

Physical & Emotional Impairments Common, Often Untreated in People with Cancer

Review Calls Rehabilitation Cost Effective; Critical

ATLANTA – May 17, 2013– A new review finds cancer survivors suffer a diverse and complex set of impairments, affecting virtually every organ system. Writing in [CA: A Cancer Journal for Clinicians](#), Julie Silver, M.D., associate professor at Harvard Medical School, and colleagues say a majority of cancer survivors will have significant physical and psychological impairments as a result of treatments, and that these often go undetected and/or untreated, resulting in disability.

Current data shows more than four in ten people will develop cancer during their lifetime. Due to advances in diagnosis, treatment, and supportive care for cancer, more than two out of three cancer patients now live at least 5 years after diagnosis. The American Cancer Society estimates that the number of cancer survivors in the United States will increase from 13.6 million to 18 million by 2022. However, increased survival brings with it a growing need to address the long-term effects of cancer and its treatment. Cancer survivors report a much worse health-related quality of life for both physical and emotional health compared with population norms.

The review outlines data showing poor physical health is reported by one in four cancer survivors, compared to about one in ten of those without a history of cancer. Meanwhile, poor mental health is reported by ten percent of cancer survivors compared with six percent of adults without a cancer diagnosis. Those numbers suggest that 3.3 million cancer survivors in the United States may have poor physical health and 1.4 million may have poor mental health. The authors say physical and psychological impairments often overlap and influence each other, and a leading cause of emotional distress in cancer survivors is physical disability.

Studies show multidisciplinary cancer rehabilitation, which involves a team of rehabilitation professionals that typically includes physiatrists, physical therapists, occupational therapists, speech-language pathologists, and rehabilitation nurses, improves pain control, physical function, and quality of life in cancer survivors. The authors say “prehabilitation,” the precursor to rehabilitation, is recommended at the time of diagnosis, up until treatment begins. The goal of prehabilitation is to improve both physical and emotional health prior to cancer therapy so that people tolerate treatments with fewer problems.

The authors say it is critical that survivors are screened for both psychological and physical impairments and then referred appropriately to trained health care professionals, including rehabilitation specialists, for evaluation and treatment. To ensure all cancer patients have their rehabilitation needs met, everyone involved throughout their care – oncologists, mental health professionals, nurses and primary care physicians-- should have knowledge of the proper screening questions, tools, and procedures. Impairment-driven cancer rehabilitation appears to be cost-effective and may actually reduce both direct and indirect health care costs, and reduce the enormous financial burden of cancer. The authors conclude: “Delivering quality, patient-centered care requires that all cancer patients and survivors be screened for psychological and physical impairments throughout the care continuum in order to preserve and/or improve their functioning and quality of life.”

Article: Impairment-Driven Cancer Rehabilitation: An Essential Component of Quality Care and Survivorship; Julie K. Silver; Jennifer Baima; R. Samuel Mayer. CA Cancer J Clin 2013; doi: 10.1002/caac.21186.
