

Psychological Issues In Cervical Cancer

▶ Cath Adams

The background features a series of concentric circles in light gray, some solid and some dashed, creating a ripple effect. A large, solid orange oval is positioned in the center-right, containing the text. A dark gray, curved shape is located to the left of the orange oval, partially overlapping it.

Of the gynaecological cancers,
Cervical cancer has the highest rate of
psychological need

Traditionally....

Women that are diagnosed in early stages of the disease

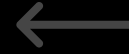
- If had regular screening – may be angry/distrustful
- What is the point of doing the right thing?
- Have future worries
 - Fertility
 - Sexual function
 - Body image

Traditionally....

Women that are diagnosed late

- Often have had inadequate or no screening
- Are more likely to socioeconomically disadvantaged
- May have a history of sexual abuse and family dysfunction
- More likely to have a physical or intellectual disability
- More likely to suffer from mental illness

Emotional reactions



Guilt – This is my fault



Fear – Other people will think I am promiscuous



Shame – I don't want anyone to know



Often “avoidant copers” – so no strategies to manage these emotions

Responses to treatment

- Cure may come at the cost of
 - Infertility
 - Sexual dysfunction
 - Bladder dysfunction
 - Change in body image (incl lymphoedema)
 - Premature menopause
 - Vaginal stenosis
 - Fistulae (The unhappy Ostomate)
- Treatment for very advanced disease
 - Symptom management
 - Significant increase in morbidity
 - Often these women are the most marginalized of our society
 - They have very little social support
 - They have few social and coping skills

HPV Screening

The New Order

- I can't get it. I had the vaccine so I don't need to do screening.
- Denial – yet these will be the more serious cervical cancers
- Perceptions of women that they are not at risk of HPV infection due to their personal behaviours.
- avoidance due to fear of a positive result (HPV) and what that may mean for intimate relationships.

How can we help?

- Use compassion and normalise their response (they already feel different don't reinforce that through your attitude – when we are busy we often come across as “short” – some women will feel this as judgement)
- Tailored to individual patient characteristics:
 - age, education level, health literacy, parity, cultural/religious beliefs, mental health concerns and language proficiency.
- Information should be delivered compassionately, non-judgmentally and in plain language (not medical jargon).
- Provision of printed information resources should supplement verbal communication. If possible, pamphlets, fact sheets or booklets should be available in community language translations for culturally and linguistically diverse populations.
- Recognising when distress is impacting on activities of daily living – how do you do this?
- Refer on for 1:1 counselling where necessary
- Allows the bigger issues to be addressed
- These women are often complex and require intervention from a trained mental health professional

Dilators

- Who teaches women how to do it?
- What do you do?
- What tools do you give them?
- How do you follow up with compliance?
- Do you physically show them ways to use the dilators and discuss other options?
- If you are not comfortable doing this then you should find someone who is and refer them on.



Thank you