

Interplay of Stress, Ca Development Is Unclear

BY KAREN DENTE
Contributing Writer

NEW YORK — Major life events and other stressors cannot be definitively associated with the initiation or progression of cancer, according to Bert Garssen, Ph.D., of the Centre for Psycho-Oncology at the Helen Dowling Institute in Utrecht, the Netherlands.

In a series of long-term follow-up studies reviewed at a dermatology symposium

sponsored by Cornell University, Dr. Garssen reviewed the medical literature on the role of stress in the initiation and progression of cancer. Included in the review were a total of 77 “truly prospective studies, restricted to studies with adequate design,” he said. About 34 studies included breast cancer patients only, while 29 examined cancer initiation and 48 cancer progression.

Stress was defined as having experienced serious life events, bereavement,

and negative emotional states, including anxiety, distress, and depression, having (or having had) a psychiatric diagnosis—in particular a depressive disorder—or exhibiting a tendency toward helplessness.

Breast cancer was the only cancer in which stress was associated with poorer outcomes, seen in 5 of 6 studies (83%) of patients with metastatic disease and in 9 of 14 studies (64%) of patients with localized breast cancers. One hypothesis is that stress may influence hormone levels and

could play a role in hormone-sensitive tumors, Dr. Garssen noted.

He also had performed an earlier review of 70 longitudinal studies published between 1978 and 2002 on the role of psychological factors on cancer initiation and progression, and established that the majority of studies found a relationship between psychological factors and disease, but rarely for the same factor (*Clin. Psychol. Rev.* 2004;24:315-38).

In most prospective studies of psychological factors in disease, the design does not resolve whether psychological factors influence disease or whether the disease influences psychological well-being. “The illness process may have had a direct influence on the psychological function,” he said, and “the assumption patients have about the diagnosis” before the actual diagnosis is made, may play a role.

A review of five studies found no evidence that major life events, such as partner loss or child loss, play a role in cancer progression. It did show, however, that the loss of a mother in childhood increased the chance of breast cancer.

This was not found to be true with the loss of a father during the same time period.

Helplessness also was not associated with disease outcomes in 8 of 12 studies, Dr. Garssen said. ■

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Spiritual Coping Sparks Personal Growth in Ca

SAN FRANCISCO — Breast cancer patients who cope using spirituality are most likely to report personal growth resulting from their illness, Valerie Bussell, Ph.D., reported in a poster at the annual meeting of the Society of Behavioral Medicine.

“Positive things do come out of trauma,” she said in an interview. “Two years after their chemotherapy, these women are able to look back on it as something good that happened to change them.”

Her 2-year prospective study of coping in these women highlights the importance of a holistic approach to cancer treatment, she noted. “We are social and spiritual beings as well as physical,” said Dr. Bussell, a social psychologist at Houston Baptist University, Texas.

She surveyed 53 women (mean age of 51 years) who were undergoing adjuvant chemotherapy for breast cancer. The survey assessed the women’s type of coping (emotional, problem-based, or spiritual/religious) and levels of distress, including depression, anxiety, perceived stress, and fatigue.

Dr. Bussell surveyed survivors of the same group 2 years later, looking for the same symptoms of distress and ways of coping, but also looking at how they reported any posttraumatic personal growth. She found that only spiritual coping was positively associated with reports of personal growth.

—Michele G. Sullivan