

This material is protected by U.S. copyright law. To purchase quantity reprints, e-mail reprints@ons.org. For permission to reproduce multiple copies, e-mail pubpermissions@ons.org.

Depression and Perceptions of Quality of Life of Breast Cancer Survivors and Their Male Partners

Eliane G. Rabin, RN, MSc, Elizeth Heldt, RN, PhD, Vânia N. Hirakata, MSc, Ana C. Bittelbrunn, MD, MSc, Eduardo Chachamovich, MD, MSc, and Marcelo P.A. Fleck, MD, PhD

Breast cancer is the most common disease among women ages 30–60 from occidental countries and the second-leading cause of death from cancer in American women (Jemal et al., 2008; Smith, Cokkinides, & Eyre, 2007). Each year, more than one million women are diagnosed with breast cancer, representing more than 10% of all new cases of cancer (Anderson et al., 2006). Treatments for breast cancer are well known and can be summarized as mastectomy or breast-conserving surgery, chemotherapy, radiotherapy, and endocrine therapy (Menke et al., 2006).

Effective treatments can produce a life expectancy of 10 or more years, increasing concern for patients' quality of life (QOL) (Fallowfield, 1995; Ganz & Hann, 2008; Grunfeld, 2006; Wronska, 2003). As a result of early detection and improved treatments, more women now live with the disease and have to adjust to alterations such as change in body image (loss of a breast, hair loss, change of weight), modification in interpersonal relations (isolation and marriage, family, professional relationships) with a consequential influence on moods (Bower, 2008; Fallowfield; Jemal et al., 2008; Smith et al., 2007). In recent years, the use of QOL assessments for determining the global impact of diseases and medical treatments from patients' perspectives has increased. QOL measurements are potentially useful for application in research and clinical practice because isolating a disease from patients' perceptions of the disease is impossible (Carr & Higginson, 2001). Diverse QOL instruments based on patients' perspectives are available, with a multidimensional construct that includes physical health status, psychological well-being, social and cognitive functioning, and impact of disease and treatment based on patients' life experiences. Examples of generic instruments include the Medical Outcomes Study 36-item Short Form (SF-36), the EuroQol Instrument (EQ-5D), the World Health Organi-

Purpose/Objectives: To assess differences in ways women with breast cancer evaluate their own quality of life (QOL) compared to perceptions of their partners and to identify factors that influence dissimilarities in QOL perceptions.

Design: Cross-sectional study.

Setting: Breast unit in southern Brazil.

Sample: 73 women with stage I–III breast cancer and their partners. Most participants were middle-aged, with partners of long-term cohabitation.

Methods: QOL was evaluated with the World Health Organization Quality of Life–Brief Form (WHOQOL-BREF), Beck Depression Inventory, and WHOQOL-BREF adapted for a third person.

Main Research Variables: Demographic and clinical features, QOL, partners' perceptions, and depression.

Findings: No differences were found between the perceptions of QOL in different domains between the patients and their partners. Depression in women seemed to be the only variable that interfered in a consistent manner with the congruity of the QOL assessments made by patients and their partners.

Conclusions: Partners of women with breast cancer may be viewed as reliable surrogates to assess patients' QOL.

Implications for Nursing: Partners' judgments of patients' QOL may be important in some circumstances, particularly when patients are not able to answer questions about their own QOL because of cognitive or functional limitations. Nurses must be aware that partners are the most frequent informal caregivers and should be included in the entire treatment process.

zation Quality of Life (WHOQOL) and WHOQOL-BREF assessments in addition to others (Coons, Rao, Keininger, & Hays, 2000).

Breast cancer diagnosis and treatment may have a significant practical and emotional impact on the entire family, but particularly on partners (Baucom, Porter, Kirby, Gremore, & Keefe, 2005–2006). Reports indicate