

Depression affected preventive health screening among Latina breast cancer survivors

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Depression, in addition to other barriers, may prevent Latina breast cancer survivors from undergoing preventive health screening for colorectal and ovarian cancer, according to data presented at the Fourth AACR Conference on The Science of Cancer Health Disparities, held here Sept. 18-21, 2011.

"Depression can make people more inattentive to potential risks to their health and more likely to ignore recommendations to reduce their risk," said Amelie G. Ramirez, Dr.P.H., professor and director of the Institute for Health Promotion Research at the <u>Cancer Therapy</u> and Research Center at The University of Texas Health Science Center at San Antonio. Ramirez presented results of this study at the conference.

Because depression is more common among <u>breast cancer patients</u> than the general population and because 10 percent of all new cancers are diagnosed in <u>cancer survivors</u>, Ramirez and colleagues examined the extent of depression among a group of 117 Latina <u>breast cancer</u> survivors to assess the barriers that were thwarting preventive health screening for colorectal and <u>ovarian cancer</u>.

All of the outcomes were self-reported and all patients were screened for depression.

"The most important thing that we found was that Hispanic breast cancer



<u>survivors</u> were more depressed than Hispanics in the general population, and that they were not following recommendations to continue their other <u>cancer screening</u> behaviors," she said.

Of the women who were surveyed, about one-third met the criteria for depression. Only five had been screened for both colorectal and ovarian cancers and about 60 percent had not been screened for one cancer or the other.

Although depression was associated with noncompliance for ovarian cancer screening, it was not associated with noncompliance for colorectal screening. In fact, only a marital status of "single" was associated with noncompliance for colorectal screening. In contrast, an inability to understand English, high price of care, unemployment and no familial history of cancer were all related to noncompliance for ovarian cancer screening.

Ramirez said that a broad-based preventive strategy is needed to increase screening and healthy behaviors among this population.

"Regardless of depression or not, we need to work with these women to help them understand that they need to get more involved with their health care," she said. "We also have to get a better handle on the underpinnings of depression among <u>cancer</u> survivors."

This includes efforts such as understanding the emotional challenges, what cultural influences might exist, and designing more specific messaging for those struggling with depression.

"We have to ask the critical questions to make sure that these patients are not only getting the follow-up treatment they need, but also are screening for depression," she said.



Provided by American Association for Cancer Research

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