

Y-ME ShareRing Network  
March 15, 2006

Arline Kallick: Thank you. Hello everyone and we are happy to have you with us this evening. Our call tonight will begin with our speaker followed by a question and answer session and then end with small group discussions. Please consider that when we have the question and answer portion, there are lots of people waiting to ask a question of our speaker so try to limit yourself if you can and remember, of course, that this can't be really a private consultation. If we go into small groups at the end of our program before you have the opportunity to ask a question, please address it in the small group or call the Y-ME 24-hour Hotline at 800-221-2141. Again, our Web site is [www.y-me.org](http://www.y-me.org) and registration for the calls of course can be done by calling the Hotline or online and a week following the call, we will have a transcript of the call online.

Tonight's topic is "Emotional Changes after Breast Cancer" and our speaker is Mary K. Hughes. Mary K. Hughes is a psychiatric clinical nurse specialist at the University of Texas at M.D. Anderson Cancer Center and we welcome you tonight Mary.

Mary K. Hughes: Thank you. It is my pleasure to be here and I will start out by saying a woman's ability to manage breast cancer diagnosis and treatment commonly changes over the course of the illness and it depends on your medical, psychological, and social factors, the disease itself such as the stage of diagnosis, the types of treatment recommended, symptoms, clinical course and prognosis; also, prior level of adjustment. Also, your own personality and coping styles and your prior experience with loss are the threat cancer poses to attaining age appropriate

developmental goals such as marriage, pregnancy, child rearing, career, or retirement; also, cultural, spiritual and religious attitudes, the presence of emotionally supportive persons and the potential for physical and psychological rehabilitation.

Now many women adapt well to learning the diagnosis and to the treatments offered with the support offered by oncologists, nurses, social workers, and the clergy and do not require psychiatric support but some women should be referred for psychiatric consultation. Now, if you remember back to when you were diagnosed with breast cancer, probably the first emotion you experienced was fear and a lot of times it is difficult to talk about fear because your family and your friends want to be very supportive and they tell you, "Oh, don't be afraid. Everything is going to be okay." But you have fear and one of the biggest fears is fear of dying, fear of the unknown, because you don't know how your cancer is going to act, how it is going to respond, fear of abandonment that a family may leave you, friends may leave you, fear of disfigurement; also, when you are getting treatment, you fear that you will never feel better; fear of pain, that is a big fear. Also, fear of being different. Then some of you may experience anger. You may be angry at the disease. Some of you are angry at God or at healthy people. You see people your age and they are healthy and you are not. You may be angry at yourself thinking, "Maybe there is something you did that caused this." You also may be angry at the nursing staff, at the doctors, at the people who treat you because you feel so bad.

Another feeling or emotion is sadness and you may be sad because of the losses you have experienced because of cancer. One of the losses, of course, is your health. Another is choice and when you think about it, you feel like you have

control when you have choices in your life but when you have choices taken away from you is when you feel like you have lost control. Some of you may feel like you have lost a future and some of you actually have lost friends and family because of your cancer. Some of you may have lost a job or job choices and of course the big loss, loss of your breast.

Another emotion that you may experience is disappointment. Your life plans have been disrupted. Some of you were ready to launch a career. Others wanted to have children. Some were going into retirement and those plans have been disrupted because of cancer. There is a change in your future, a change in your present, and disappointment at yourself for not being “strong,” whatever that means. I have a lot of people that tell me, “I used to be strong,” and when they tell me what strong means, it means not crying and not asking for help. So that creates disappointment in the self when they have to. Some people may experience depression and it may be just a feeling of depression or it may actually be a depression that needs treatment and the way you differentiate those is if you have these feelings for at least two weeks, you may need to have your depression treated; feelings of hopelessness, you don’t see a future. You can’t see anything beyond today. Not enjoying anything, anhedonia. It doesn’t matter what you do. You don’t enjoy it. You feel like you are just going through the motions and there may be crying but crying is not the only symptom of depression. Some women experience insomnia. They can’t go to sleep but a classic symptom of depression is early morning awakening, around 3:00 in the morning you awake. You don’t have to go to the bathroom. You just wake up and you can’t go back to sleep. Some of you can’t get out of bed. All you want to do is sleep. In the morning, you may see your family off to work or school and you don’t want to get out of bed and you don’t care. You don’t take a bath. You

have trouble making decisions. You also may experience appetite changes. For some of you, you eat more. Unfortunately, women feed their emotions. Others don't eat very much. There may be social withdrawal. People call you and leave messages or email you and you don't want to call back. You don't want to respond to the email. You may not care, apathy. You don't care about what you wear. You don't care about what you eat. You just don't care. Some of you report poor concentration in memory. That can be from chemotherapy but it also can be a sign of depression. Lack of interest in sexual activities, that can be a result of chemotherapy or it also can be a symptom of depression and irritability. Now many times you don't know if you are irritable but the people you live with certainly know you are irritable but that can be part of depression.

Another emotion that women experience is embarrassment. They may be embarrassed because they have cancer. They may be embarrassed because of where it is or embarrassed about drains or scars or implants or when your hair comes out. As you know, it not only comes out of your head, it comes out of all of your body and that may create embarrassment. Lymphedema, for some of you that is embarrassing, to have to wear a Jobst sleeve or a gauntlet and having difficulty finding clothes that fit correctly. You may be embarrassed by weight gain or your weight loss. When you get chemotherapy, you may notice the color. Your color changes and that may be an embarrassment. Another emotion that some of you experience is guilt. You may feel guilty because you feel like you caused your cancer. I know that many women that I see that have breast cancer will say, "Well, I got this cancer because of that divorce or because my teenagers were on drugs or because of this stressful job in my life." Guilty because you feel like you're a burden to your family, that you can't take care of people anymore. They have to take care of you. Some of you feel guilty because you feel like you

brought cancer into the family. Nobody in your family had cancer before you and you wonder if because you have cancer, your children may be at higher risk to have cancer and it is very difficult to allow people to take care of you and that is the burden that you feel like. You can't take care of your family anymore and sometimes it is hard to take care of yourself. Guilty because you don't have energy that you used to have. Fatigue is a very long, long lasting side effect of treatment and you just don't have the energy you used to. There also may be anxiety. Now, those of you who are worriers will just continue to be worriers and now you have something to worry about but anxiety is beyond being worried. It is when your worries interfere with your life. Sometimes you feel agitated and nervous. You can't sit still. You have difficulty sleeping. You keep thinking about the same thing over and over. You are not able to stop your thoughts. You may be irritable and grouchy. I have people tell me they can't turn their mind off and they are lying in bed thinking, "What if or if only," and you keep reliving things. You may have difficulty making decisions if you are anxious and worried. You may have difficulty staying in the present because instead of thinking about now today I need to go get my radiation, you think, "Well, what about if this radiation doesn't work and what about if I get burned and what about if the cancer comes back," so it is difficult for people who are anxious to stay in the present, in the here and now. And if you have anxiety, you also have poor concentration and memory.

Now treatment for many of these symptoms includes having a support group in place. Something like this, like Y-ME. Some of you go to Contact Can Care. Some of you are in an individual therapy. It can be family. It can be friends, a support group with other breast cancer survivors but sometimes some of these emotions are helped if you have an individual therapist. You may need to see a

psychiatrist to get medications to help with these feelings because they are so difficult especially if you are very depressed or if you are very anxious and it interferes with your life and with your ability to enjoy anything.

Now as you all know, feelings are not bad or good. Feelings just are. We all have feelings. There may be feelings we don't like or there may be feelings we have that other people don't like and they tell you, "Oh, you shouldn't feel that way." But that is the wrong thing for them to say. You feel how you feel and one of the hardest things for people who have a clinical depression is number one, going to see a therapist because that is very difficult because they feel weak and, "Oh, dear, now I have to have help." But the second thing is when you are depressed, often people will say, "Well, you just need to get out more. You need to go and do something. Get your mind off of it." Well, if you could choose to have a feeling, you would not choose to have depression. It is not a choice and often because of chemicals that are in your brain: serotonin, norepinephrine, dopamine; those chemicals may get off balance and that is what makes you feel depressed so it is not a choice. You are not feeling depressed because you want to. It is a horrible feeling and if you could feel any other way, you would. So what helps is if you have someone in your life who is understanding, who recognizes that you have depression or tell your medical caretaker that you don't feel hopeful about things and this just doesn't go away. It has been going on for weeks so that you can get treatment and it will help you get through your cancer and get through your life better if you are not depressed, if you are not anxious, but those are very hard things to ask for because you think you should be able to do this by yourself and you realize that the more people that you have in your life who support you whether it is family or friends, if it is from your church or synagogue, it helps you. Those are your resources and those people can help

you and when you are depressed, you feel all alone and you feel like nobody is out there and nobody cares and it doesn't matter that there are people there; you don't feel it. So it is very, very important to get those treatments for the depression or anxiety and sometimes you may say or you hear your doctor or nurse say, "Well, of course you are depressed. You have cancer." Depression is a treatable condition. If you had a broken arm, even though you have breast cancer, you would get the broken arm treated. The same thing with depression or anxiety. Those are treatable conditions and they can be treated even though you have breast cancer. You don't have to be depressed. You don't have to have anxiety and just say, "Well, this just goes with the territory." It is common in about 20% of people with cancer. They have depression so it is pretty common but it is often undiagnosed and under-treated and that makes the whole cancer experience worse when you are feeling depressed or anxious. Now, I will take questions.

Janet: **This is an example now. I was going to say something and I forgot the question. I forgot what I was going to say. This is what happens to me many times. I get a thought and then a few seconds later I forget what I was going to say. See I am very upset now.**

Mary K. Hughes: Well, sometimes I am sure you have read about what they call it "chemo-brain." Sometimes chemotherapy can affect your thinking and your memory and your concentration and how people learn to handle that is to carry a little pad with them and write down as they have a thought.

Janet: **Right, right. Does this last forever because I had the chemo about five years ago?**

Mary K. Hughes: Well, it can. For some women, it does last a long time and they are doing studies here at M.D. Anderson and I don't think they have gone to five years but I know they have checked women two years after chemotherapy and found that some women still have poor memory and concentration and they have had to do some cognitive retraining to learn how to deal with that.

Janet: **Can you tell me what cognitive training is?**

Mary K. Hughes: Well, it teaches you how to write down your ideas and use little trigger words to spark a memory and psychologists are usually the ones who do that.

Janet: **See, when I meet people in the street sometimes, they tell me their name and it is very embarrassing. I forget their name after a minute.**

Mary K. Hughes: Do you repeat their name when they say it to you?

Janet: **Do I repeat their name? Sometimes I do, yes.**

Mary K. Hughes: Sometimes that helps; like Janet, I know that is your name.

Janet: Janet, yes.

Mary K. Hughes: Hi Janet and then sometimes that can help.

Janet: Right.

Mary K. Hughes: But you can probably look on Google and look at cognitive retraining - -

Janet: I don't have a computer.

Mary K. Hughes: - - or cognitive restructuring or somebody can do that for you and you can find out information about that.

Janet: **But this is not unusual what happened to me just now?**

Mary K. Hughes: No and multi-tasking is very difficult and many of you might have found that you could do three or four things at once and now you can do one thing at a time and that is it.

*Operator: Our next question comes from Patricia from Florida. Please go ahead.*

Patricia: **Hi. My surgery and everything was a year and a half ago and I had stage one but I had a lot of complications. I had a seroma with an open wound for four and a half months and I have a whole lot of complications and I am obsessed with recurrence because of the complications that I had and I can't get over it.**

Mary K. Hughes: So are you a worrier?

Patricia: Yes.

Mary K. Hughes: So remember what I said about if you are a worrier, now you really have something to worry about?

Patricia: Yes.

Mary K. Hughes: So the difficult part about living with cancer is controlling your fear of recurrence. That you don't have any control of whether it comes back or not.

Patricia: No.

Mary K. Hughes: You go to the doctor. You do whatever. Have the checkups like they say but you can control how you live with cancer and that is a big challenge for worriers. It is hard to be in the present because you are so future-oriented, and so you have to learn to live everyday you are well and you plan for things like you are going to be cancer-free forever. I have had some people come to see me that were cancer-free for five years or whatever and got cancer back and they tell me they wasted those five years worrying about getting cancer and now that they have it; they can't get those five years back. So do what is important to you. That is the hard thing is figure out what is important to you and what you really want to do, do it so that if God forbid it should come back, you have done the things that are important. If it doesn't come back, you can do more and more things. I think what you will notice and people tell me with cancer that they don't put off anymore what they want to do. If they really want to do it, they do it and then because if they put it off, then they might not get it done so whatever is important, you do it and focus on right now, you are okay. And sometimes medications can help with the anxiety. Sometimes they can kind of help reign things in and cognitive behavioral therapy can teach you about putting your worries in perspective and focusing on things you can do and things that are important to you.

Patricia: **Are there any books that you recommend?**

Mary K. Hughes: Oh, no. I am sorry. I haven't thought of any.

Patricia: **But you definitely recommend like an antidepressant or something, too?**

Mary K. Hughes: Yes, an antidepressant. The antidepressants like Zoloft or Prozac or Celexa or Lexapro also can help with worry. They help with depression and worry at the same time and you just take one a day and other drugs like Ativan or Xanax or Klonopin, you have to take a couple times a day. They are just for anxiety but you take them as you feel anxious. If you are anxious most of the time, then an antidepressant in the SSRI family is very good and your oncologist may give that to you or your oncologist may recommend you go to psychiatry and get that taken care of.

Patricia: Yes, okay.

Mary K. Hughes: Well, good luck to you.

Patricia: Thank you.

*Operator: Our next question comes from Leonora. Please go ahead.*

Leonora: Yes, hi.

Mary K. Hughes: Hi.

Leanora: **Yes, I had my cancer, breast cancer, two years ago. I had to have my left breast off and I got lymphedema so I have this ugly arm but the worst of it is, is that my husband of 30 years had an affair while I was going through all this and he didn't just have one. He had another one even after I confronted him about it so I have felt very... I can't even explain it because I have had long hair all my life and I went from having long, pretty hair to none and having this big fat arm and no breast and so when he did that to me, it was even worse.**

Mary K. Hughes: So you think he had the affair because of you, not because of him?

Leanora: **Well, I am trying to make myself think that way but it was pretty hard since I thought I knew him, that he would never do this to me because I have never known him to do that in 30 years.**

Mary K. Hughes: And that was his first affair?

Leanora: **Yes and I asked him if he ever had anymore and he swore to me that he didn't and I said, "I can't understand. Why would you do it now?" And he said, "I don't know why."**

Mary K. Hughes: Yes. Well and it came at a terrible time for you but when you look at other couples around 25 to 30 years, it is a time when guys start having affairs and has nothing to do with their wife. You probably have some friends or know people that have been married that long and suddenly they get a divorce. Well, the kids have moved out and they have to look at each other and that is all they have and

the relationship changes a lot over the years so it came at a bad time for you because you are being treated with cancer and sometimes you may need to go to marriage counseling to figure out that this wasn't about you. This was about him. It affected you. It hurt you deeply but it was about him.

Leanora: **Yes, I am grateful that I have my faith because that is how I have gotten through all this but all the things that you said, I could relate to every one of them but the worst thing I have been having lately is I cannot sleep. I can go for days. I literally mean three days, four days at a time and not sleep.**

Mary K. Hughes: So did you talk to your doctor about this?

Leanora: **No, I really haven't and when I even went through my chemo and all, I am a person where there was alcohol and drugs in my family and to the point that I raised my own mom who was an alcoholic and I have never drank or drugged or smoked in my life because I am so against it and afraid of it. I am terrified of it because it is in my family so bad so even when I went through the worst times with my chemo, I didn't take any pills or anything. I wouldn't take them.**

Mary K. Hughes: So are you taking something like tamoxifen or Arimidex?

Leanora: I have never taken any of it.

Mark K. Hughes: So your tumor was not ER positive?

Leanora: It is the kind that didn't respond for - -

Mary K. Hughes: So it is ER negative.

Leanora: Yes.

Mary K. Hughes: Estrogen receptive - -

Leanora: Yes, they couldn't give me whatever it is that they could give other women.

Mary K. Hughes: Yes because sometimes women have insomnia with that but I think it is really important for you to talk to your physician and tell the physician that you are having insomnia, you are not sleeping, because it is very important to sleep because when you sleep is when your body restores itself.

Leanora: **And see sometimes when I fall asleep, I think what it is is that I am really afraid to sleep because I have experienced my tongue going to sleep and different things and I am so afraid I am going to die, deep down. I am really terrified that something else is going on and I am afraid.**

Mary K. Hughes: So you heard my answer to the other lady who was worried about getting more cancer.

Leanora: **Yes, like the more we think?**

Mary K. Hughes: Yes and so maybe the same thing for you, that you may need to talk to a psychiatrist or therapist and help you deal with these fears and the anxiety that you have and sometimes medication can be very good for that.

Leanora: **Is there one medication that I wouldn't have to worry about getting addicted because of my family history?**

Mary K. Hughes: Oh, yes, antidepressants are not addicting at all.

Leanora: **They are not?**

Mary K. Hughes: No and you just take one a day and usually they take a couple weeks to work because they have to build up a certain level in your body but those aren't addicting at all and you don't build up a tolerance but some people need them forever. They are just kind of depressed and they need that all the time, just one pill a day, and it is not addicting and people wouldn't steal it from you. It doesn't have any drug value, any street value, but it is very good for treating the kind of ongoing anxiety it sounds like you might have.

Leanora: **I am 67. Is that still okay at my age?**

Mary K. Hughes: Oh, yes, absolutely.

Leanora: **Really?**

Mary K. Hughes: Yes.

Leanora: **Which one would you suggest though? Which one of the anxiety again?**

Mary K. Hughes: It is an antidepressant in the SSRI family so talk to your doctor and ask them to send you to a psychiatrist and the psychiatrist can treat you. They are the best at treating the symptoms that you are having.

Leanora: Oh, all right, honey. Thank you so much.

Mary K. Hughes: Yes, you are welcome. Good luck.

Leanora: Thanks.

*Operator: Our next question comes from Margaret from New Jersey. Please go ahead.*

Margaret: Hi. How are you?

Mary K. Hughes: Fine, how are you doing?

Margaret: **I am just trying to get through the fourth chemo. I had Stage I and the first chemo and the second chemo but the third one bothered me and now tomorrow I am going and I had my days. Today I was crying. Yesterday I felt good and I go every three weeks and I am just hoping to get through this. It was stage one. They just caught it. They just caught it.**

Mary K. Hughes: Good.

Margaret: It didn't spread. It didn't go anywhere and I am nervous some. I am not going to lie to you.

Mary K. Hughes: What are you nervous about?

Margaret: **I am just nervous like am I going to get through this? Am I going to - -**

Mary K. Hughes: Well, when you think about it, you are at the very end and the light is at the end of the tunnel.

Margaret: I know.

Mary K. Hughes: But it is not unusual at the end of treatment for people to either notice that they are more depressed or more anxious because when you first get diagnosed, you are so surprised you have cancer and then you get on the treatment treadmill, I call it. You either get chemo or surgery, radiation, whatever, and as you start getting to the end of your treatment, it suddenly hits you. Wow! You have a chronic disease. You have breast cancer and how it has affected your life. Your present and your future and it is not unusual for anxiety to be higher at the end or depression. You notice you are depressed so it may be important for you to talk to your doctor and see if you can get sent to see a therapist or see a psychiatrist to talk about these issues that you have or if you have a support group. That is a real good place to talk about your fears but if they are overwhelming to you, if they are interfering with your life, then you may need some medication to help you deal with those to kind of calm you down so that you can enjoy your life and you can realize that, well, your treatment is over and you made it through the worst part. Chemotherapy is hard.

Margaret: **When the doctor told me I had lobular carcinoma, I said, “You are crazy! I have it?” I went every year faithfully to mammography.**

Mary K. Hughes: Yes and sometimes it just doesn't pick up that way but the good thing is you were diagnosed early and you are getting your treatment and you just have one treatment to go. That is it.

Margaret: I have tomorrow and then I have April. I have two in April and that is it and I guess I am going to go on the Arimidex. I will probably go on the Arimidex.

Mary K. Hughes: So you have five years of that.

Margaret: **Yes and you know in my mind, will I get through this? Will I survive?**

Mary K. Hughes: Well, you know you will. You know you will. Sometimes it doesn't feel like you will because you feel so sick and you just - -

Margaret: I had beautiful hair and my hair just fell off in the sink.

Mary K. Hughes: Yes and most women tell me it is so traumatic when their hair falls off and you feel guilty because you think, “Well, it is just hair. It will grow back,” but it is terrible. You have had hair all your life.

Margaret: I had gorgeous hair.

Mary K. Hughes: Yes and then to see it fall out in hunks, it is really traumatic. It is really hard.

Margaret: And they can't do anything for that.

Mary K. Hughes: No.

Margaret: No, they can't do anything for that.

Mary K. Hughes: There is nothing at all. It is just a matter of time, getting through all of the chemo and then - -

Margaret: I put makeup on every day but it is - -

Mary K. Hughes: Well, it doesn't feel the same. Your eyebrows fall out. Your eyelashes thin and people tell you that you look good and you look in the mirror and think, "Oh, I know I don't look good."

Margaret: Absolutely.

Mary K. Hughes: You think, "Are they crazy?" But you don't want anybody to say, "Oh, you don't look the same."

Margaret: You know I have to learn to live with this. It could have been worse. It could have been... I hear of people that have Stage IV. They are walking around. They are doing well.

Mary K. Hughes: Yes and do you know those people know people who have it worse, too, so you can always find somebody that has it worse but at the end of the day, you still have to go home with what you have.

Margaret: Exactly.

Mary K. Hughes: And so it doesn't make yours any better. You still have breast cancer. You still have to live with it.

Margaret: Your whole life changes, you know; your whole life changes.

Mary K. Hughes: Yes, absolutely and you are now a little bit more than half-way through. When you get this treatment tomorrow, you will be almost two more down the road.

Margaret: I know.

Mary K. Hughes: So you know you will be able to get through it and hopefully you have a good family and a good support group.

Margaret: Oh, yes, my children... I am 62. My children are very good to me and that is it, my family, and that is it but anybody tells you that it is nothing. They are lying. Let me tell you.

Mary K. Hughes: Oh, no. I don't believe them. I wouldn't believe them. I have seen too many women that it is very hard.

Margaret: I went from a glamorous woman to this and I - -

Mary K. Hughes: Well, your glamour days aren't over. You just had a little break so go and talk to your doctor and maybe there is a therapist.

Margaret: Thank you for listening.

Operator: *Our next question comes from Dottie from Virginia. Please go ahead.*

Dottie: **Hi. I am just wondering whether you have any suggestions of how we can encourage our matches if we feel like they need some counseling?**

Mary K. Hughes: Well, unfortunately, most of you probably have male partners and they don't like to talk. They are more task-oriented and "Tell me to do something but not just talking. Talking doesn't help." For them, they don't think talking or their presence is that important so if you tell them you want it, it is important to you for them to go and talk about their feelings, what studies have shown is that the men are just glad that you are alive. They are so focused on you being alive and that is what is very important to them. Other things in the relationship are important but not as important as you surviving this and being alive. And some men don't know how to nurture very well and for many, many couples, the woman has done the nurturing all during the relationship and suddenly they can't do it and some men don't intuitively do that. They have to be told what to do and it makes the woman feel like, "Well, he doesn't care. He goes off and leaves me and I can't even barely get to the kitchen to get a glass of water." And you know, if it were you, you would have a glass of water there, a sandwich made in the fridge, and everything so that the person would have it and they don't think about that. If you told them, "Would you fix me a sandwich, fix me something so that when I get

ready to eat, I will have it?" They will do it but just thinking about it, they don't intuitively think like that so that creates hurt feelings because you feel like, "Well, he doesn't care. If he cared, he would be doing more or I wouldn't have to tell him what to do." But unfortunately, they have to be told what to do and that is just the nature of the beast.

Dottie: Thank you.

*Operator: Our next question comes from Don from Maryland. Please go ahead.*

Don: Hi.

Mary K. Hughes: Hi. Oh, hello Don.

Don: In a way, I have to react to your thing about men being beast but that is okay. I understand the context. I mean I am a survivor of six years. I am 76.

Mary K. Hughes: Good for you.

Don: **Yes but my question is I thought your point in the beginning was very good that the pre-cancer coping skills and behavior and background, etc., influenced how you respond to the diagnosis and treatment.**

Mary K. Hughes: Absolutely.

Don: **Could you talk more about that?**

Mary K. Hughes: Yes. The example I gave was like people who are worriers before they had cancer, if they are worriers, when they get cancer they are going to worry a lot more. People who use anger, if anger was one of their coping mechanisms and if that is how they reacted to crises in their life, when they get cancer which is a crisis in your life, anger will be the thing that they use. If people, if one of the ways they coped was to drink alcohol or to smoke a lot, when they get cancer, unfortunately, that is how they know how to cope or if they had very poor coping mechanisms and like drinking and smoking is not a great coping mechanism, that is what they will do so you don't get a big personality change with cancer, as you know. It just magnifies what you already know how to do so I ask people, "How did you deal with other crises in your life? What helped you get through your divorce or through having teenagers?" And that is what they will do. That is what they will use to help them get through cancer.

Don: Thanks.

Mary K. Hughes: Okay.

Don: Right.

*Operator: Our next question comes from Karen from New Jersey: Please go ahead.*

**Karen: Thank you. Thank you, Mary, for your talk. It has been very informative. I had a question regarding the relationship of different chemotherapy drugs and emotional changes and also that I am five years out and aren't come of the emotional changes also because for some of us I haven't heard anybody at my age but I was diagnosed at age 44 so I was thrown into**

instant menopause and, yes, I have been dealing with anxiety and depression. I take Ativan and every time I have tried an SSRI, I have had terrible, terrible side effects from each one that I tried. One has been worse than the one before it and so I am just making due with the Ativan but I know that I am suffering from depression and the SSRIs make me even more fatigued and my energy levels have not come back. Now, I don't know if this is because I had Taxol. I had a very aggressive, large tumor. I had a 5 centimeter tumor and it was inside that of ten lymph nodes but I am still here for everybody else after five years and I just wanted to mention journaling as a good coping mechanism and that a gentlemen, the other people's spouses who don't want to go to support groups, one breast cancer's husband did write a book for the men and I believe it is on the Y-ME Web site.

Mary K. Hughes: Oh, okay, good.

Karen: So it might be helpful to some of their spouses. Mine is since deceased.

Mary K. Hughes: Oh, I am sorry.

Karen: He was a wonderful supporter.

Mary K. Hughes: That is a great loss. You did bring up a good point. Sometimes women, even post-menopausal women that get breast cancer that might have been on hormone replacement have to get off their hormones.

Karen: Right.

Mary K. Hughes: And that gives them hot flashes, can cause mood swings, can cause insomnia so just the symptoms of menopause are difficult to deal with, not counting having cancer also and sometimes fatigue is very, very long lasting. Here at M.D. Anderson we have a fatigue clinic because it is such a troublesome side effect that for some people it lasts for years, not just after the treatment or during the treatment. Sometimes it lasts for a long time after that and you know when you feel tired, you just don't feel like doing anything. It takes energy to engage in activities and be social with people and when you are tired, that kind of takes it out of you and sometimes Arimidex, tamoxifen, Faslodex, Femara, those kinds of drugs can also sometimes help women notice that they feel depressed or feel anxious with that. For the most part they don't but for some women, it does; it does affect them.

Karen: I couldn't tolerate any of them.

Mary K. Hughes: There are other drugs besides SSRIs. There are the SNRIs like Effexor and Cymbalta and there is also Wellbutrin. Those are in different classes that can also help with the depression.

Karen: **Oh, okay. They are not SSRIs?**

Mary K. Hughes: No.

Karen: **Effexor, Wellbutrin, and what was the other one?**

Mary K. Hughes: Cymbalta.

Karen: Cymbalta, okay.

Mary K. Hughes: Those are not SSRIs.

Karen: Oh, all right. Thanks.

Mary K. Hughes: So ask your doctor about that.

Karen: **Is there a difference between the Effexor, what is it, XF?**

Mary K. Hughes: XR.

Karen: **XR and the regular Effexor?**

Mary K. Hughes: The Effexor XR lasts longer so you don't have to take it... Like the regular Effexor, if you are taking it for depression, you need to take it two or three times a day. The Effexor XR you could take once a day, just long release and you don't have to take them as often.

Karen: Okay. Thank you.

*Operator: Our last question comes from Joann. Please go ahead.*

Joann: **A couple of things as I was listening to this call. I just wanted to say I was diagnosed. It has been four years since treatment and I was diagnosed at 40 and I was married at the time. My husband was very supportive at the**

**time during treatments and he gave me shots, etc., etc. I had Stage I. I had a lumpectomy, chemotherapy and radiation and what I experienced, my energy is back. Everything has been really good and the scar is minimal but I wasn't prepared for having issues below the waist I think.**

Mary K. Hughes: Sexual changes?

Joann: **Yes, I think that is a dirty little secret that nobody really talks about. Unfortunately, my husband had an affair like somebody else, another caller, and if there is anything I had to looking back recommend is that I think that marriage counseling or sexual counseling or something would have been really beneficial and it might be too late for us but - -**

Mary K. Hughes: Well, I agree and one of the things I am asked to speak about frequently is sexual changes with cancer and maybe we could schedule that at some future talk but, yes, there are sexual changes with all kinds of cancer treatment. It doesn't matter if it is chemo, radiation, or hormone treatment so that is unfortunately a... And nobody talks about it, "Sexually how are things going?" So that is a sad thing but maybe in the future that would be a topic that - -

Joann: Yes, definitely because I would have expected it possible to have issues with my breast. I didn't expect to have it outside of that area.

Mary K. Hughes: Right and that is the surprise that most women tell me they don't expect, yes.

Joann: Yes and it is horrible.



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Mary K. Hughes: I am sorry you had to go through all of that.

Joann: Yes. Thank you.

Mary K. Hughes: Well, thank you. Thank you for inviting me. It was my pleasure.

Arline Kallick: You are welcome.