The Women's Health Research Program

Health Bulletin
September 2012

Breast reconstruction following mastectomy in Australia: Findings from the BUPA Health Foundation Health and Wellbeing After Breast Cancer Study[1]

Following surgery for breast cancer some women go on to have breast reconstruction. Our large prospective study – the BUPA Health Foundation Health and Wellbeing after Breast Cancer Study (BUPA Study) provided us with the opportunity to determine the proportion of women having a breast reconstruction within two years after a mastectomy, the factors associated with having a reconstruction and assess the self-reported wellbeing in relation to breast reconstruction.

The Bupa Study involves a large cohort of Victorian women diagnosed with breast cancer between 2004 and 2006. The women in this study all completed an enrolment questionnaire within 12 months of diagnosis and then completed a follow-up questionnaire every 12 months for the following five years. We have previously shown that the women in this study are representative of all Victorian women diagnosed with invasive breast cancer in terms of their age, tumour size at diagnosis and their location of residence[2].

25.4% of 366 women who had removal of the breast in which their breast cancer occurred (unilateral mastectomy) and who remained disease free had undergone a reconstruction by two years from diagnosis. This is a higher proportion than that previously reported[3]. In our study, women were more likely to have had a breast reconstruction if they were younger, educated beyond school, living in the metropolitan area, had private health insurance, did not have dependent children and had not had radiotherapy[1]. When these factors were considered together they explained nearly 40% of the likelihood of reconstruction.

Bupa Health Foundation Health and Wellbeing after Breast Cancer Study team: from the left Dr Pam Fradkin, Penny Robinson, Maria La China, Professor Robin Bell, Jo Bradbury.

Clearly decision making about reconstruction is complex. It is well established that older women are less likely to undergo reconstruction than younger women and radiotherapy can cause tissue damage which reduces the suitability of the individual woman for reconstructive surgery. The decision to have a reconstruction has been reported from qualitative studies to involve considerations such as the "restoration of femininity". However our study has shown that fundamental characteristics such as level of education, location of residence, health insurance status and having young children were also associated with the likelihood of reconstruction.

Despite the fact that reconstruction following breast cancer is covered by universal health insurance in Australia, private health insurance status may have been influential in this analysis because women without private health

insurance are known to wait considerably longer than 2 years for their surgery in the public hospital sector. The observation that women having a reconstruction were less likely to have a child or children aged 12 years or younger is consistent with a previous observation that women include child care and work disruption in decision making about reconstructive surgery.

There was a small difference in self-reported wellbeing between women who did and did not have a reconstruction. However this difference may not have been the result of the reconstruction as women undergoing a reconstruction could have had better wellbeing even prior to their reconstructive surgery.

Overall our findings suggest that although the proportion of women having reconstructive surgery in Australia is increasing, there are still gaps in our understanding of both factors influencing the decision to have a reconstruction and the contribution of reconstruction to overall psychological wellbeing.

1. *Bell RJ, Robinson PJ, Fradkin P, Schwarz M, Davis SR (2012) Breast reconstruction following mastectomy for invasive breast cancer is strongly influenced by demographic factors in women in Victoria, Australia. Breast 21:394-400.*

2. *Lijovic M, Davis SR, Fradkin P, La China M, Farrugia H, Wolfe R, Bell RJ (2008) Use of a cancer registry is preferable to a direct-to-community approach for recruitment to a cohort study of wellbeing in women newly diagnosed with invasive breast cancer. BMC Cancer 8:126.*

3. *Hall SE, Holman CD (2003) Inequalities in breast cancer reconstructive surgery according to social and locational status in Western Australia. Eur J Surg Oncol 29:519-525.*

NEWSFLASH

Health benefits of chocolate match those of red wine

The Kuna Indians of Panama have been consuming cocoa for centuries. Their very low rates of heart attack, hypertension and stroke has been attributed to their consumption of cocoa – said to be 4-5 cups per day. Research studies have now shown that consuming just a small amount of chocolate every day slightly lowers blood pressure, may have favourable effects on cholesterol and may provide some protection against dementia. Flavinols appear to be the key component of cocoa that results in these effects. The beneficial effect of chocolate on blood pressure appears to be small (a blood pressure lowering of 2 to 3 mmHg).

References:

Ried K, Sullivan TR, Fakler P, et al. Effect of cocoa on blood pressure. Cochrane Database Syst Rev 2012; DOI: 10.1002/14651858.CD008893.pub2.

Desideri G, Kwik-Uribe C, Grassi D, et al. Benefits in cognitive function, blood pressure, and insulin resistance through cocoa flavanol consumption in elderly subjects with mild cognitive impairment. The Cocoa, Cognition, and Aging study. Hypertension DOI: 10.1161/HYPERTENSIONAHA.112.193060.

Get involved in research

Antidepressants ruining your sex drive?

Sexual difficulties, such as loss of sexual desire, inability to become aroused or achieve orgasm, are established side-effects of anti-depressant therapy. To date there has been no treatment available for women with loss of libido or low arousal due to anti-depressants. Studies have shown that testosterone therapy can improve libido in women not taking antidepressants.

In this study we will evaluate whether testosterone treatment (given by a skin patch) is effective in improving sexual interest, arousal and orgasm among women taking anti depressants known as “Selective Serotonin Reuptake Inhibitor (SSRIs)” or “Selective Noradrenalin Reuptake Inhibitors (SNRIs)” medications.

Your participation will involve three visits to the Alfred Centre in Prahran [Melbourne]. You will be randomly allocated to be treated with either a testosterone patch or a placebo patch and will be monitored for three months.

You may be able to participate in this study if you:

- are a woman aged between 35–55 years;
- have been taking a stable dose of one of SSRIs (sertraline, citalopram, paroxetine, fluoxetine or fluvoxamine) or SNRIs (venlafaxine) for the past three months; and
- are experiencing sexual difficulties and for which you would like to be treated.

If you would like more information, regarding this and other studies please visit our website **womenshealth.med.monash.edu** or contact the Women’s Health Research Program on 03 9903 0820 or by email on *womens.health@monash.edu*