

Exploring Relationships Between Fear of Cancer Recurrence, Psychological Distress, & Mental Health Service Use in Breast Cancer Survivors

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Background: Breast cancer survivors (BCS) have an increased risk of psychological distress compared with healthy controls. Fear of cancer recurrence (FCR) is one of the most reported forms of distress, with approximately 50% of BCS reporting clinically significant FCR. Designed to give alternatives to avoidant coping, acceptance and commitment therapy (ACT) has shown promise in reducing distress and FCR in BCS. The primary objective of this study was to explore relationships between psychological distress and mental health service use in BCS with FCR.

Methods: Baseline data from 384 early-stage, post-treatment BCS with clinically significant FCR at screening enrolled in an RCT comparing 3 FCR interventions were analyzed. Prevalence of clinically significant FCR and symptoms of anxiety, depression, and post-traumatic stress was measured. Associations between each distress measure and mental health service use were assessed, in addition to the association between FCR and avoidant coping.

Results: Clinically significant levels of at least one form of psychological distress besides FCR were reported in 226 (58.85%) BCS. Of 298 (77.60%) BCS with at least one significant distress score including FCR at baseline, only 61 (20.47%) reported using any mental health service within the 3 months before baseline. Clinically significant anxiety ($p = 0.0027$), depression ($p = 0.0015$), and post-traumatic stress symptoms ($p = 0.0227$) were significantly associated with mental health service use. FCR was significantly associated with fewer visits to certain mental health services. FCR was strongly correlated with increased avoidant coping ($\rho = .6313$, $p < .0001$).

Conclusion: Anxiety, depression, and post-traumatic stress symptoms may be better predictors of mental health service use than FCR given the tendency for patients with fear to cope with avoidance. ACT interventions emphasizing alternatives to avoidant coping may benefit BCS with FCR. Further research is needed to identify barriers to mental health service use in BCS.