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Really, Disease Doesn’t Matter? A Commentary on Correlates of Depressive Symptoms in Women Treated for Early-Stage Breast Cancer

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Our initial response to the results reported by Bardwell et al\(^1\) was very odd—bordering on ironic. Here is an article that shows that objective, disease-related variables have virtually nothing to do with depressive symptoms following diagnosis and treatment for breast cancer. Rather, all of the action seems to be due to psychosocial factors, such as optimism and the lack of social support, or to the patient’s subjective response to the disease and its treatment, as indexed by ratings of pain, physical functioning limitations, and symptoms. Our immediate reaction was to ask, how can this be? Surely biomedical factors have to have some impact.

So where is the irony? It derives from the fact that we are both psychologists. As such, we should have relished the findings that were reported. Yet, we were skeptical. We should be clear though about the source of our skepticism. It was not the fact that psychosocial factors were shown to be important. Of course, we knew those variables would matter. Our disbelief was in the fact that biomedical factors had virtually no effect.

Our commentary is divided into two parts. In the first part, driven largely by our skepticism, we describe a couple of alternative explanations that occurred to us that may have made the findings less than definitive. We also describe efforts to gather additional information that might speak to some of the concerns we have. As will become clear, the findings do seem to hold up to careful scrutiny. Accordingly, in the second part of the commentary, we describe some of the implications that the findings have, if presumed accurate.

One of our concerns had to do with the absence of an association between stage and depressive symptomatology. The problem had to do with homogeneity with respect to stage of disease. That is, the majority of women had stage I and II disease, and a small number had early stage III disease. The lack of relation between stage and depressive symptoms might have been due to the restricted range on this variable. Our disbelief was in the fact that biomedical factors had virtually no effect.

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We have offered two alternative explanations for the absence of associations reported by Bardwell et al\(^1\), both of which were ruled out by examination of other data sets that were available. There are several other questions that remain that we could not resolve with recourse to additional data, and we would like to at least mention them in passing. First, although it seems clear that there are no simple associations between biomedical factors and depressive symptoms, more complex associations may exist. In this regard, it is possible that there is a synergistic relation between objective disease characteristics and psychosocial variables in predicting mental health outcomes. For example, optimism or previous life events might be more strongly related to depression among patients with more severe disease, as might be implied by a stress-diathesis model. Such a model would assume that biomedical factors are important in increasing the impact of psychosocial factors, as stress increases and passes some threshold as one moves from early to advanced disease. This possibility was not explored by Bardwell et al\(^1\).

Our final point concerns the manner in which treatment effects were evaluated. Specifically, although the authors examined

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the relation of different treatment combinations to mental health, they did not examine the relation of individual treatments to outcomes. That is, although representative of the general classes of treatment women with breast cancer face, the categories of treatment used in this study may have been too crude to detect effects. There are a variety of kinds and strengths of chemotherapy protocols in use that one would expect to have different effects on physical functioning. It might be better in future work to separate these treatment categories into more refined groupings to see whether differences in associations emerge when different chemotherapy protocols are taken into account.

As noted, we were initially skeptical of the findings, but became more and more convinced as we thought about the article and explored associations in other data sets that biomedical factors really do not predict depressive symptoms. Given our (perhaps still somewhat guarded) conversion, we move to the second part of our commentary. Specifically, given that we accept what is reported by Bardwell et al.

When recruiting participants into one of our early interventions, we can recall a patient with stage I disease who initially declined the intervention because she told us her physician had said she had treatable disease, should not be distressed, and did not need any assistance. Fortunately, she ultimately declined to take his advice, participated in the randomized trial, and ended up being assigned to a psychosocial group intervention from which she greatly benefited. As with any other traumatic event, a diagnosis of any disease is classified as stage I or stage III or stage IV. In brief, whether they are facing other life traumas, that may be more great benefit. As with any other traumatic event, a diagnosis of disease or given stage of disease. There will be patients who are diagnosed with advanced disease who are resilient due to personality or due to a history of life experiences that has enabled them to cope with the current trauma in a healthy way. In other words, all people with advanced disease are not necessarily in need of psychosocial assistance. Similarly, one cannot assume that someone who has been diagnosed with a very early and easily treatable disease will respond with a mild level of distress that dissipates with time.

Some objective characteristics of the disease really do not predict depression in the final multivariate regression equation, physical functioning and physical symptoms did. These physical limitations, however, do not arise from a vacuum. They most likely arose from the impact of the disease and its treatment, albeit independently from the severity of the disease and nature of the treatment. Perhaps those expecting associations between biomedical predictors and depressive symptoms should take some solace in this observation. The disease may in fact be having some impact on depressive symptoms, but only indirectly as reflected through the patient’s reactions to it. Still, it seems to be a very good day to be a psychologist.