Furthermore, the risks of heart disease and lung diseases other than cancer were not reduced by smoking less.

Those findings are important, said Glynn, because new restrictions on public smoking have led many smokers to cut back on how much they smoke.

“By doing so, they often feel that they are sharply reducing or eliminating the health dangers from smoking, but this study shows that this is not the case,” he said.

“Reducing smoking can reduce lung cancer risk somewhat, but that risk remains high. And even with reduced cigarette consumption, the risk of heart disease and [other] lung disease remains the same.”

“Compensatory” smoking is likely the reason why cutting back on cigarettes doesn’t have a more positive effect on health, Glynn said. Even when they smoke less, smokers may unconsciously inhale more deeply or smoke the cigarette closer to the filter—and that keeps the level of carcinogens they ingest high.

“Fortunately, smokers now have a variety of medications and programs they can use to help them stop smoking, including the ACS’s telephone Quitline, which is available at 1-877-YES-QUIT (1-877-937-7848),” Glynn noted.

FAMILY CAREGIVERS OFTEN NEGLECT THEIR OWN MENTAL HEALTH

Researchers have known for some time that people caring for a loved one with cancer often neglect their own physical well-being—forgetting to eat, losing sleep, skipping exercise. Now there’s evidence that caregivers may also be neglecting their mental health. Researchers from the Dana-Farber Cancer Institute and the Yale University School of Medicine found that almost half of cancer caregivers who met diagnostic criteria for a psychiatric disorder did not seek treatment for it. Their findings were published in the Journal of Clinical Oncology (2005; 23:6899–6907).

The study involved 200 people who were the primary informal caregiver for a person with advanced cancer, performing duties ranging from administering medication to household chores, to handling the patient’s money, to helping with bathing and feeding, to offering emotional support. Most were spouses of the cancer patient.

The researchers conducted a structured clinical interview with each caregiver, using criteria from the Diagnostic and Statistical Manual of Mental Disorders IV to identify several specific mental illnesses: major depressive disorder, posttraumatic stress disorder, generalized anxiety disorder, and panic disorder. Caregivers also were asked about whether they had discussed their mental health with a health care provider or sought treatment for a mental health concern.

Twenty-six (13%) of the caregivers met the diagnostic criteria for one or more psychiatric disorders. Twenty-one (80.8%) of them said they had discussed a mental health concern with a health care provider before their loved one was diagnosed with cancer, but only 12 of them (46.2%) had sought professional help with their mental health after their loved one’s diagnosis.

“These caregivers are experiencing a clinically significant level of distress,” said study coauthor Holly Prigerson, PhD, Director of the Center for Psycho-oncology and Palliative Care Research at Dana-Farber, “yet they seem to be neglecting their own mental health needs, quite possibly due to the lack of time, energy, or financial resources associated with caregiving.”

Previous research has established that many caregivers experience significant psychological distress because of caring for a loved one with advanced cancer, but Prigerson’s study is one of only a few to use actual diagnostic criteria to identify psychiatric illness.

“This study actually assigned a diagnosis, which is something that can be treated,” said Bonnie Teschendorf, PhD, Director of Quality of Life Science for the ACS.

The most common disorder among the caregivers was panic disorder, which affected
16 people (8%). Only about 3% of the general US population exhibits this disorder, according to the study authors, so the finding suggests that caregivers may be more at risk than others of developing this problem. Major depressive disorder affected nine caregivers (4.5%), eight people (4%) exhibited posttraumatic stress disorder, and seven people (3.5%) had generalized anxiety disorder.

The findings are not surprising, said Teeschendorf, though the prevalence of panic disorder has not been described before. "Depression is very common," she explained. "Most caregivers will tell you they’re sad, depressed, grieving. Caregivers are under a lot of stress, particularly when giving care over a long period of time or at the end of life."

Prigerson and her colleagues said oncologists and other “front-line” providers could be a bridge for caregivers to get the mental health help they need because they interact with caregivers on a regular basis.

“At although we recognize that health care providers are under considerable time pressures and are not reimbursed for treating the caregiver, they may be able to ask a few short screening questions to determine whether the caregiver might benefit from a referral to a mental health professional for a more thorough assessment,” Prigerson said. “Discussions with a clinician were the best predictor of whether or not the caregiver accessed mental health services, so the oncology team is in the ideal position to initiate such discussions and guide the caregiver toward the appropriate resources to help them deal with the stress of caregiving.”

Teschendorf said another way doctors can help caregivers is by making sure they are comfortable with the tasks they will be asked to perform for the cancer patient.

“Part of the stress is caused by having to perform ever more-complicated procedures in the course of caregiving—dealing with feeding tubes, ventilators, IVs,” she explained. “Some doctors don’t ask the caregiver if they know how to do the procedure or are comfortable with it.”

Doctors should be asking these questions, she said, and making referrals to home care agencies in cases where the caregiver may need extra guidance with a particular procedure. Likewise, caregivers need to be assertive about asking for such referrals if they feel insecure about what they must do for their loved one.

“One thing caregivers are unaware of is how helpful a home care agency can be,” Teschendorf said. “They can ask for a nurse to come to the home to teach them how to do these things.”

OBESE WOMEN CAN TOLERATE FULL-DOSE CHEMOTHERAPY

Two recent studies suggest that obese women getting adjuvant chemotherapy for breast cancer can not only tolerate full doses of chemotherapy based on body weight, but may even have better outcomes when they receive the weight-appropriate dose. Researchers from the University of Rochester found that overweight and obese women were less likely to be hospitalized for febrile neutropenia than women of normal weight, even when given a full weight-based dose of chemotherapy. A group of international researchers, meanwhile, found that obese breast cancer patients with tumors negative for estrogen receptors (ERs) had worse outcomes when their chemotherapy dose was reduced.

The findings have important implications for treatment because the number of overweight and obese individuals in the United States is rising rapidly, said Jennifer Griggs, MD, MPH, lead author of one of the papers and Associate Professor at the University of Rochester.

“There are going to be more of these patients and we need to have standards of care,” she said. “I would go so far as to say that professional guidelines should address dosing.”

In research published in the Archives of Internal Medicine (2005;165:1267–1273), Griggs and her colleagues retrospectively examined dosing practices in 901 US oncology practices that