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Letter to Editor

Psychological Needs of Breast Cancer Survivors in Iran

Zohre Momenimovahed[1], Zahra Shahabinia[2]✉

[1]Reproductive Health Department, Qom University of Medical Sciences, Qom, Iran
[2]Birjand University of Medical Sciences, Birjand, Iran

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*Corresponding Author:
shahabiniaz@gmail.com

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Dear Editor,

Breast cancer is the most common cancer among Iranian women (1), and in recent years, the number of cases among Iranian women has increased 5.2 times, reaching 14,743 cases in 2019 (2). Breast cancer survivors face many challenges that go beyond physical health and encompass emotional, psychological, and social dimensions (3). Patients with breast cancer experience longer-lasting psychosocial effects that impact their quality of life, including fatigue (4, 5), pain (4, 5), sleep disturbances (4), cardiovascular diseases (6), and sexual dysfunction (7), which may contribute to feelings of abandonment, isolation, distress, and ultimately depression and anxiety (5). Studies show that 37.6% of patients suffer from moderate to severe anxiety, and 35.9% experience mild to severe depression (8). The result of a meta-analysis reported the prevalence of depression among breast cancer survivors as 30.2% in the world (9) and 48.83% in Iran (10). This level of depression is higher than the prevalence of post-partum depression, depression in infertile couples, and depression among adolescents (10). Mood disorder (depression (11), anxiety(12) and panic(13)fear (Fear of recurrence (14), fear of cancer spread, fear of death (15)), issues related to self-concept and quality of life (body image (16), sexual and quality of life disorders (17)) are common among breast cancer survivors.

Globally, breast cancer survivors frequently face significant psychological distress following diagnosis and treatment (18). Women in Iranian society, due to cultural reasons, are under significant pressure after diagnosis and treatment. As a result, patients with breast cancer suffer not only from the physical side effects of the disease and its treatment but also from stress and emotional problems. The lack of support from the community and their families, negative attitudes from those around them, and sexual dysfunction further exacerbate their depression. This issue may be influenced by the cultural context of society and religious beliefs about women's responsibilities (10).

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Psychological support programs for breast cancer survivors play a vital role in improving quality of life, reducing anxiety and depression, and adapting to changes after treatment (19). However, after survival, attention is often focused solely on the physical aspects related to the disease, while psychological interventions for managing stress, anxiety, and depression have been overlooked. These programs should be implemented sustainably throughout the survival period and aimed at enhancing the quality of life for the survivor, their spouse, and their family using various approaches. To improve the quality of life during the critical post-survival period, it is recommended to implement multidimensional care programs. These programs should aim to physically follow up on patients and manage their concomitant physical and psychological conditions. This requires providing accessible interventions, such as a psychoeducational program (20), individual and group counseling (21), social support (22), mindfulness training (23), family-centered (24) and spiritual programs (25). Addressing the stigma associated with cancer, increasing resilience, and adopting appropriate coping strategies are proposed as means to reduce psychological distress and enhance the quality of life for women. The sense of hope, purpose, belonging, and spiritual attachment inherent in Iranian culture can serve as a powerful psychological buffer against mental health challenges for breast cancer survivors and should be integrated into their comprehensive care management (26, 27). Offering these programs in a family-centered and culturally sensitive manner at home can improve outcomes for this group of women by reducing disease-related complications.

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نیازهای روان‌شناختی بازماندگان سرطان پستان در ایران

زهره مومنی موحد[۱]، زهرا شهابی نیا[۲]✉

[۱]گروه بهداشت باروری، دانشکده پرستاری مامایی، دانشگاه علوم پزشکی قم، قم، ایران
[۲]دانشگاه علوم پزشکی بیرجند، بیرجند، ایران

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* نویسنده مسئول:
shahabiniaz@gmail.com

سردبیر محترم؛

سرطان پستان شایع‌ترین سرطان در میان زنان ایرانی است (۱) و در سال‌های اخیر، تعداد موارد ابتلا در میان زنان ایران ۲/۵ برابر افزایش یافته و در سال ۲۰۱۹ به ۱۴۷۴۳ مورد رسیده است (۲). بازماندگان سرطان پستان با چالش‌های متعددی مواجه‌اند که فراتر از سلامت جسمی بوده و ابعاد عاطفی، روان‌شناختی و اجتماعی را نیز در بر می‌گیرد (۳). بیماران مبتلا به سرطان پستان پیامدهای روانی‌ـاجتماعی طولانی‌مدتی از جمله خستگی (۴، ۵)، درد (۴، ۵)، اختلالات خواب (۵)، بیماری‌های قلبی‌عروقی (۶) و اختلال عملکرد جنسی (۷) را تجربه می‌کنند که کیفیت زندگی آن‌ها را تحت تأثیر قرار می‌دهد. این مشکلات می‌توانند به احساس رهاشدگی، انزوا، پریشانی و در نهایت افسردگی و اضطراب منجر شوند (۴). مطالعات نشان می‌دهد ۶/۳۷ درصد بیماران دچار اضطراب متوسط تا شدید و ۹/۳۵ درصد دچار افسردگی خفیف تا شدید هستند (۸). نتایج یک فراتحلیل، شیوع افسردگی در بازماندگان سرطان پستان را در جهان ۲/۳۰ درصد (۹) و در ایران ۸۳/۴۸ درصد گزارش کرده است (۱۰). این میزان افسردگی از شیوع افسردگی پس از زایمان، افسردگی در زوج‌های نابارور و افسردگی در نوجوانان بیشتر است (۱۰). اختلالات خلقی (افسردگی (۱۱)، اضطراب (۱۲) و پانیک (۱۳))، ترس‌ها (ترس از عود بیماری (۱۴)، ترس از گسترش سرطان و ترس از مرگ (۱۵))، و مسائل مرتبط با خودپنداره و کیفیت زندگی (تصویر بدنی (۱۶)، اختلالات جنسی و کیفیت زندگی (۱۷)) در میان بازماندگان سرطان پستان شایع هستند.

در سطح جهانی، بازماندگان سرطان پستان پس از تشخیص و درمان، اغلب با پریشانی روانی قابل‌توجهی روبه‌رو می‌شوند (۱۸). زنان در جامعه ایران به دلایل فرهنگی، پس از تشخیص و درمان تحت فشارهای قابل‌توجهی قرار دارند. در نتیجه، بیماران مبتلا به سرطان پستان نه‌تنها از عوارض جسمی بیماری و درمان آن رنج می‌برند، بلکه با استرس و مشکلات عاطفی نیز مواجه‌اند. کمبود حمایت اجتماعی و خانوادگی، نگرش‌های منفی اطرافیان و اختلال عملکرد جنسی، افسردگی آنان را تشدید می‌کند. این مسئله می‌تواند تحت تأثیر زمینه فرهنگی جامعه و باورهای دینی درباره مسئولیت‌های زنان باشد (۱۰).

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برنامه‌های حمایت روان‌شناختی برای بازماندگان سرطان پستان نقش حیاتی در بهبود کیفیت زندگی، کاهش اضطراب و افسردگی و سازگاری با تغییرات پس از درمان دارند (۱۹). با این حال، پس از بقا، توجه غالباً تنها به جنبه‌های جسمی بیماری معطوف می‌شود و مداخلات روان‌شناختی برای مدیریت استرس، اضطراب و افسردگی نادیده گرفته می‌شود. این برنامه‌ها باید به‌صورت پایدار در سراسر دوره بقا اجرا شوند و با بهره‌گیری از رویکردهای متنوع، ارتقای کیفیت زندگی بقایافته بیماری، همسر و خانواده او را هدف قرار دهند. برای بهبود کیفیت زندگی در دوره حساس پس از بقا، اجرای برنامه‌های مراقبتی چندبعدی توصیه می‌شود؛ برنامه‌هایی که پیگیری جسمی بیماران و مدیریت همزمان مشکلات جسمی و روان‌شناختی را در برگیرند. این امر مستلزم ارائه مداخلات در دسترس، از جمله برنامه‌های آموزش روانی (۲۰)، مشاوره فردی و گروهی (۲۱)، حمایت اجتماعی (۲۲)، آموزش ذهن‌آگاهی (۲۳)، برنامه‌های خانواده‌محور (۲۴) و برنامه‌های معنوی (۲۵) است. پرداختن به انگ مرتبط با سرطان، افزایش تاب‌آوری و به‌کارگیری راهبردهای مقابله‌ای مناسب، به‌عنوان راهکارهایی برای کاهش پریشانی روانی و ارتقای کیفیت زندگی زنان پیشنهاد می‌شود. احساس امید، معنا، تعلق و پیوند معنوی که در فرهنگ ایرانی ریشه دارد، می‌تواند به‌عنوان سپری روان‌شناختی قدرتمند در برابر چالش‌های سلامت روان برای بازماندگان سرطان پستان عمل کند و لازم است در مدیریت جامع مراقبت از آنان ادغام شود (۲۶، ۲۷). ارائه این برنامه‌ها به‌صورت خانواده‌محور و حساس به فرهنگ، به‌ویژه در محیط خانه، می‌تواند با کاهش عوارض مرتبط با بیماری، پیامدهای بهتری برای این گروه از زنان به همراه داشته باشد.

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