The Effects of Receiving a Breast Cancer Diagnosis on One's Mental Health

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Introduction

Breast cancer is the most common cancer among women, accounting for more than 2 million cases worldwide in 2018. Due, among other things, to the immense uncertainty surrounding the course of the disease, treatment, and prognosis, as well as the profound changes in body image, breast cancer can alter one's life course. As a result, patients may encounter challenges in numerous crucial areas, such as their social relationships. Many patients experience significant psychological distress as a result of this life-altering experience. The diagnosis itself can either cause or exacerbate mental health problems [1]. The actual cancer diagnosis was the most difficult part of the process for many survivors of primary or recurrent breast cancer. In North America, primary breast cancer remission rates have increased to up to 96% in recent years. However, this rise in breast cancer survival also means that some survivors continue to experience psychological distress and a low quality of life.

Description

The nature and frequency of psychological symptoms experienced by breast cancer patients remain unknown despite numerous publications on the subject. Psychological distress is broadly defined in oncology as a negative cognitive, behavioral, emotional, social, spiritual, or psychological experience that interferes with the ability to cope with cancer. Cancer patients can experience varying degrees of distress, ranging from mild (common feelings of vulnerability) to crippling [2]. The increased risk of stress-related disorders immediately following a breast cancer diagnosis has been the subject of some studies, highlighting the fact that both the diagnosis and the treatment process are distressing times that ought to be studied separately. Many existing studies fail to distinguish between responses to the acute post-diagnosis phase and more general responses to cancer, despite the fact that diagnosis-specific distress is distinct from overall cancer experience distress.

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Conclusion

Distress specific to the diagnosis The typical stress response to receiving a cancer diagnosis is shock and denial. When confronted with this unexpected occurrence, patients may have difficulty processing information, despite efforts to maintain focus. The fact that non-specific distress was more common (39%) after the diagnosis may indicate that patients are experiencing shock, distress, uncertainty, and existential and anticipatory anxiety in response to this new information and the perceived threat it poses. A literature review that found a prevalence of 32.8% of distress symptoms in breast cancer patients is consistent with this finding. However, some studies included patients who had already begun treatment at the time of data collection. Patients' perspectives on the future shift when they are given a breast cancer diagnosis because they are forced to suddenly consider the possibility of losses, "unfinished business," and death while also managing the reactions of their loved ones [6]. Many patients may experience significant distress as a result of these modifications to their life plans. High levels of distress following a breast cancer diagnosis were found in a study that examined the progression of distress symptoms in breast cancer patients. The severity of psychological distress can either decrease over time during the treatment and remission phases or continue to rise after diagnosis, affecting the immune system and treatment efficacy in a negative way.

References

- Bingaman, Elena W, Lori M. Baeckman, Joseph M. Yracheta and Thackery S. Gray, et al. "Localization of androgen receptor within peptidergic neurons of the rat forebrain." *Brain Res Bull* 35 (1994): 379-382.
- Carson, Dean S, Adam J. Guastella, Emily R. Taylor and Iain S. McGregor. "A brief history of oxytocin and its role in modulating psychostimulant effects." J. Psychopharmacol 27 (2013): 231-247.
- Bao, A. M, D. F. Fischer, Y. H. Wu and D. F. Swaab, et al. "A direct androgenic involvement in the expression of human corticotropin-releasing hormone." *Mol Psychiatry* 11 (2006): 567-576.
- Baxter, Leslie C. "Appetite changes in depression." Am J Psychiatry 173 (2016): 317-318.
- Cochran, David, Daniel Fallon, Michael Hill and Jean A. Frazier. "The role of oxytocin in psychiatric disorders: a review of biological and therapeutic research findings." *Harv Rev Psychiatry* 21 (2013): 219.
- Bennett, Nigel C, Robert A. Gardiner, John D. Hooper and Glenda C. Gobe, et al. "Molecular cell biology of androgen receptor signalling." Int J Biochem Cell Biol 42 (2010): 813-827.

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