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The link between self-perceptions of aging, cancer view and physical and mental health of older people with cancer: A cross-sectional study

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ABSTRACT

Objectives: Older people may suffer from stigmas linked to cancer and aging. Although some studies suggested that a negative view of cancer may increase the level of depression, such an association has never been studied in the elderly population. Similarly, even though it is established that a negative self-perception of aging has deleterious consequences on mental and physical health in normal aging, the influence in pathological contexts, such as oncology, has not been studied. The main aim of this study is thus to analyze the effect of these two stigmas on the health of elderly oncology patients.

Materials and Methods: 101 patients suffering from a cancer (breast, gynecological, lung or hematological) were seen as soon as possible after their diagnosis. Their self-perception of age, cancer view and health (physical and mental) was assessed.

Results: Multiple regressions showed that patients with a more negative self-perception of aging and/or more negative cancer view reported poorer global health. We also observed that negative self-perception of aging was associated with worse physical and mental health, whereas negative cancer views were only linked to worse mental health. No interaction was observed between these two stigmas, suggesting that their action is independent.

Conclusion: Older patients with cancer face double stigmatization, due to negative self-perception of aging and cancer, and these stigmas have impacts on global and mental health. Self-perception of aging is also linked to physical health. Longitudinal studies will be necessary to analyze the direction of the association between this double stigmatization and health.

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1. Introduction

Cancer is a major health problem that is widespread in elderly people.[1] Although the treatments, survival rates and management of adverse effects have improved, this pathology is still associated with very negative ideas, such as death and trauma.[2,3] These negative perceptions need to be taken into account, as they can have deleterious effects on cancer patients. For example, a study showed that cancer survivors who have more negative attitudes towards cancer (i.e., thinking that recovery is impossible, holding stereotyped views of themselves and having experienced discrimination) are 2.5 times more likely to be depressed than patients having more positive attitudes.[4] In lung cancer specifically, patients with more cancer stigma, whether they are smokers or not, were more depressed and report a lower quality of life than those who felt less stigmatized.[5] Moreover, an association between more lung cancer stigmas and more important symptoms was found.[6]

These studies suggest that older people suffering with cancer might be negatively affected by cancer stigmas. Moreover, they might also experience negative attitudes, stereotypes and feelings that can be related to ageism.[7] Indeed, in our modern societies, the view of aging is mainly negative; the elderly are seen as weak, intolerant to changes, cognitively impaired, etc.[8] A gripping illustration of ageism's magnitude is that the most widely cited reason for discrimination in Europe is age and, more specifically, being over 55 years old (5% in 2015).[9]

If the actual social context is ageist, negative perceptions of aging may even be reinforced in health professionals, as they are constantly exposed to ill, dependent and vulnerable older patients, a work context that can influence their caring attitudes.[10] In particular, age discrimination has been demonstrated in research and clinical settings in the field of oncology: elderly are often excluded from clinical trials,[11] have less breast reconstruction[12] and are under-treated in comparison to younger patients.[13] In a recent study, we have shown that the worse the healthcare professional's view of aging, the less they will support breast reconstruction in a 75-year-old patient.[14] Such pejorative attitudes were identified by elderly people themselves: some patients said that they experienced mistreatment or neglect due to their age.[15] These negative attitudes have important consequences for patients: when old patients suffering from breast cancer perceived a high level of ageism among professionals, they encountered more physical pain, had poorer mental health, and lower general satisfaction with the care they received.[16] In the same vein, older breast cancer survivors with more negative beliefs about symptom management perceived that health-care providers had negative attitudes towards them; they also reported experiencing difficulties when communicating their symptoms and had a lower quality of life.[17]

Although health-care professionals' attitudes towards older people and their consequences on patients in oncology have been approached by some (but rare) studies, to our knowledge, none of them have considered the impact of patients' attitudes towards their own aging. Nevertheless, in one a study involving patients older than 80 years,[18] participants were questioned about the cause of their chronic illness (i.e., heart disease, cancer, diabetes, etc.). They had to rate their agreement with causal attributions including "genetics", "unhealthy behaviors", "bad advice of a doctor", "bad luck" and "old age". Results showed that the more participants attributed their chronic illness to old age, the more they perceived physical symptoms and neglected health maintenance behaviors. Attributions of chronic illness to old age were also associated with a higher probability of mortality at a two-year follow-up. Thus, this study was the first to evoke the notion of self-perception of aging among patients ("I think diseases are normal with aging").

This lack of research focusing on the self-perception of aging in older patients is in sharp contrast with the amount of studies conducted in the general population. These studies have demonstrated negative consequences of ageism on older people's physical and mental health, including even a reduced probability of survival.[19–22] This relationship between ageism and accelerated decline of health is notably explained by the fact that people with a negative view of aging were less likely to engage in healthy behaviors (e.g., healthy diet, using seatbelts, doing physical exercise, etc.).[23] Another explanation could be that ageism influences the will-to-live[24,25]: older participants primed with negative aging stereotypes tended to refuse life-prolonging interventions more often compared to participants primed with positive aging stereotypes. When we see the negative consequences of ageism in a non-pathological context, we can reasonably ask ourselves what this impact applies in the context of geriatric oncology. Indeed, if the perception that older people have of their own age affect their mental and physical health in normal aging, then in a context where health is already affected by a disease, we might suppose that patients will be even more sensitive to ageism.

To sum up, patients in oncology may suffer from two kinds of stigmas: cancer stigma and ageism. To our knowledge, no study has analyzed the impact of self-perception of aging in oncology. Moreover, no study has analyzed the cancer perception of older patients specifically, or the impact of these two kinds of stigmas together. Consequently, the aim of this study is to determine to what extent self-perceptions related to aging and cancer are associated with health (physical and mental) outcomes in patients. We expect that a negative self-perception of aging[20,26] and a negative view of cancer[4–6,17,27] will be associated with a worse physical and mental health. Ultimately, we aim to clarify whether there is a "double stigmatization" or "a simple stigmatization"; in other words, an effect of age stigmatization in addition to the effect of cancer stigmatization or, in the opposite one form of stigmatization interrelated to the other (for example, a negative perception of cancer generates a negative self-perception of aging). This question is especially important in a therapeutic approach: can an improvement of one stigma be linked to an improvement of the other or do we have to work on these two kinds of stigmas independently?

2. Method

2.1. Participants

141 candidates were identified thanks to a collaboration between the Department of Medical Oncology of the Sart Tilman Liège University Hospital (Belgium) and the Psychology of Aging Unit of the University of Liège. To be eligible, patients had to be older than 65 years, have a sufficient knowledge of French, suffer from

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