REVIEW ARTICLE / Derleme

Psychosocial Aspects of Gynecologic Cancer

Jinekolojik Kanserlerin Psikososyal Boyutu

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Abstract

Gynecologic cancers are among major health problems in terms of mortality and morbidity in women all over the world. There is a possibility of loss of reproductive organs after diagnosis of cancer, and diagnosis can cause some psychosocial reactions due to the special meaning attributed to the reproductive organs of women. The psychosocial aspects of the reactions of women to gynecological cancers may vary based on the developmental process of cancer, developmental stages of life and type of cancer. This review discusses the psychosocial aspects of gynecologic cancers based on the cancer development process, the developmental stages of life and type of cancer. **(Sakarya Med J, 2018, 8(4):678-685).**

Keywords gynecologic cancer; psychosocial; women

Öz

Jinekolojik kanserler tüm dünyada kadınlarda mortalite ve morbidite açısından en önemli sağlık problemleri arasındadır. Kanser tanısı ve tanı sonrası üreme organlarının kaybı kadının üreme organlarına verdiği özel anlam nedeniyle bazı psikososyal tepkilere neden olabilmektedir. Jinekolojik kanserlere kadınların verdiği psikososyal tepkiler kanserin gelişim sürecine, kadının gelişimsel yaşam evrelerine ve kanser türlerine göre değişebilmektedir. Bu derlemenin amacı jinekolojik kanserlerin psikososyal boyutunu kanserin gelişim sürecine, kadının gelişimsel yaşam evreleri ve kanser türlerine göre literatürü gözden geçirmektir. **(Sakarya Tıp Dergisi 2018, 8(4):678-685)**

Anahtar Kelimeler Jinekolojik kanserler; psikososyal; kadın

Introduction

Gynecologic cancers are among major health problems in terms of mortality and morbidity in women all over the world.[1,2] According to the Globocan data published by the World Health Organisation International Agency for Research on Cancer (IARC), while cervical cancer is observed by 7.9% in women, endometrial cancer may 4.8% and ovarian cancer is observed by 3.6% in the whole world. Among female cancers, it is also estimated that 7.5% of women die due to cervical cancer, 2.1% die due to endometrial cancer and 4.3% die due to ovarian cancer.[3]

Getting diagnosed with a disease like cancer that threatens life and the future creates an emotional response in the individual and is perceived as a loss.[1] The special meaning attributed to genital organs and loss of genital organs especially for women can cause some psychosocial problems. The significance of genital organs as a psychosexual body part varies from woman to woman, from culture to culture, and includes areas of broad meaning: a childbirth organ, a urinary discharge organ, an organizer and controller of body processes, a sexuality organ, a woman's qualification source, the reservoir of power and liveliness, and the guardian of youth and attractiveness. The thought of loss of a body part that is so important for women causes psychosocial problems in them.[4]

Diagnostic and treatment procedures performed in gynecologic cancers can cause important health problems affecting the quality of life of the woman and her family in relation to body image, sexual identity and reproductive ability, as well as the problems experienced in other cancers. The diseased organ, signs and symptoms of the disease, course of the disease and the patient's experience and thoughts on diseases, the age group the patient got this disease, level of threat for the purposes and functions appropriate to the age, support factors in the environment, social and cultural attitudes towards the disease, the patient's general physical and social potential, personality structure and coping processes play a role in the psychological adaptation of the cancer patient to the disease.[5,6] Psychiatric and psychosocial problems arise when the patient's emotional and behavioral reactions exceed the anticipated limits or the limits that are considered normal.

Psychosocial Aspects of Gynecologic Cancers Based on the Cancer Development Process

Gynecologic cancers are diseases that affect the women, her partner and family physically, psychologically, socially and economically from the diagnosis stage to the terminal stage, creating short- and long-term adaptation difficulties and directly affecting the homeostatic balance of the person.[1] Some reactions the person shows in this period are normal and adaptation-oriented. Psychiatric evaluation and treatment are usually necessary if disability or inconvenience is the issue.[1,7]

Before diagnosis: Cancer is a disease that threatens one's life and future.[1] When cancer is first spoken, thoughts of fear, anxiety, frustration, dependency, uselessness, isolation and death get intensified. Concurrently, the necessary tests for diagnosis start at this stage.[7]

At the time of diagnosis: People can show a lot of reactions when they get diagnosed with cancer. The most common reaction at the first stage is shock and disbelief. Not accepting the fact at this point is a defense against the feelings of anxiety and despair created by this fact, which is very difficult to endure. This process may vary from a few hours to a few weeks from person to person. The patient protects may from unbearable anxiety by may the truth and thinking as if it did

not happen. For this reason, it may be more appropriate for most patients to be psychologically prepared in advance and be informed about the diagnosis gradually after providing emotional and social support.[7]

In the second phase, the patient has a stronger reaction. The main response in this period is anxiety. Threat of extinction, perception of loss, thoughts of separation and death and feelings of alienation to the body are the basic elements of this anxiety. In this period, uneasiness and fear occur often. Sleep irregularities may arise. It is almost impossible to concentrate on work and daily activities. Fears such as dying in pain, having an operation to change the shape of the body, being dependent on others, losing support from family and friends prevail. This period usually lasts a week or two and ends with the beginning of the treatment and the patient's development of hope. The third stage is the period of relaxation and harmony usually provided by being able to do something that comes with the beginning of the treatment. Thereafter, the patient accepts the truth and directs their energy and spiritual strength to their new life. It is the period when they have learned to live with their illness. People become much more optimistic in the beginning of the treatment and actively begin fighting cancer.[7]

In the treatment phase: A number of advanced examination and treatment methods come to the fore with the treatment phase. The patient feels concern during this period about the treatment methods (chemotherapy, radiotherapy, surgery) and the side effects they may cause.[7]

Many physical complications develop due to the treatment process. However, gynecologic cancer not only threatens physiological integrity, but also negatively affects the structural integrity of the woman, the integrity of personality and self, and social cohesion.[1] These negative effects on gynecologic surgery are also accompanied by various worries/concerns related to the reproductive capacity and sexual functions of the individual.[8]

Surgical interventions are major stress factors that threaten the individual's body integrity, life and social status.[8] While abdominal hysterectomy is performed in the over, uterus and cervical cancers, radical hysterectomy, which also includes the removal of the lymph nodes, is performed in the advanced stages of the disease. Besides causing pain, infection and bleeding, surgical intervention exceedingly affects women emotionally and sexually. Studies in this field report that the prevalence of sexual dysfunction may range from 40% to 100%.[9]

After oophorectomy, with the loss of testosterone and estrogen in women, hot flush, vaginal dryness and atrophy, urinary incontinence, depression, decrease in libido, decrease in genital arousal and desire, difficulty in reaching orgasm, decrease in vaginal elasticity and vaginal lubricity occur.[10]

Radical vulvectomy causes great changes in female sexual functions and body image. After vulvectomy, women experience problems such as vaginal insensitivity, failure in penis penetration or inability to feel penetration, and post-intercourse urinary infection. As the area of vulvar excision for treatment of women with vulvar intraepithelial neoplasia increases, sexual dysfunction also increases, and quality of life decreases in women.[10,11]

Chemotherapy adds new fears to cancer because of its side effects. Physical side effects such as chemotherapy-induced nausea, vomiting, hair loss, weight loss and loss of appetite, and compulsory isolation due to bone marrow suppression and infection risk further exacerbate the psychological condition. The physical side effects that take place, at the same time, affect women's attraction, body image, individuality and self-confidence in a negative way.[7,8]

Radiotherapy may cause scarring in the vaginal walls, reducing the size and elasticity of the vagina. In the early period after radiotherapy, dyspareunia, penetration problems and decreased sexual satisfaction may be seen.[9,12]

In the post-treatment phase: In the post-treatment period, the fear of recurrence of the disease and adaptation problems are preliminary. Many patients are particularly afraid that their disease will recur if they are not under close follow-up or if the tumor cannot be completely destroyed by treatment.[7]

In the case of a recurrence of the disease: In the case of recurrence, reactions such as a shock, discomfort, major disappointment, and most often with insomnia, anorexia, restlessness and hopelessness, severe depression is observed in the patient as more or less as in the period when the cancer was first diagnosed. During the onset of illness, the patients insist on searching for ways to get rid of the disease.[7]

At the terminal stage: The patient knows that they have an irreversible disease. The patient is afraid of being abandoned, losing their reputation and suffering from pain. There are unfinished jobs, children left behind. Depression and delirium may arise in this period as an abnormal response.[7]

Psychosocial Aspects of Gynecologic Cancers Based on Developmental Life Stages

Although women of all ages may have feelings about loss of their reproductive organs, a woman's stage in life may affect the degree of her feelings. The reactions of older women who have given birth before to the loss of their reproductive organs are often different from those of young women who do not have children.[4]

Young Adulthood (19-30 years): The most important characteristic of this period is that the possibility of death is remote. Cancer hampers the responsibilities of this period. While young women need to gain autonomy and independence, they are dependent on their parents for physiological and psychological care. They may have to delay or abandon their training and career goals. Life goals should be re-adjusted, reshaped; limitations should be defined, and relationships should be reordered in the context of medical treatment and side effects (e.g. alopecia, nausea, vomiting, surgical scars, weight loss/gain, fatigue, ostomy, vaginal stenosis, fistulae, anxiety or depression).[4] If cancer develops before the young woman becomes sexually active, she might think that she will lose her reproductive ability. This situation affects the development of sexual identity and establishment of romantic relationships negatively. Cancer prevents the young woman from establishing healthy, sincere and romantic relationships as a result of deterioration in body image integrity and in established relationships.[6]

Mature Adulthood (31-45 years): It is the most stable period of life and at the same time the most productive period. The cancer that occurs during this period causes the person to lose her productivity. For women who are mothers, maternal roles are significantly affected by cancer. Women are often stressed and anxious because they cannot provide their children with care, they do not see themselves as a reliable caregiver, and they deal with their children's reactions to their illnesses.[4]

In this period, usually women who are sexually active can enter surgical menopause as a result of the cancer treatment. Menopause can cause a woman to feel like getting older faster, less feminine and lonelier. Changes in the body image can cause the woman to feel ashamed of her appearance and live in grief. This also affects her sexual life. Change in body appearance affects sexual arousal and orgasm negatively as a cause of stress during sexual intercourse.[9,12]

Middle and Older Adults (46-65 years): Cancer can start an identity crisis and stress in women who are afraid of getting older and see their identities in connection with their reproductive abilities, sexual organs and/or sexuality. If cancer treatment causes typical middle age changes such as weight gain, decreased skin elasticity or musculoskeletal system problems, one may start aging prematurely. Some women cannot overcome the changes in their physical limitations or appearance that come with cancer, and thus experience severe stress.[4]

Cancer prevents women from having motherhood and caring roles. This situation may also affect the family system. Cancer may require early retirement if it causes obstacles for career goals. This can cause financial problems.[4]

Aging Adulthood (aged 66 and over): In addition to the physical and mental changes associated with aging in this period, the addition of cancer diagnosis leads to increased life limitations. The woman tries to adapt to these problems. With the cancer, the woman who is the primary caregiver leaves this responsibility.

In this period, even if the woman is still sexually active, a decrease or complete disappearance in sexual desire may be seen with cancer in the majority of women. Sexual intercourse with the effects of aging on sexuality can be more painful and difficult.[4]

Psychosocial Aspects of Gynecologic Cancers Based on Type

Cervical Cancer: The incidence of cervical cancer has declined by more than half from 1973 (14.8 per 100,000) to 2013 (6.5 per 100,000).[2] The reason for this decrease is screening with the pap test. Although it is a screening method providing early detection for cervical cancer, most women experience anxiety when screened. Although it is a protective measure, most women view the screening as a cancer detection tool. Emotions of ambivalence emerge between the relief provided by screening and the diagnosis of cancer. The screening examination is physically uncomfortable and can cause anxiety. Additionally, the person may experience uncertainty after the screening. The uncertainty may be caused by lack of knowledge about the screening and post-processing processes. Elimination of the lack of knowledge is important in reducing fear and anxiety.[13]

The reactions that women give to the diagnosis, treatment and prognosis of cervical cancer are the side effects of treatment such as nausea, weight loss and hair loss, as well as concern about the

impact on relationships and the fear of repetition of cancer. These reactions affect self-confidence, self-esteem and quality of life. Women can have anger and frustration that they can no longer have children. Additionally, lack of sexual interest, genital pain, decreased arousal and change in sexual identity may be observed.[13]

The treatment for precancerous lesions is the removal of a section of the cervix. This may lead to short-term discomfort, and in some women, more serious damage such as premature birth, low birth weight and perinatal mortality. Overdiagnosis and treatment of the minor lesions may cause unnecessary psychosocial, physical and economic stress.[14]

Positive test results cause psychosocial reactions such as anxiety, stress, fear and self-accusation. These reactions cause women to become more anxious about their body image, self-esteem, relationships with the husband, and sexual and reproductive issues.[15] Women who get diagnosed with cancer after the positive test result are most concerned about the issues of family/social life, emotional well-being, body image and sexual health.[16]

Ovarian and Endometrial Cancer

Although the exact cause is unknown, women with Breast Cancer Susceptibility (BRCA)1 and BRCA2 gene mutations have a higher risk of developing ovarian cancer. Endometrial cancer is associated with early menarche, late menopause, infertility, obesity, diabetes and hypertension. Some women may be diagnosed with cancer even if they do not carry these risk factors. Psychosocial research on ovarian and endometrial cancers is usually focused on decision to perform prophylactic oophorectomy and on those who are at genetic risk.[13]

In socioeconomically developed countries, BRCA gene mutation can be determined by Deoxyribonucleic Acid (DNA) tests. However, the psychological effect of this test is complex. Women who have negative results after the screening get comfortable, whereas women with gene mutation and those have not undergone prophylactic oophorectomy face a great deal of stress. Women with gene mutation who have undergone prophylactic oophorectomy may experience less anxiety related to cancer, but sexual function problems and menopausal symptoms are more common in these women.[13] Since these adverse effects of cancer are influenced by different individual factors, personal characteristics should be considered while providing professional support.[17]

Factors Playing Role in the Patient's Adaptation

There are a number of medical, psychic and psychosocial factors that play a role in the psychological adaptation of the cancer patient to the disease. These are,

- The disease; the diseased organ, types, signs and symptoms of the disease, course of the disease, and the patient's experience and thoughts on diseases,
- Age group the patient got this disease, level of threat (work, family) for the purposes and function appropriate to the age
- Support factors (family, friends, etc.) around the patient,
- Social and cultural attitudes towards the disease,
- The patient's general physical and social potential, personality structure and coping processes.[1,7]
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Women with a gynecologic cancer diagnosis may be supported to share their experiences with other patients with similar diagnoses. Women may be helped in gaining self-care and self-confidence in the issues of coping with stress, stress management, stress relaxation techniques for depression, reorganization of life style, and techniques and practices for increasing independence. This way, for the benefit of the patient, a support group between the woman and the family/friends may be created, the sharing among the family members may be increased, and the ties within the family may be strengthened.[1] Psychiatric and psychosocial problems arise when the patient's emotional, behavioral reactions exceed the anticipated limits or the limits that are considered normal.[7]

Conclusion

Gynecologic cancers are major health problems that affect the quality of life of women. Today, developments in early diagnosis and treatment technologies have improved the rates of survival, leading to the emergence of different psychosocial problems related to cancer and the treatment process. Helping a woman diagnosed with gynecologic cancer, her partner and other family members adapt to the diagnosis of the disease and adjust to the treatment process forms the first step of a challenging treatment process.

Conflict of Interest

The authors declare no conflict of interest.

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