenta. Coraz bardziej wyraźna staje się potrzeba określenia jasnych kryteriów oceny wpływu choroby nowotworowej, leczenia, a także powikłań zastosowanego leczenia na różne czynności organizmu, zdrowie psychiczne i jakość życia pacjentów. Niezależnie od możliwości wyleczenia rozpoznanie choroby nowotworowej oraz zastosowanie często rozległych metod leczenia powoduje wiele somatycznych, ale również psychologicznych następstw.