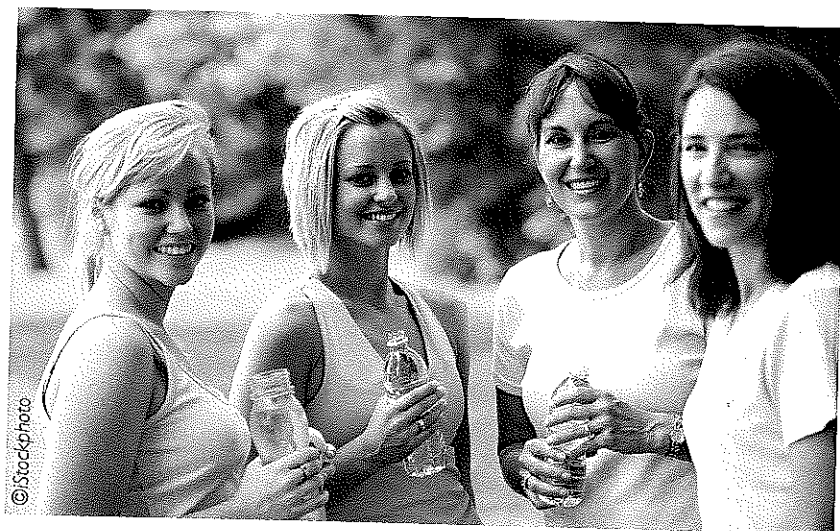


Exploring the concerns of younger women with breast cancer

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My research exploring the experience of breast cancer for young women (under 50 years) and their family members has highlighted several areas that identify to me that young women's concerns are different from older women. There are two main areas that influence the young women's trajectory differently to older women: the actual disease and the social aspect. When a young woman is diagnosed with breast cancer she not only has the complexities of the breast cancer treatment but also the associated life phase concerns to deal with. A woman under the age of 50 years is likely to be diagnosed with an aggressive tumour needing multimodal treatment over a period of six months or longer (NBOCC, 2004). However, during this time she will continue to be mother, partner, support her parents and often continue working while she attempts to maintain herself through this difficult treatment schedule.

Current research clearly reflects the difference in physical outcomes between younger and older women with breast cancer (Peppercorn & Partridge, 2008). However, there is still

debate about which age group has the lower quality of life outcomes, with more research needed to explore the younger women's trajectory (Phillips, et al., 2008). Subsequent physical problems in relation to multimodal treatment and in particular concerns of infertility and menopause, become a definite burden for the younger woman as opposed to the older woman (Partridge & Ruddy, 2007). The effects of treatment are not specific to the younger woman, however they are often severer in nature due to levels of treatment and difficulty coping due to the expectations of their age group, such as to continue their role as mother, wife and worker (Coyne & Borbasi, 2009; Fobair, et al., 2006).

Another feature of the younger age is the variation in their personal support network, which is known to develop over time (Wright & Bell, 2009). The connection between age and psychological distress is believed to relate to the extent of the family support network and this network tends to develop over a lifetime (Friedman, Bowden, & Jones, 2003).

The older person is noted to have a support network that is more capable of providing appropriate support and knowledge of referral for support (Osborne, Ostir, Du, Peek, & Goodwin, 2005; Sigl Felten & Hall, 2001). In contrast, the younger person may be still building up a support network and this support network is being formed in a busy and unstable phase of life, although she tends to be closely supported by her family (Bloom, Stewart, Johnston, Banks, & Fobair, 2001; Sammarco, 2001).

The younger woman may ask herself 'why me' as she attempts to maintain her normal life but this age group tries not to dwell on the negative. Lyn*, 42, a participant in the study, commented:

"I've gone out and gone jogging every week and you know, kept myself reasonably fit and you know, tried to watch what we do and, someone said, 'Have you ever asked, 'why me?'" I said, "No, no I wouldn't," you know you can't, we can't answer that question so you don't spend time on it but in a way I actually was spending time on it in a roundabout way sort of you do go through those thoughts."

As health professionals, we need to consider the way the younger woman and her family react to the diagnosis of breast cancer and work with their expectations and their individual way of coping with this diagnosis. It is therefore important to create a collaborative relationship with both the women and their families as you work together to support the younger women with breast cancer. ■

*Lyn is a pseudonym.

References

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