

Running Head: QUALITY OF LIFE IN CANCER SURVIVORS

Quality of Life

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Cancer is a well researched illness, but lives after cancer have been studied very little. The Institute of Medicine has labeled cancer patients that survive over 5 years as the “lost in translation” group (Bloom, Peterson, & Kang, 2007). This is a new area of study. Because of the miraculous findings in science, cancer patients are living longer today than every before (Blank & Bellizzi, 2008). In 1930, only one in five cancer patients survived over five years and in 1997 the survival rate was 50% (Gotay & Muraoka, 1998). The survival rates continue to increase each year.

Leukemia is up to a 94% survival rate in the year 2009

(<http://www.stjude.org/stjude/v/index.jsp?vgnextoid=5b25e64c5b470110VgnVCM1000001e0215acRCRD> ). Today over 60% of American cancer survivors are over the age of 65 (Blank & Bellizzi, 2008) and their longevity of life after cancer can be very fruitful and just as rewarding as someone that has not had cancer. A continued concern and research topic is how cancer is going to affect the aging process, or if it will affect the aging process in a survivor at all. One measurable way to test this question is by measuring the patients’ quality of life before and after the patient is diagnosed with cancer.

A person’s quality of life can be measured in many ways. The four elements of quality of life that I am focusing on are: physical; psychological; social, and spiritual welfare of cancer patients that have survived for more than 5 years. The physical component of quality of life is going to be measured by how the survivor feels on a day-to-day basis and if there is freedom from the pain of the cancer. Psychological quality of life is going to be looked at from the perspective of being free from worry because of the disease. Social quality of life will be looked out

through social networks and the relationships with people around them. The fourth component, spiritual quality of life will be looked at from the cancer survivors' ability to have hope and a peaceful meaning within the insecurity that cancer brings (Bloom et al., 2007).

The first aspect of quality of life that I looked at was physical well-being after surviving cancer. A study of childhood cancer survivors stated that the majority of them rated their physical health significantly better than the average person that never had cancer (Pemberger, Jagsh, Frey, Felder-Puig, Gardner, Kryspin-Exner, & Topf, 2004). There has been some research that found there is a loss in fertility, skeletal problems, cardiovascular, and pulmonary problems in survivors (Bloom et al., 2007). In specific cancers, like breast cancer, many survivors reported pain that consisted of swelling, loss of feeling, or stiffness (Bloom et al., 2007). Fatigue was also a common factor among breast cancer survivors. The research results do vary a little from cancer to cancer. Since breast cancer is one of the most common cancers in women and becoming one of the most treatable cancers, there are the most detailed and long studies on breast cancer survivors.

The physical effects cancer has on aging have been researched little as well. Bloom has discovered that cancer survivors' stages of aging are similar to the norms of their peers (Bloom et al., 2007). One factor that older cancer patients face that is not as common in younger patients is comorbidity, the presence of two or more diseases in the body. The component of having multiple ailments takes a toll on physical recovery and has a negative affect on a person's physical quality of life. Therefore, there is evidence of negative physical effects of older survivors (Blank &

Bellizzi, 2008). Younger survivors, because of less comorbidities, generally have better physical functioning and are healthier (Blank & Bellizzi, 2008).

As researches study the geriatric reasons for cancer, there are some parallels with the common aging process (Blank et al., 2008). The recovery process for older cancer survivors is longer, and they are less resilient than younger patients. This is a common reality in day-to-day life with many older adults. The physical resilience in common activities that used to be practiced daily, begin to take more of a toll on their bodies once they have lessened intense physical activity. Therefore, older adults frequently take longer than younger cancer patients to get back to their regular physical pace.

Although, many cancer survivors report that their physical quality of life is comparable to where it was before cancer, many researches see physical health concerns well after treatment that could be related to cancer (Bloom et al, 2007). Since there is not extensive research in this area, it will take many more years to see if the physical affects after cancer are from common everyday aging or from the cancer treatment.

The psychological component of quality of life is also measured with cancer survivors. In the research that has been done so far, there are different results for men and women, as well as younger and older cancer patients. However, an overall view of many cancer survivors includes worry about the future and loss of control over their own bodies or the world around them (Bloom et al, 2007). After being diagnosed with one cancer there is more of a risk of being diagnosed with another

cancer. Therefore, a patient may be stressed more about their health in the future (Gotay & Muraoka, 1998).

Men and women tend to rate their psychological well being differently, before and after diagnoses. Overall, women ranked their psychological health more negatively than men (Pemberger et al., 2004). Women also felt more exhausted than men (Pemberger et al., 2004). This could be a result of women being more in tune with their personal feelings than men. Therefore, they report more of a psychological affect on their quality of life.

How old a person is when they are diagnosed with cancer affects the psychological quality of life in patients. Younger survivors were the most concerned with how their life was going to evolve, while middle aged survivors reported the greatest state of happiness. The oldest survivors struggled to regain their pervious sense of psychological well-being (Bloom et el., 2007). One reason for this may be that younger cancer patients have achieved less of their personal goals in life than older cancer patients. Blank and Bellizzi (2008) state that younger survivors are more likely to make life changes to better their personal quality of life after being diagnosed with cancer. Age also plays a role in how patients react when they are diagnosed. The affect of cancer in a younger persons life impacts them greatly. It is sometimes seen as the groundwork for how they cope with future problems (Black & Bellizzi, 2008).

Regardless of the age or sex of a person, the diagnosis of cancer is stressful. The overall psychological quality of life changes after being diagnosed with cancer. A study of 78 cancer survivors showed their overall depression levels were lower

than the public standard, but their levels of anxiety were higher (Pemberger et al., 2004). After living through cancer, it continues to stay on the minds of survivors and affects their psychological quality of life.

The social quality of life is important in survivors. The social network when patients are diagnosed with cancer can help the process of getting through treatments and therapy. A person's social network includes the people they lean on and look to for help in times of need. Age at the time of diagnoses and socioeconomic status affect one's support through treatment and after (Blank & Bellizzi, 2008). Therefore, some patients have more struggles when their cancer is diagnosed. Social networks tend to expand or contract depending on a person's age. It is more usual for cancer to be diagnosed in adults over the age of 65 and their social network is more primed than other networks for cancer (Blank & Bellizzi, 2008).

Research has shown that there is minimal change in a person's social quality of life before and after the diagnoses of cancer (Pemberger et al., 2004). When a patient has a strong social network and personal support system this relates to better mental health over all (Bloom et al, 2007). A common finding in side effects after cancer was a lower sex drive and diminished quality of sex, lowering their social quality of life (Bloom et al, 2007). The social portion of quality of life is very important. It is confirmed that having social interaction at any age helps optimal aging (Whitbourne, 2008). As a result, a strong social network during cancer and post cancer is crucial for a successful recovery and life after cancer.

Lastly, the spiritual side of quality of life in cancer survivors is also important. There are many unknown reasons why people get cancer, so people often look to religion and higher powers for answers to unsolvable questions. One study found that over half the patients became more religious after experiencing cancer (Bloom et al., 2007). This study suggests that survivors report more faith than the normal population (Bloom et al., 2007). Cancer is more prevalent in people over the age of 65 and religion is also more widespread among older adults. The abundance of faith among older cancer survivors was found to be consistent with the age and gender norms of society and people around them (Bloom et al., 2007). Childhood cancer patients have more appreciation for life and are thankful for what they look to in the future (Pemberger et al., 2004). For young survivors, being thankful and appreciative also helped their physical state while the thought of future sicknesses lessened (Pemberger et al., 2004).

A strong faith in a higher power can give cancer patients hope and optimism for good things to come. The quote, “if you have the faith of a grain of mustard seed, you can move mountains” (Holy Bible, p. 20) is the power of faith that some patients use to make sense of their disease. We know the reasons for some cancers, such as genetics, diet, or environment. However, many cancers have no clear cause. Sometimes patients look to faith for answers when there are none. In a study of 170 cancer survivors positive religious beliefs were associated with a higher quality of life (<http://www.cancer.gov/cancertopics/pdq/supportivecare/spirituality/HealthProfessional/page4> ).

Within the four aspects of quality of life, physical, psychological, social, and spiritual, there is still much research that needs to be done. Although the study of cancer survivors is fairly new, researchers have touched on some important issues of life after cancer.

One's ability to return to an almost normal life style brings a sense of physical well-being. Regular exercise and a good diet help prevent more cancers from occurring. The best way to fight cancer is to prevent another one from coming (Whitbourne, 2008). The normal aches and pains of aging are sometimes confused with the residual affects of cancer. There are many skeletal complaints that go along with aging as physical activity diminishes. It is difficult to distinguish between common aches and pains and discomfort that are directly related to cancer treatment. The concrete measurement of how to determine the physical quality of life before and after cancer needs to be determined. There is not one clear way to measure physical quality of life.

More research needs to be done regarding the psychological quality of life in cancer survivors. Researchers need to be more aware of the burden and weight that cancer has on a person. Look into the frequency and how people are incorporating cancer into their everyday life (Blank & Bellizzi, 2008). Blank and Bellizzi (2008) also feel that more concentration needs to be focused on how old a person "feels" and where they classify themselves instead of strictly using their chronological age. This focus is on "state of mind" and studies where survivors identify themselves. Although each person's psychological make up is different, an overall understanding

of what cancer survivors need and want can help their psychological quality of (Gotay & Muraoka, 1998).

The social component of a person's quality of life after cancer is very important. Sexual problems seem to be one of the biggest issues. Researches still needed regarding the relationship between the patient and his/her partner. This can only be fully reviewed if we study the patient as well as the patient's partner (Gotay & Muraoka, 1998). Much of our focus is rightly on the cancer patient, but we cannot forget about the people that are closest to them and how they are affected by the cancer process. A positive social network around a cancer survivor improves coping, yet a support person has needs and anxieties also.

Another aspect that has not been researched thoroughly yet is how physical impairments after cancer treatments affect a person's social quality of life. If a patient in the course of treatment loses a limb or is unable to speak, this has an impact on their ability to relate to others. Researchers can study the impact on these changes with ones' social quality of life. In the patient's psychological point of view will they see themselves as a person with disabilities? A supportive social network can help survivors frame their life in a more positive manner, therefore helping their social quality of life (Bloom et al., 2007).

The aspect of quality of life that is still the least researched is spiritual. We need to look into more research where the power of the mind and the influence of a higher power can help heal patients from the inside out. One study found that patients with a higher spiritual presence felt better physically than other patients (Bloom et al., 2007). Although there are over 100 medical schools teaching courses

about the power of healing through spirituality it is very rarely practiced in the medical arena. (<http://cme.med.harvard.edu/cmeups/custom/00271464/00271464.htm>) Some ways to support the spiritual quality of life among cancer patients is to encourage support groups, help survivors reach out to local clergy and hospital chaplains (<http://www.cancer.gov/cancertopics/pdq/supportivecare/spirituality/HealthProfessional/page6>). Spirituality is difficult to measure. This may contribute to the struggle to find adequate research in this area.

In conclusion, a cancer survivor's life changes in many ways upon diagnoses. Surprisingly, cancer survivors reported a higher than average on overall positive quality of life. (Pemberger et al., 2004) Therefore, a higher overall quality of life equates to cancer survivors aging at their normal rate, no faster or slower because of the cancer. Physically, there were lingering symptoms for some patients, while other patients felt they returned to the way they were before cancer. Regarding psychological quality of life, anxiety remains at higher levels, equating to more stress, but overall depression is low. Socially, researches found little change for cancer survivors. A strong social network helped their quality of life remain high. Although sexual satisfaction is a concern, many patients are able to work through these issues with their partners. Cancer survivors' spiritual quality of life seems to increase after surviving cancer. It is found that patients with a relationship with a higher power have a better state of being after cancer (Bloom et al., 2007). In future years, there will be an increased need to study cancer survivors because of their

continued, prolonged healthy life. Although, cancer is an awful disease, it is the hope of many that all cancer patients will live and have a good quality of life.

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