

Symptoms, Symptom Beliefs, and Quality of Life of Older Breast Cancer Survivors: A Comparative Study

Susan M. Heidrich, PhD, RN, Judith J. Egan, MS, RN,
Pornpat Hengudomsab, PhD, RN, and Shanna M. Randolph, RN, APN

Purpose/Objectives: To compare symptoms, symptom beliefs, and quality of life (QOL) of older breast cancer survivors to those of older women without breast cancer.

Design: Descriptive, correlational study.

Setting: Urban and rural communities in the Midwest United States.

Sample: 18 breast cancer survivors and 24 women without breast cancer, older than age 64 (\bar{X} age = 76 years).

Methods: In-home interviews using structured instruments.

Main Research Variables: Symptom distress (number of and distress from symptoms), symptom beliefs, chronic health problems, and QOL.

Findings: No group differences existed in demographic characteristics, symptom number, symptom bother, chronic health conditions, or QOL. Women in both groups most often attributed the cause of their symptoms to aging, chronic illness, or unknown, but rarely to breast cancer. Attributing symptoms to chronic illness or breast cancer was significantly related to more pain, depression, role impairment, and poorer mental health. Not knowing the cause of symptoms was significantly related to poorer social functioning, mental health, and purpose in life; less energy; and higher levels of depression and anxiety.

Conclusions: The symptom experience and QOL of older breast cancer survivors are similar to those of older women with other chronic health problems. Beliefs about symptoms influence QOL in older women.

Implications for Nursing: A broader assessment of symptoms is needed to assist older breast cancer survivors with symptom management. Symptom interventions in older women should address patients' beliefs about symptoms if QOL is to be enhanced.

Although the burden of cancer falls disproportionately on older people, little research has focused on the biologic, medical, or psychosocial aspects of cancer in older people (National Institute on Aging & National Cancer Institute, 2001). The importance of the issue has been noted. For instance, interventions to target multiple symptoms, identify symptom clusters, and address long-term survivorship issues were named priority research areas by the Oncology Nursing Society (2003). Enhancing quality of life (QOL) in older cancer survivors has been described as a critical component of gerontologic nursing practice (Hodgson, 2002). Researchers have hypothesized that older women with breast cancer face unique survivorship issues because of the joint impact of a cancer diagnosis and its treatment and the physical and health changes commonly associated with aging (Yancik et al., 2001). The changes include multiple, often chronic, overlapping symptoms caused by comorbid chronic

Key Points . . .

- ▶ Most symptoms reported by older breast cancer survivors are symptoms common to aging and other chronic health conditions.
- ▶ Older breast cancer survivors attribute most of their symptoms to aging and other chronic health problems.
- ▶ Older breast cancer survivors are similar to older women without breast cancer in terms of symptoms and quality of life.
- ▶ Older women's beliefs about the cause of symptoms are related to their quality of life.

health conditions that can affect physical function and QOL. However, older women without breast cancer may experience the same symptoms and comorbid conditions. Whether the addition of a cancer diagnosis and treatment to the chronic symptoms and health problems of old age influences QOL in older breast cancer survivors is not known.

Older Breast Cancer Survivors

Age is the single most important risk factor for developing breast cancer. Incidence and death rates increase with age, with the majority of breast cancers occurring after age 50 and the highest incidence occurring in women aged 75–79 (Ries et al., 2002). The number of breast cancer cases in women older than 65 is expected to grow because a large cohort of middle-aged women will reach old age in the next 10–20 years. Also, life expectancy for women has increased, so older women will live longer with the disease (Byrne, Smart, Chu, & Hartmann, 1994; Peer, Verbeek, Mravunac, Hendriks, & Holland, 1996). Thus, the number of older women dealing with breast cancer survivor issues also will grow.

Susan M. Heidrich, PhD, RN, is a professor, and Judith J. Egan, MS, RN, is an associate researcher, both in the School of Nursing at the University of Wisconsin–Madison; Pornpat Hengudomsab, PhD, RN, is a lecturer in the nursing faculty at Burapha University in Bangsaen, Thailand; and Shanna M. Randolph, RN, APN, is a nurse practitioner at Children's Hospital in Chicago, IL. (Submitted March 2005. Accepted for publication June 21, 2005.)

Digital Object Identifier: 10.1188/06.ONF.315-322