



# Mindfulness as an Intervention for Breast Cancer Survivors

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Breast cancer survivors often turn to complementary health approaches (CHAs) to address the effects of treatment. Mindfulness-based stress reduction (MBSR) is a type of CHA that uses attentional and meditative exercises to minimize stress and increase awareness of the present. This article aims to determine whether adequate evidence-based research with uniform methodologies and outcomes to support MBSR as an intervention for breast cancer survivors exists.

## At a Glance

- One challenge for oncology nurses is being able to recognize which patients are likely to seek out CHAs to deal with various effects of treatment.
- A discussion of the use of CHAs with interested patients will help to maximize benefits, minimize risk, and facilitate integration of safe and effective use of CHAs into conventional cancer care.
- Additional research is needed to support the use of MBSR as an effective intervention for breast cancer survivors.

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The challenge of dealing with a diagnosis of breast cancer and the impact of treatment can have implications that may span the continuum of care, from diagnosis to survivorship. As many as 35% of women diagnosed with and treated for breast cancer have reported long-term effects on quality of life (QOL) and general psychological distress (Kieviet-Stijnen, Visser, Garssen, & Hudig, 2008). Increased consideration needs to be given to how patients are surviving after cancer treatment, not just if they survive, which is generally reported as an outcome measure of breast care quality (Ayanian & Jacobsen, 2006).

The purpose of this article is to determine if adequate scientific data exist on the benefits of mindfulness-based stress reduction (MBSR) to implement

this program at the authors' institution, the Perlmutter Cancer Center at New York University Langone Medical Center in New York, as an intervention for breast cancer survivors who are experiencing a range of side effects related to their treatment.

## Finding the Evidence

Symptom clusters (SCs) were initially described by Dodd, Miaskowski, and Paul (2001) as multiple concurrent symptoms that may or may not be interrelated but are thought to have an adverse effect on patient outcomes. However, identifying a pattern of symptom occurrence is not enough to verify that a cluster exists. Using factor analysis, Molassiotis, Wengström, and Kearney (2010) suggested

that, if two or more symptoms are found to share a common component, these symptoms can be inferred to be an SC. The patient experience of symptoms is also compounded by the presence of more than one symptom within the cluster and may vary with the phases of the disease.

A better understanding of the complexity of SCs continues to evolve as more longitudinal studies are conducted with patients across the cancer trajectory. Thomas et al. (2014) found that, although various definitions of SCs exist in the literature, three major SCs (somatic, psychological, nutrition) that are consistent over time could be identified. Minimal research exists that considers the relationship between the SCs and the sixth vital sign in cancer care: distress (Holland & Bultz, 2007).

Kidwell et al. (2014) suggested that the management of symptoms and related clusters is essential to improve QOL but may also have an impact on breast cancer outcomes if it leads to increased adherence to treatments, such as aromatase inhibitor therapy. This premise is aligned with the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine's (2005) components of survivorship care, which include interventions to alleviate physical and psychological symptoms that persist or occur beyond active cancer treatment and to improve QOL.

## Complementary Health Approaches

An underlying premise of any intervention is that treatment of one symptom may facilitate improvements in the other symptoms included in the SC (Thomas et al., 2014). Miaskowski,