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ABSTRACTS

Time Course Changes in Psychological Symptomatology after a Diagnosis of a Gynaecological Cancer

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Introduction: The aim of this study was to explore the wider psychological symptomatology experienced by women with a new diagnosis of a gynaecological cancer at the point of diagnosis and 6 weeks later.

Methods: A prospective cohort study was performed with ethics committee approval and informed consent. Women were recruited from 3 tertiary hospitals in Australia over a 4-month period. In order to cover a diverse range of potential symptomatology, we utilised the Hopkins Symptom Checklist –90 (HSCL-90) that covers 90 separate psychological symptoms which may then be coded into 8 domains. Women also completed questions relating to their perceived level of social support, and demographic data were collated separately.

Results: Key findings were that levels of symptomatology remained uniform across the first 6 weeks following the diagnosis of the cancer. Women with ovarian cancer experienced more symptoms in the domain of retarded depression at baseline and in the domain of Anger-Hostility at both baseline and follow-up time periods 6 weeks later, but the significant differences did not persist on multivariate analysis. In contrast, across the spectrum of symptomatology domains, the median scores were higher in women with poor supports compared to those with higher support levels. Several of these differences were statistically significant. At baseline, significant differences were observed in somatization, agitated depression and psychoticism between women with poor and good social supports. At 6 weeks follow-up, scores remained significantly higher for retarded depression, somatization, obsessive compulsive and agitated depression domains. In multivariate analysis, differences remained significant in respect to agitated depression at baseline and 6-weeks ($p=0.03$ and 0.04 respectively).

Conclusion: Diverse psychological symptomatology is experienced by women with a new diagnosis of a gynaecological cancer. Symptoms persist over the first 6 weeks and are higher in women with poor social supports. Interventions to resolve symptomatology need to be tailored to the type of symptoms experienced.

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