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# Quality of Life and Mood State in Iranian Women Post Mastectomy

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This study was conducted to examine mood state and quality of life (QOL) in patients who had undergone a mastectomy. The study used a descriptive design and was conducted in outpatient oncology clinics in northeastern Iran. Using the Profile of Mood States and the Ferrans and Powers Quality of Life Index, the mood state and QOL of patients who had undergone a mastectomy were examined. The results indicate that participants had low mood state and QOL; in addition, a negative correlation was found between the two. The mood state was a predictor of participants' QOL. A screening system for patients who have undergone a mastectomy may help nurses evaluate patients' mood states, identify the symptoms of mood disturbances, and refer patients to the appropriate support services.

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The lifetime risk of breast cancer among women in the United States is 13% (National Cancer Institute, 2010), making breast cancer one of the most common cancers for this demographic (Karakoyun-Celik et al., 2010). Breast cancer is also the most common cancer among Iranian women, accounting for 24% of all female-affected cancers in Iran (Hagh Azali et al., 2007; Mousavi et al., 2009). Because the majority of cases are diagnosed in later stages, mastectomy procedures are the most common treatment for this type of cancer in Iran (Najafi, Ebrahimi, Kaviani, Hashemi, & Montazeri, 2005). The treatment of breast cancer, even in the later stages of the disease, can lead to survival rates of a few years, which, in turn, focuses attention to patients' quality of life (QOL) during those additional years (Rabin, Heldt, Hirakata, & Fleck, 2008).

QOL is a complex, multidimensional assessment of the physical, psychological, and social well-being of individuals (Akin, Can, Durna, & Aydiner, 2008) and is an important outcome measure for patients with cancer (Takahashi et al., 2008). Cancer widely and negatively affects patients' QOL in all physical, psychological, and social aspects. In several studies, patients

with breast cancer reported a low QOL after a mastectomy (Manganiello, Hoga, Reberte, Miranda, & Rocha, 2011; Montazeri et al., 2008; Robb et al., 2007; Weitzner, Meyers, Stuebing, & Saleeba, 1997). According to Rabin et al. (2008), among patients who had undergone a mastectomy, the lowest QOL scores belonged to the domains of physical, psychological, and depressive symptoms. The loss of one or both breasts may evoke feelings of altered body image and mutilation, diminished self-worth, loss of a sense of femininity, and decreased feelings of sexual attractiveness and function, as well as mood disorders (Han, Grothuesmann, Neises, Hille, & Hillemanns, 2010; Manganiello et al., 2011). Anxiety and depression are the most prevalent psychological symptoms reported by patients with cancer (Takahashi et al., 2008), with the reported prevalence ranging from 13%–54% (Hopwood, Haviland, Mills, Sumo, & Bliss, 2007; Takahashi et al., 2008).

Mehnert and Koch (2008) found depression and anxiety among women who had undergone a mastectomy and were monitored at least one year after the diagnosis. However, other studies reported generally positive psychosocial outcomes after a mastectomy (Geiger et al., 2007; Shi et al., 2011). The