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### Briefing Series on the Role of Psychology in Health Care **Colorectal Cancer**

- Colorectal cancer, which refers to cancer of the colon and/or rectum, is one of the most commonly diagnosed cancers and the second leading cause of cancer-related deaths in the United States. It was estimated that 142,820 new cases of colorectal cancer would be diagnosed in 2013 and that there would be 50,830 deaths.<sup>1</sup>
- Like many cancers, colorectal cancer requires intensive treatment (i.e., surgery, chemotherapy, and/or radiation therapy) that may have adverse side effects and impair body image, sexuality, social functioning, physical and psychological well-being, and quality of life.<sup>2</sup> In addition, up to 35% of colorectal cancer patients may require a colostomy, which increases the likelihood of social isolation, body image issues, intimacy problems, and marital strain.<sup>2, 3</sup>
- The most common concerns about quality of life reported by colorectal cancer patients include: emotional problems, lack of energy, sexual dysfunction, bowel problems, and poor body image.<sup>4</sup> Risk factors for psychological distress and poorer quality of life in colorectal cancer patients include: low social support, low optimism, negative threat appraisal, having rectal cancer, later stage disease, and a permanent stoma (i.e., a surgical opening to the outside of the body, such as a colostomy).<sup>5</sup>
- Psychological distress is common among colorectal patients even five years after diagnosis. Patients may experience distress in the form of anxiety, depression, and traumatic stress symptoms. Furthermore, anxiety and traumatic stress symptoms are related to pain and gastrointestinal distress.<sup>6, 7</sup>

#### **| How Psychologists Can Help**

- Psychologists can utilize various diagnostic measures and interviewing skills to assess psychological distress, coping, threat appraisal, and social support, which are related to quality of life for colorectal cancer patients.<sup>8-11</sup>
- Psychologists are in a position to help patients resolve symptoms of depression<sup>12</sup> and anxiety.<sup>13</sup> They can also help families cope with the demands of caregiving<sup>14</sup> and with the process of bereavement.<sup>15</sup>
- There is clear evidence that various psychological interventions (e.g., cognitive behavioral therapy, relaxation training, and group therapy) can reduce psychological distress, as well as improve self-esteem, optimism, social functioning, and self-efficacy of colorectal cancer patients.<sup>13-16</sup>

## References

1. American Cancer Society (2013). *Cancer facts and figures 2013*. Retrieved from: <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-036845.pdf>
2. Krouse, R. S. (2010). Gastrointestinal cancer. In J. C. Holland, W. S. Breitbart, P. B. Jacobsen, M. S. Lederberg, M. J. Loscalzo, & R. McCorkle (Eds.), *Psycho-Oncology* (2nd ed., pp. 140-145). New York, NY: Oxford University Press.
3. Northouse, L. L., Mood, D., Tenplin, T., Mellon, S., & George, T. (2000). Couples' patterns of adjustment to colon cancer. *Social Science & Medicine*, *50*(2), 271-284.
4. Phipps, E., Braitman, L. E., Stites, S., & Leighton, J. C. (2008). Quality of life and symptom attribution in long-term colon cancer survivors. *Journal of Evaluation in Clinical Practices*, *14*(2), 254-258.
5. Chambers, S. K., Meng, X., Youl, P., Aitken, J., Dunn, J., & Baade, P. (2012). A five-year prospective study of quality of life after colorectal cancer. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation*, *21*(9), 1551-1564.
6. Dunn, J., Ng, S. K., Holland, J., Aitken, J., Youl, P., Baade, P. D., & Chambers, S. K. (2012). Trajectories of psychological distress after colorectal cancer. *Psycho-Oncology*, *22*, 1759-1765.
7. Pereira, M. G., Figueiredo, A. P., & Fincham, F. D. (2012). Anxiety, depression, traumatic stress and quality of life in colorectal cancer after different treatments: A study with Portuguese patients and their partners. *European Journal of Oncology Nursing*, *16*, 227-232.
8. Lavdaniti, M., Barbas, G., Fratzana, A., & Zyga, S. (2012). Evaluation of depression in colon cancer patients. *Health Science Journal*, *6*(4), 681-692.
9. Lynch, B. M., Steginga, S. K., Hawkes, A. L., Pakenham, K. I., & Dunn, J. (2008). Describing and predicting psychological distress after colorectal cancer. *Cancer*, *112*(6), 1363-1370.
10. Rinaldis, M., Pakenham, K. I., Lynch, B. M., & Aitken, J. F. (2009). Development, confirmation, and validation of a measure of coping with colorectal cancer: A longitudinal investigation. *Psycho-Oncology*, *18*(6), 624-633.
11. Rinaldis, M., Pakenham, K. I., & Lynch, B. M. (2012). A structural model of the relationships among stress, coping, benefit-finding and quality of life in persons diagnosed with colorectal cancer. *Psychology & Health*, *27*(2), 159-177.
12. Cheung, Y. I., Molassiotis, A., & Chang, A. M. (2003). The effect of progressive muscle relaxation training on anxiety and quality of life after stoma surgery in colorectal cancer patients. *Psycho-Oncology*, *12*, 254-266
13. Carmack, C. L., Basen-Engquist, K., Yuan, Y., Greisinger, A., Rodriguez-Bigas, M., Wolff, R. A. et al. (2011). Feasibility of an expressive-disclosure group intervention for post-treatment colorectal cancer patients. *Cancer*, *117*(21), 4993-5002.
14. Lee, V., Cohen, S. R., Edgar, L., Laizner, A. M., & Gagnon, A. J. (2006). Meaning-making intervention during breast or colorectal cancer treatment improves self-esteem, optimism, and self-efficacy. *Social Science & Medicine*, *62*, 3133-3145.
15. Hoon, L. S., Sally, C. W., & Hong-Gu, H. (2013). Effect of psychosocial interventions on outcomes of patients with colorectal cancer: A review of literature. *European Journal of Oncology Nursing*, *17*, 883-891.
16. Greer, J. A., Park, E. R., Prigerson, H. G., & Safren, S. A. (2010). Tailoring cognitive-behavioral therapy to treat anxiety comorbid with advanced cancer. *Journal of Cognitive Psychotherapy*, *24*(4), 294-313.

The American Psychological Association (APA) gratefully acknowledges the contributions of Eunice Joy G. Perez, MS, and Mark F. Heiland, PhD (Siteman Counseling Service, Siteman Cancer Center, Barnes Jewish Hospital-Washington University School of Medicine), in developing this briefing sheet on colorectal cancer. This briefing sheet series is a joint project of APA and the Interdivisional Healthcare Committee, a coalition of health-oriented divisions within APA.