This material is protected by U.S. copyright law. Unauthorized reproduction is prohibited. To purchase quantity reprints, please e-mail reprints@ons.org or to request permission to reproduce multiple copies, please e-mail pubpermissions@ons.org.

CJON WRITING MENTORSHIP PROGRAM ARTICLE

Interventions for the Management of Weight and Body Composition Changes in Women With Breast Cancer

Michelle Rooney, MSN, APRN-BC, OCN®, and Adrienne Wald, RN, MBA

Weight gain and body composition changes are common during the first year after breast cancer diagnosis. Women who are overweight or obese at the time of diagnosis or who gain weight following diagnosis are at higher risk for adverse clinical outcomes. Unhealthy weight conditions, compounded or caused by weight gain after diagnosis, are a considerable challenge for women with breast cancer during and after treatment. Despite the prevalence of weight gain in women with breast cancer as well as its adverse effects, little research has examined preventive and therapeutic interventions targeting reduction of weight and/or body fat. The purpose of this article is to update the state of knowledge on weight gain and body composition changes in women with breast cancer. Current evidence from weight intervention studies, including diet, exercise, and combined approaches for weight loss—or for prevention of weight gain—are reviewed. Along with published practice guidelines, the currently available information provides guidance for oncology nurses on the methods that can impact unhealthy weight conditions associated with breast cancer.

n the United States, more than 2.8 million women are living with breast cancer, with an overall five-year survival rate of about 84% (Breastcancer.org, 2005). Early diagnosis and the advent of new and enhanced treatment approaches have led to improved survival and allow a broader focus on longer-term survival and the risk of recurrence, as well as quality-of-life issues. Weight gain that occurs primarily during the first year after a breast cancer diagnosis has been recognized for several decades as a common complication of the disease (Ingram & Brown, 2004). At the same time, weight gain has been found to be a factor that may decrease survival, increase the risk of recurrence of secondary cancers, or contribute to the risk of other comorbidities (e.g., cardiovascular disease, diabetes, depression). Therefore, healthcare providers must review the evidence from intervention studies, along with practice guidelines from key professional organizations, that targets weight loss and prevention of weight gain as well as its associated adverse consequences in women with breast cancer. A brief summary of the store of knowledge on the subject follows.

Literature Review

The authors conducted a literature search using the CINAHL® and PubMed databases. Major review articles and primary research studies on different aspects of weight status and body composition in conjunction with a breast cancer diagnosis and treatment were reviewed first. The publication date of articles

At a Glance

- Weight gain is a common problem after breast cancer diagnosis and has been associated with an increased risk of recurrence, decreased survival, and other morbidities.
- Intervention trials for weight loss in the breast cancer population are limited, and results are mixed; however, exercise and intensive, combined interventions may have the most impact on weight management.
- Nurses play an important role in assessing patients at risk for adverse weight conditions and helping them safely integrate diet, exercise, and other lifestyle changes in their lives.

Michelle Rooney, MSN, APRN-BC, OCN®, is a nurse practitioner at the Diablo Valley Oncology and Hematology Medical Group, Inc., in Walnut Creek, CA; and Adrienne Wald, RN, MBA, is a doctoral student in the nursing eduction program in the Health and Behavior Studies Department in Teachers College at Columbia University in New York, NY. At the time this article was written, Wald was a vice president at Health Management Solutions in Westport, CT. The authors were participants in the 2005 Clinical Journal of Oncology Nursing Writing Mentorship Program, which was underwritten through an unrestricted educational grant by Amgen Inc. No significant financial relationship to disclose. (Submitted December 2005. Accepted for publication April 12, 2006.)

Digital Object Identifier: 10.1188/07.CJON.41-52