

Psychological stress and mood swings in breast cancer patients

A cancer diagnosis comes as a shock to anyone. Some people adjust to it easily, while others take longer to get used to the idea. Initially it is not uncommon for a patient to be overwhelmed by disbelief, anger, or even bitterness. All sorts of questions may come to mind: Why me? What did I do wrong? Why didn't I notice the lump earlier? Will I die because of this? Mood swings are likely to be worsened by chemotherapy side effects and the sudden plunge in estrogen levels associated with treating premenopausal women. It is important to keep in mind that getting this disease is generally not the patient's fault, and that a very high proportion of breast cancer patients will make a full recovery. Thoughts tend to calm down after a while; riding a mental roller-coaster year after year would be too exhausting.

Even after chemotherapy and radiotherapy, breast cancer patients often have a lower quality of life. They may experience many menopausal symptoms as well as significant fatigue and depression. The first year after receiving a breast cancer diagnosis is especially difficult, but the majority of patients later find their quality of life restored. Treatment side effects (such as muscle stiffness, joint pain, and aches and pains in the surgical area) easily cause the mind to stray to the possibility of cancer recurrence. This is completely natural. Most patients feel afraid at some point. The fear usually lessens by itself as time goes by after treatments. A brief period of therapy may be needed if fear is threatening to dominate the patient's life.

Mental health support is available from the psychosocial unit of the Cancer Center, staffed by five psychotherapists and a sexual therapist. Patients are referred to the unit by their personal physicians for evaluation. The unit is intended to focus on patients receiving chemotherapy or radiotherapy or suffering from metastatic disease. If some time has passed since treatments were given, the patient's local health care center or occupational health care would be the primary provider of mental health support. Patients suffering from depression are sometimes started on selective serotonin reuptake inhibitors (SSRIs), which also help with menopausal symptoms. SSRIs are commonly prescribed for depression, anxiety and panic disorder. They may also help cancer patients with menopausal symptoms and mood swings caused by lowered estrogen levels. Antidepressants should continue to be taken for 4–6 months after symptom relief. Problems with sleep frequently occur during and after breast cancer treatment. Sleep aids and longer-acting sedatives may be used temporarily, but insomnia is preferably treated without using drugs. Sleep aids and sedatives cause both physical and mental dependence when used for long periods of time.

Getting breast cancer makes many people stop and think about what is important to them in life. It makes sense to spend more time on activities that will improve psychological endurance and recovery from treatments. The patient is usually in the best position to decide what adjustments in life would work best and can be done without outside help. In the future, the Cancer Center's oncologists, physical therapists and dietitians will be preparing short information bulletins to help breast cancer patients recover and live healthier lives.