

Impact of Survivorship Care on Young Adult Survivors of Childhood Cancer With Post-Traumatic Stress Symptoms

Wilhelmenia L. Ross, MPH, Hannah-Rose Mitchell, MPH, Neel S. Iyer, DO, MPH,
Sheila Judge Santacroce, PhD, RN, CPNP, FAANP, and Nina S. Kadan-Lottick, MD, MSPH

OBJECTIVES: To assess post-traumatic stress symptoms (PTSSs) in young adult survivors of childhood cancer not receiving survivorship care and to determine whether attending a survivorship-focused healthcare visit was associated with changes in PTSSs.

SAMPLE & SETTING: 44 young adult survivors from the Yale Cancer Center in Connecticut without prior survivorship clinic attendance.

METHODS & VARIABLES: As part of a larger trial, participants were randomized to a model of survivorship-focused health care. The University of California at Los Angeles Post-Traumatic Stress Disorder (PTSD) Reaction Index assessed PTSS severity and frequency before and after the visit.

RESULTS: At baseline, almost half of the participants were classified as partial PTSD likely or PTSD likely. Many met criteria for elevated levels of individual symptoms, particularly avoidance or numbing. At follow-up, PTSSs did not differ significantly from baseline.

IMPLICATIONS FOR NURSING: Survivorship care should be encouraged by nurses in healthcare settings that do not specialize in caring for long-term survivors. Nurses should facilitate screening for PTSSs and promote interventions among survivors completing cancer therapy to help them transition to survivorship care.

KEYWORDS adolescent and young adult oncology; survivorship; post-traumatic stress symptoms

ONF, 46(1), 33-43.

DOI 10.1188/19.ONF.33-43

Survivors of childhood cancer may be psychologically affected by the cancer experience throughout life (Brinkman, Recklitis, Michel, Grootenhuis, & Klosky, 2018). Potential outcomes they are at risk for include post-traumatic stress symptoms (PTSSs), such as avoidance or numbing (e.g., avoiding event-related stimuli), hyperarousal (e.g., hypervigilance), and re-experiencing (e.g., intrusive memories) (American Psychiatric Association [APA], 2013). Even a patient who does not meet diagnostic criteria for full-blown post-traumatic stress disorder (PTSD) can exhibit PTSSs, which can impair daily functioning. Although PTSSs have been identified in childhood cancer survivors (Koutná, Jelínek, Blatný, & Kepák, 2017; Stuber et al., 2010), PTSSs have not been examined specifically in young adult survivors who have not received survivorship care since completing treatment. PTSSs may stem from the diagnosis of a life-threatening illness, which is recognized as a potentially traumatic event (APA, 2013), and ongoing exposures to other potential traumas (e.g., surgeries, hospitalizations, deaths of other children) inherent in the cancer experience (Allen et al., 2018; Stuber, Kazak, Meeske, & Barakat, 1998). The emergence of such symptoms aligns with a pediatric medical traumatic stress model, which proposes that the experience of medical illness can cause physiologic or psychological effects (Price, Kassam-Adams, Alderfer, Christofferson, & Kazak, 2016).

Background

PTSSs are associated with other psychological outcomes (e.g., depression), impaired social functioning, poor quality of life, and long-term physical health decline (Ahmadi et al., 2018; Boscarino, 2004; Kroenke, Spitzer, Williams, Monahan, & Löwe, 2007; Meeske, Ruccione, Globe, & Stuber, 2001). Among individuals with medical-related trauma (e.g., intensive care stay),