

Missing rehab due to COVID-19 increased distress in women with breast cancer

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Beyond the tragic surges in hospitalizations and deaths, the first months of the COVID-19 pandemic disrupted healthcare for people with a wide range of medical conditions—including cancer. For women recovering after breast cancer treatment, COVID-19-related interruptions in rehabilitation care led to emotional distress and other effects on health

and well-being, reports a study in the October issue of *Rehabilitation Oncology*, official journal of the APTA Oncology, an Academy of the American Physical Therapy Association.

"Increased distress is one potential negative effect arising from reducing or eliminating [rehabilitation services](#), effects known to cause their own adverse health effects," according to the new research by Erin Helm, PT, DPT, Ph.D., Director of Oncology Rehabilitation Services at Helen F. Graham Cancer Center and Mary Lou Galantino, PT, MS, Ph.D., MSCE, FAPTA, of Stockton University, Galloway, N.J. With their interprofessional team, including Katelyn A. Kempinski, OTR/L, the researchers examined the impact of canceled appointments among women receiving ongoing rehabilitation services for lymphedema after treatment for breast [cancer](#).

Missed rehab appointments affected mental and physical health for breast cancer survivors

The study included 15 breast cancer survivors undergoing therapy for lymphedema: a common complication of cancer treatment that occurs due to damage to lymph nodes or [lymphatic vessels](#). Damage to the lymphatic system results in swelling and tissue changes in the affected limb. Patients with lymphedema experience swelling and limitation of function of the limbs or other areas and are at increased risk of infection.

Rehabilitation therapy for lymphedema includes manual lymphatic drainage, compression bandaging, and other approaches to prevent progressive lymphedema with chronic pain and disability. Dr. Helm and colleagues were concerned that mandated closures due to COVID-19 were affecting health and well-being for these patients.

The patients were surveyed as they resumed rehabilitation care after COVID-19 closures. Most of the women had a diagnosis of lymphedema after mastectomy, with symptoms of shoulder pain and stiffness. The study assessed the emotional impact of the disruption in care, along with effects on various aspects of quality of life.

On a standard "distress thermometer," the patients reported significantly increased levels of [emotional distress](#) at the time of COVID-19 closures, which decreased when they returned to [rehabilitation care](#). Increased distress at the time of closure was associated with reduced physical activity; the reductions in distress after resuming care were related to reductions in fatigue.

The increase in distress at the time of closure, and the reduction in distress on resuming care, tended to be greater in older women. Emotional distress was unrelated to sleep quality.

Five women had telehealth visits during the closure. While this was not enough patients for statistical analysis, women receiving telehealth tended to have lower fatigue and increased physical activity. Since therapists were unable to provide manual lymphatic draining or other hands-on therapy, [rehabilitation](#) therapists had to develop "creative strategies for self-management" for their telehealth patients.

"Rehabilitation services have been shown to improve physical, psychosocial, and emotional constructs of cancer survivorship," Dr. Helm and coauthors write. Although a growing number of studies have focused on the emotional impact and psychological responses to the COVID-19 pandemic, the new study is one of the first to assess the unique implications for health and well-being in cancer survivors.

"Prevalence of distress during a cancer diagnosis and reduced physical activity and decreased quality of life in [breast cancer](#) survivors are

compounded when uncertainty prevails," Dr. Galantino comments. "Interprofessional teams via telehealth may assist in mitigating the [distress](#) during a pandemic and these researchers are exploring further best practices in telehealth with this primary goal in mind."

More information: Erin E. Helm et al, Effect of Disrupted Rehabilitation Services on Distress and Quality of Life in Breast Cancer Survivors During the COVID-19 Pandemic, *Rehabilitation Oncology* (2020). [DOI: 10.1097/01.REO.0000000000000233](https://doi.org/10.1097/01.REO.0000000000000233)

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