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The Emotional Toll

BY CHARLOTTE HUFF

Josephine Biondolillo doubts she would have chosen such aggressive chemotherapy for her stage 4 lymphoma without the assistance—emotionally and logistically—of her husband and three children. It was her family, she says, who researched the best treatment options and located the clinical trial she joined at M.D. Anderson Cancer Center. During the seven months of chemotherapy last year, Biondolillo and her husband moved from their Boca Raton, Florida, home into a temporary apartment near the Houston cancer center. Her children visited in shifts.

The treatment wasn't easy, she says. "I wouldn't have wished this on my worst enemy." Along with nausea and extreme fatigue, the 72-year-old suffered high fevers and severe anemia that required 13 pints of blood. "After the first two [chemotherapy] treatments, if it weren't for my family, I would have packed up and come back home," she says. "But I always had someone with me. I was never alone."

Family support is particularly crucial for older patients, say oncologists, given the additional logistics they may already face. Driving to appointments can be difficult or even infeasible. They may already be caring for a frail spouse, or their children may live far away. The good news, though, is older patients may also have developed more of the psychological resiliency vital to weathering the difficult road ahead.

Research to date indicates older cancer patients don't suffer any greater difficulties with depression than younger patients, says Harvey Cohen, MD. In fact, they may handle the psychological strain a bit better, he says. "It's been thought perhaps that older people have been through more things in their life, so they've figured out more adaptive mechanisms."

Even so, physical symptoms can reverberate, sometimes for years. The symptoms may be related to cancer, advancing age or both.

Women may curtail their activities, says Susan Heidrich, PhD, RN, a professor in the School of Nursing at the University of Wisconsin-Madison. "Mostly, people just sort of grit their teeth and keep going." Heidrich recently conducted research

to determine whether an intervention plan, developed in conjunction with a nurse, could ease frustrating symptoms. Her findings: 90 percent of those who worked with a nurse over the telephone changed their self-care, such as developing better sleep habits. Only 10 percent in the control group did.

Similar results were found in data published in *Cancer* late last year that found patients 65 and older who were monitored by phone experienced less distress than patients who only received educational materials.

Karen Latham, 68, who participated in Heidrich's research, was upset when painful, reddish-looking sores suddenly appeared on the inside of her upper right arm. The doctor's diagnosis: lymphedema, a side effect of treatment that removes or damages lymph nodes. The condition, Latham is quick to admit, was likely triggered by her overzealous efforts to paint the bathroom ceiling. The flare-up was also emotionally unsettling since she had been feeling so well for months.

Working with a nurse, Latham developed an intervention plan. Best of all, the nurse listened, says Latham, who worried her symptoms would become chronic. They didn't, fading in just four months. "It was very scary," she says. "I was very emotional—my fear and anxiety about it."

By the end of 2006, Biondolillo was enjoying the holidays at home, albeit frustrated by her persistent fatigue. Her oncologist has warned it might take a year for her to regain her former vigor; she was accustomed to a full schedule and taking three-mile walks. A December checkup revealed no signs of cancer growth, and Biondolillo harbors no doubts about pursuing such an aggressive chemotherapy regimen. "I'm here to tell the tale, so that speaks for itself," she says.

Adds Charles, her husband of 52 years: "She went through hell. But she's a trooper—she's a fighter."