

Correlation Between Subjective Cognitive Impairment and Self-efficacy for Coping with Cancer Before and During Adjuvant Therapy

Danit Langer, PhD¹, Vered Rubacha Weiss², Asnat Bar-Haim Erez

¹Hebrew University of Jerusalem, Jerusalem, N/A, Israel; ²Shaare Zedek, Jerusalem, N/A, Israel

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Primary Author and Speaker: Danit Langer, dlanger10@gmail.com

Subjective cognitive impairment (SCI) is a common complaint among cancer patients. However, there is a paucity of researches regarding correlations between self-efficacy for coping with cancer (SE), SCI & depression. The study evaluates SCI, depression and SE of adults with non-CNS cancer, at two points of time, before adjuvant treatments (T1) and three months after treatment begun (T2). Correlations between SE measured before adjuvant treatments and SCI and depression three month later were examined. This is a non-experimental survey of 21 cancer patients, 24–63 yo., 80% women. The FACT-Cog & PHQ-9 were administered at T1 & T2 and SE questionnaire 'Cancer Behavior Inventory' (CBI-I V3) at T1 (study in progress). The participants' score of perceived cognitive impairment (PCI), comments from others (Oth) & perceived cognitive abilities (PCA) subscales of the Fact-cog at T1, were at the 60th percentile, yet the cognitive QOL subscale was beneath norm. Mild depression was reported and significant negative moderate-high correlation was found between depression and PCA subscale ($r=-0.569$) and cognitive QOL ($r=-0.622$). Significant differences between T1 and T2 were found only for PCI ($Z=-2.192$, $p=.028$) & PHQ-9 ($Z=-2.212$, $p=.027$) reflecting an increase in perceived cognitive impairment and depression. Finally, high significant correlations were found between the FACT-Cog and subscales of the CBI: Seeking support; Maintaining independence; Seeking and understanding medical information; Accepting cancer. A moderate-high significant correlation was found between the CBI total score and the PHQ-9. Overall participants reported within low normal SCI before adjuvant treatment begun, yet they complaint of cognitive QOL decline. Moreover, SCI correlated with higher levels of depression. The significant high correlations between SE at T1 and SCI and depression at T2 are noteworthy and OT's treating clients with cancer might consider evaluating SE and offering intervention.

References

- Merluzzi, T. V., Philip, E. J., Heitzmann Ruhf, C. A., Liu, H., Yang, M., & Conley, C. C. (2018). Self-efficacy for coping with cancer: Revision of the Cancer Behavior Inventory (Version 3.0). *Psychological Assessment*, 30(4), 486–499. <https://doi.org/10.1037/pas0000483>.
- Mayo, S. J., et al. (2021). Cancer-related cognitive impairment in patients with non-central nervous system malignancies: an overview for oncology providers from the MASCC Neurological Complications Study Group. *Supportive Care in Cancer : Official Journal of the Multinational Association of Supportive Care in Cancer*, 29(6), 2821–2840. <https://doi.org/10.1007/s00520-020-05860-9>.
- De Rosa, N., Della Corte, L., Giannattasio, A., Giampaolino, P., Di Carlo, C., & Bifulco, G. (2021). Cancer-related cognitive impairment (CRCI), depression and quality of life in gynecological cancer patients: a prospective study. *Archives of Gynecology and Obstetrics*, 303(6), 1581–1588. <https://doi.org/10.1007/s00404-020-05896-6>.