

Comparing Fatigue, Loneliness, Daytime Sleepiness, and Stress in Younger and Older Breast Cancer Survivors: A Cross-Sectional Analysis

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BACKGROUND: Breast cancer treatment can negatively affect psychosocial outcomes for breast cancer survivors (BCS), but these outcomes present differently for younger and older survivors.

OBJECTIVES: The objective of this study was to compare psychosocial outcomes between younger and older BCS and identify predictors of loneliness in younger BCS.

METHODS: This cross-sectional descriptive study of 90 BCS evaluated data on sociodemographic and clinical characteristics and self-reported measures of psychosocial outcomes (fatigue, depressive symptoms, anxiety, loneliness, daytime sleepiness, and stress). Participants were dichotomized into two groups by age (aged less than 50 years and aged 50 years or older). Descriptive statistics, bivariate correlations, and multiple regression were also examined.

FINDINGS: Younger BCS reported greater fatigue, loneliness, daytime sleepiness, and stress than older BCS. No between-group differences were found in depressive symptoms or anxiety. Having children and less time since chemotherapy completion were significant predictors of less loneliness in younger BCS.

KEYWORDS

breast cancer survivors; psychosocial outcomes; loneliness; breast neoplasms

DIGITAL OBJECT IDENTIFIER

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BREAST CANCER DIAGNOSTIC MEASURES AND TREATMENTS have improved, and there are more than 3.1 million breast cancer survivors (BCS) living in the United States (American Cancer Society, 2019). The average age at diagnosis of breast cancer is 62 years; however, 20% of those newly diagnosed with breast cancer are aged less than 50 years (American Cancer Society, 2019). In younger women, delayed diagnoses (Howlander et al., 2016) are common and often accompanied by more advanced tumors and aggressive treatments, which can lead to severe side effects (Menes et al., 2020). Psychosocial and physical late or long-term effects of breast cancer treatment can negatively affect BCS' quality of life for years after adjuvant treatment ends (Assogba et al., 2020). Prior research suggests that persistent late effects of breast cancer treatment present differently, and sometimes more severely, in younger BCS as compared to older BCS (Corey et al., 2020; Menes et al., 2020; Roine et al., 2021).

“Young” is operationalized differently across studies of BCS, with young survivors being aged less than 50 years in some studies (Roine et al., 2021) and aged less than 45 years in others (Assogba et al., 2020; Menes et al., 2020). Younger women are at a different developmental phase than older women; therefore, breast cancer treatment and its effects likely influence them differently than older women. Younger BCS are actively developing professionally or are at the peak of their careers, whereas older women (aged 50 years or older) are likely at later stages in their careers. In addition, younger BCS may be coping with fertility issues (Assogba et al., 2020). Although these age and cohort generalizations do not apply to all women, they represent typical life courses.

Psychosocial symptoms are associated with poor emotional well-being and quality of life in BCS (Gold et al., 2016; Oh & Cho, 2020; Zhang et al., 2018). A study by Milligan et al. (2018) described clinical levels of anxiety in 19% of cancer survivors and clinical levels of depression in 11% of survivors. Subclinical symptoms of anxiety and depression were reported in 30% and 19% of patients with cancer, respectively (Milligan et al., 2018), with worse anxiety and depressive symptoms in women with breast cancer (Crane et al., 2019). At two years after completion of chemotherapy, 36% of BCS reported moderate to severe fatigue (Kelly et al., 2020). BCS may have different psychosocial experiences of diagnosis and treatment across the lifespan (Roine et al., 2021). Compared to older BCS (aged 51–75 years), younger BCS (aged