

Cognitive behavioral or relaxation training helps women reduce distress during breast cancer treatment

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Can psychological intervention help women adapt to the stresses of breast cancer? It appears that a brief, five-week psychological intervention can have beneficial effects for women who are dealing with the stresses of breast cancer diagnosis and surgery. Intervening during this early period after surgery may reduce women's distress and providing cognitive or relaxation skills for stress management to help them adapt to treatment.

Researchers at the University of Miami recruited 183 [breast cancer](#) patients from surgical oncology clinics in the Miami area in the weeks following surgery and prior to adjuvant treatment (chemotherapy, radiotherapy, and anti-hormonal therapy).

Women were randomized to one of three five-week groups: Cognitive Behavioral Training (e.g., changing thoughts about stressors and learning interpersonal skills), Relaxation Training (e.g., [muscle relaxation](#) and deep breathing), or a Health Education control group. At randomization and after women completed the 5-week group, researchers measured distress and life disruption, including mood, distress caused by breast cancer, disruption in social activities, and emotional well-being.

"We know from prior work at the University of Miami that a 10-week group combining cognitive behavioral and relaxation training improves quality of life for women in the early phases of breast cancer treatment.

Since 10 weeks may be too long of a time commitment for most [breast cancer patients](#), we wanted to test whether separate 5-week group versions of either cognitive behavioral training or [relaxation training](#) could have beneficial effects."

Researchers found that women who received the Cognitive Behavioral or Relaxation Training reported greater improvements in mood than women in the time-matched Health Education control group. Compared to the control group, women in the Cognitive Behavioral group also reported reduced breast cancer-specific distress (intrusive thoughts), as well as improved emotional-well-being, while women in the Relaxation group reported reduced disruptions in social activities.

In addition, women in the intervention groups showed greater improvements in stress management skills than those assigned to the Health Education control group. Women who received Cognitive Behavioral Training reported improvements in their sense of social support. Women who received Relaxation Training reported increased confidence in their ability to use the relaxation skills they had learned.

"Fine-grained analyses of the stress management skills women reported after the sessions were completed suggest that those in the cognitive behavioral training group were improving their sense of social support, which we know can improve mood and quality of life. On the other hand, [women](#) in the Relaxation Training group were improving their confidence in using skills such as muscle relaxation, breathing, and imagery. These skills may lower their day-to-day tension and anxiety, enabling them to enjoy more aspects of their social lives."

Future work by this group will investigate whether the Cognitive Behavioral and Relaxation Training interventions produce changes in stress hormone levels and measures of immune function and inflammatory processes over an extended follow-up period. Indicators of

psychological and physiological well-being may provide a pathway through which these interventions could improve quality of life and health outcomes over the long-term survivorship period.

The findings were presented at the American Psychosomatic Society Meeting in San Francisco, California, on March 14, 2014.

Provided by University of Miami

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