

## AWARENESS OF BREAST CANCER IN OLD WOMEN: PSYCHOPATOLOGICAL FEATURES

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### Abstract

Although breast cancer in elderly has favorable biological features, low aggressiveness, the mortality is high due to the comorbidity and to the low rate of prevention, also in symptomatic patient.

To this, must be added a general psychopathology than mere anxiety and depressive symptoms related to organic comorbidities and at the elder's frailty; women belonging to the middle-high educational level group were shown to have significantly lower state and trait anxiety scores, which might be explained by a combination of the above alongside a more stoic approach to illness.

**Key words:** breast cancer, elderly, STAI, MADR-S

## Introduction

Even if breast cancer is more frequent in over 70 yo women, it is often less aggressive if compared with premenopausal women with a superimposable life expectancy of women without this diagnosis. For these reasons, women should conduct prevention exams even in the range of over 70 years; some authors propose biannually clinical instrumental evaluation in absence of comorbidity [1].

Sing demonstrates that there is no significant difference of tumor size between women under 70 and elderly women [2] *with a low grade and high positivity for estrogen and progesterone receptors* [3]. However, despite the favorable biological features of the elderly breast carcinoma, the mortality is high [4], due to the comorbidity, the undertreatment and especially due to the low sensitivity to the prevention in these women [5], *like Africans women* [6]. However, the prevention of breast cancer, conducted by dedicate physicians [7] can reduce mortality even in the presence of comorbidities [8], even in absence of survival improvement in  $\geq 80$  yo women [9]. Numerous studies have investigated psychiatric morbidity in breast cancer elderly women, in particular depression and/or anxiety and personality disorders linked to psychological factors underlying the no cure breast disease [10,11]. For the assessment general psychopathology features, are usually used some psychometric instruments such as: the Spielberger's State-Trait Anxiety Inventory (STAI), a 40-statement self-report inventory designed for the assessment of state (S-Anxiety) and trait (T-Anxiety) anxiety in adults, which has been extensively used in research and clinical practice. It evaluates how the respondent feels "right now, at this moment", as well as how he feels "generally". Each STAI item is given a weighted score of 1 to 4 [12]; the Montgomery-Asberg Depression Rating Scale (MADRS), a clinician-rated 10-item scale designed to measure the severity of depressive symptoms. Because there is little emphasis on somatic symptoms, it can also be used for the assessment of depression in people with physical illness. It measures the severity (on a scale from 0 to 6) of a number of symptoms, including mood and sadness, tension, sleep, appetite, energy, concentration, suicidal ideation and restlessness [13]; the Symptom Checklist-90-R (SCL-90-R), a self-rated 90-item checklist objectively evaluating a broad range of symptoms of psychopathology. It measures nine symptom dimensions and is designed to provide an overview of a patient's psychological symptoms and their intensity at a given time point. The symptom

scales measured are: somatization, interpersonal sensitivity, obsessive-compulsive symptoms, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychotism. The SCL-90-R has a high reliability and validity, and has been widely used [14]. The scale were adjusted for age, education level, employment status, family status, number of children, smoking, alcohol consumption, age at menarche, psychiatric treatment and the presence of thyroid, cardiac or gynecological diseases. Elderly women suffering from breast cancer had significantly higher general symptoms of psychopathology. It is noteworthy that all measures of psychopathology, as assessed by the SCL-90, were increased. This indicates that disease activates complex mechanisms giving rise to a more general psychopathology than mere anxiety and depressive symptoms related to organic comorbidities and at the elder's frailty despite these women are well educated, they have a good income and a family present. This is important because this is one of the few existing studies which directly focuses on the evaluation the life stress event life events related to the history of these women who have had a trauma of various kinds which modified the temperament eliminating the physical health perception [15]. The trait anxiety was found to be higher in these patients which probably indicates that personality features may become more prominent if exposed to stress; similarly, symptoms of depression as measured by the MADRS were significantly which is consistent with the high depression scores measured with different instruments. Sometimes underestimation of physical pathology also seen in such circumstances, which comprises a component of denial through which individuals may attempt to minimize the severity of their condition [16] that often requires a pharmacological approach, not without aftermath [17]. Besides the aforementioned psychological reactions to a life-threatening disease, biological components associated with the disease could be responsible for psychiatric symptoms often observed in cancer patients. Thus, hormonal changes (e.g. abrupt changes in steroid levels) occurring for various reasons appear to be associated with symptoms of mood disorders in a subgroup of these women, such as in some other pathological conditions [18,19]. f interest is also the observation that several chronic diseases, including different types of cancer in elderly frail people [20]. Anger/aggressiveness were found to be significantly increased in the breast cancer group. The association between breast cancer and aggression/hostility is unclear and relatively little researched. However,

there is evidence that there might be a link between the two and specifically with the suppression of these feelings. Furthermore, psychological responses to breast cancer such as “helplessness/hopelessness” have been postulated to be factors influencing survival, although the causal mechanisms are unclear. Helplessness and repression seem to be two key factors closely associated and interrelated with anger/aggressiveness, as repressed hostility, negative emotions and a feeling of loss of control often described by breast cancer patients are likely to contribute through a vicious circle to unfavorable prognosis, while denial/minimizing have been reported to be associated with a more favorable prognosis [21]. In this line of thought, the increased psychotism and obsessiveness observed in the SCL-90 subscales, may reflect the emotional restriction, suppression of negative feelings, and wish of control. This particular association has not been previously reported and its significance needs to be further clarified. So far, no psychological factor has been convincingly demonstrated to influence cancer development; however, some factors putatively play a role. The so-called “cancer-prone personality”, whose core characteristics are those of emotional suppression and emotional control (i.e. suppressing negative emotions of anger and hostility, abrogating one's needs in favor of the needs of the others and an attitude of helplessness or hopelessness), has been suggested to actually predispose some individuals to developing cancer or to prompt disease progression. Nevertheless, the findings remain controversial [22]. Several known risk factors were considered, including age at menarche, other coexisting medical conditions, previous psychiatric history and treatment, and various socio-demographic variables. Age at menarche, which is considered to be important for women and is known to be a strong and established factor associated with breast cancer, was found to positively correlate with depression and psychotism. Women who had undergone psychiatric treatment were found to have high somatization, phobic anxiety, depression, and general psychopathology scores on the SCL-90. This is in agreement with existing studies showing that previous psychological treatment was associated with depression and/or anxiety around diagnosis, with some studies suggesting that the risk factors for these conditions are related to the patient itself rather than to disease or treatment [23].

Regarding the role of various socio-demographic variables, including educational level, employment

status, and family status, for the development of psychopathology in the two studied groups, it was observed that divorced/widowed women with breast cancer scored higher on obsessiveness and depression, which indicates a higher vulnerability associated with such life events [24]. Anger/aggressiveness scores were found to be lower in women with middle or high educational level, which possibly suggests that these women have a more developed and sophisticated coping system and more access to information compared to women with a lower educational level. Similarly, women belonging to the middle-high educational level group were shown to have significantly lower state and trait anxiety scores, which might be explained by a combination of the above alongside a more stoic approach to illness [25].

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