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.1

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.2 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.2,3

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.4 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).5

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.6,7

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.8-11

Psychologists are in a position to help patients resolve symptoms of depression12 and anxiety.13 They can also help families cope with the demands of caregiving14 and with the process of bereavement.15

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.13-16
References


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