Promoting physical activity after breast cancer in Flanders (Belgium)

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Background
The transition from breast cancer patient to survivor is associated with many treatment-related and psychosocial factors, which can influence health behavior and associated needs. First, this study examined factors influencing physical activity in breast cancer survivors. Second, this study aimed to identify clusters of treatment-related and psychosocial factors among breast cancer survivors.

Methods
Breast cancer survivors (n = 440) (three weeks to six months post-treatment) completed self-reports on physical and psychological symptoms; illness representations; social support and coping; physical activity and care needs for physical activity.

Results
Personal control was an important overall determinant in explaining physical activity in breast cancer survivors. The impact of treatment-related variables and psychological functioning depended on the working status of the women. Fatigue and poor body image prevented non-working women from being sufficiently physically active. In working women, chemotherapy and arm problems negatively influenced physical activity, whereas therapy side-effects (headaches, hot flashes, feeling unwell) and poor body image positively influenced physical activity. Social support and coping strategies could not explain post-treatment physical activity levels.

Analyses identified four clusters:
(1) a low distress-active approach group; (2) a low distress-resigned approach group; (3) a high distress-active approach group and (4) a high distress-emotional approach group.
Physical activity levels were higher in the low distress groups than in the high distress-emotional approach group. However, women with low distress and an active approach reported equal care needs for physical activity than women with high distress and an emotional approach.

Conclusions
Personal control, treatment-related variables and psychological functioning influenced physical activity after cancer treatment. Relations depended on the working status of the women. Care needs for physical activity are unrelated to distress and actual physical activity levels.

Key messages
• The results emphasize the importance of screening for needs.
• Providing a framework supporting the referral to tailored intervention can increase physical activity.