

# Quality of life may impact coping strategies of young women with breast cancer

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Numerous studies have shown a relationship between coping strategies and quality of life (QOL) among women with breast cancer. In a study published today in the online edition of *Journal of Behavioral Medicine*, an investigation of coping strategies and quality of life among younger women with breast cancer suggests that QOL determines the use of coping strategies.

"It is generally assumed that coping strategies impact quality of life, with more active coping strategies generally associated with better QOL," said Suzanne C. Danhauer, Ph.D., assistant professor at Wake Forest University Baptist Medical Center and lead investigator of these analyses. This investigation was part of a study focused on [younger women](#) with [breast cancer](#) conducted by co-author and Principal Investigator Nancy E. Avis, Ph.D. The study was funded by the National Cancer Institute. "This research examined coping strategies over time and the reciprocal relationship between coping strategies and QOL among younger women with breast cancer to see if the opposite might be true -- that QOL determines the use of coping strategies," said Danhauer.

Studies have consistently shown that younger women report greater psychological distress following breast cancer diagnosis than older women. Several investigations have also found that younger women with breast cancer report significantly worse QOL than older women, particularly in emotional and [social domains](#).

From a developmental perspective, younger women face unique issues

such as premature [onset of menopause](#) that may lead to infertility, sudden onset of [vasomotor symptoms](#) (hot flashes and/or night sweats) and long-term consequences of ovarian decline; changes in relationships with one's partner and/or children; multiple role demands of parenthood and career, and greater concerns about body image and sexuality.

Participants in the study, "A Longitudinal Investigation of Coping Strategies and Quality of Life among Younger Women with Breast Cancer," consisted of 267 women with breast cancer, with a mean age of 43 years, who completed baseline surveys within six months of diagnosis and follow-up surveys six weeks and six months later. The surveys included questions on coping strategies, QOL and medical factors.

Eligible women were sent a baseline packet of self-report questionnaires to complete. Following completion of the baseline survey, women were randomly assigned to receive a booklet or videotape describing how women often respond to a breast cancer diagnosis. Follow-up surveys were completed within six to eight weeks and six to eight months after the mailing of the educational material. These time frames were selected to assess short- and longer-term impact of the interventions.

Results of the study revealed that coping strategies in younger women changed over time. Seeking social support, spirituality, wishful thinking, and making changes decreased over time and detachment increased. Positive cognitive restructuring (reinterpreting something stressful as positive or helpful) was the most frequently used coping strategy and its use remained high over time. Keeping feelings to oneself was the least used coping strategy and its use remained consistently low over time.

Despite the unique issues and difficulties experienced by younger women with breast cancer, their coping strategies do not appear different from those of women with breast cancer in general regardless of age.

The reciprocal relationship between QOL and coping strategies during the year following diagnosis showed an interesting pattern. Coping at one time point showed little predictive value of subsequent QOL. However, poorer QOL was a significant predictor of greater use of several coping strategies (seeking social support, keeping feelings to self and wishful thinking) at subsequent time points. This finding suggests that people adapt their coping strategies in response to problems with which they are dealing.

While the study had several limitations (e.g. sample comprised predominantly of higher educated Caucasian women and only younger women), it adds a valuable contribution to the literature on coping with cancer.

"We emphasize, however, that this finding is suggestive and not definitive," Danhauer said. "The relationship between coping strategies and QOL is complicated and future studies should examine this reciprocal relationship."

Source: Wake Forest University Baptist Medical Center ([news](#) : [web](#))

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