Psychological Issues In Cervical Cancer

- Cath Adams

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