

Breast cancer in the women and health promotion

Diktapanidou S ^{1*}, Ziogou T.²

¹General Hospital of Thessaloniki, Greece Agios Dimitrios Hospital of Thessaloniki, Greece

²Technological Educational Institute of Thessaloniki, Faculty of Nursing, Greece

ABSTRACT

The breast cancer is the most frequent form of cancer in the women population. The possibility for the reduction rates of death from the cancer of breast depends on the convenient detection on an initial stage when the rates of survival are higher. The frequency of appearance of malignant neoplasms increases abruptly afterwards the age of 40 years. The careful receiving of a medical history as well as the careful natural examination of breasts, these constitute the initial steps of investigation of the problem. The precocious detection and diagnosis of breast cancer are achieved mainly with the self-examination of breasts from the woman, the palpation of breasts from doctor or other health professional.

The investigation of breast diseases with the modern imaging study methods is considered today very important parameter for their diagnosis. The imaging study methods that are used today are

the mammography, the ultra-sonography and magnetic tomography. Risk factors are sex, age, race, socio-economic level, region of residence, heredity, hormones, reproduction, physical exercise and radiation.

The Health Promotion is focused in the total of population in the frames of his daily life using a wide spectrum of methods and techniques, by giving information, changing behavior and improving people to undertake the responsibility for his care of health. Informative programs in the general population with regard to the factors of danger and the beneficial results of precocious diagnosis, can decrease the mortality and increase the survival.

Key words: cancer of breast, preventive control, health promotion.

***Corresponding author:**

Nurse Agios Dimitrios Hospital of Thessaloniki
Thessaloniki, Greece
E-mail: sofiadikt@yahoo.gr

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INTRODUCTION

The breast cancer is the most frequent type of cancer in women population. The percentage 30% of all carcinomas in women population is the breast cancer and is the second cause of death for them. According to the World Health Organisation were recorded worldwide in 2001 above 1,2 millions incidents and more from 700000 deaths from that illness. In Greece, approximately 1,500 women are newly diagnosed with breast cancer every year, and an estimated 28% of annual female mortality are attributed to cancer, with breast cancer being one of the primary causes [1,2].

In the last years important developments have happened against the breast cancer, that's concerning in the convenient diagnosis, in the better staging, in the strategies of treatment that are more complex. The cancer of breast among the men is in much smaller frequency because of the mass of their breast, the diagnosis is easier [3].

The Health Promotion is an activity in the space of health and is focused in the population, in the frames of his daily life [4]. The health promotion is an intervention that is applied widely in health and is focused in the need of individual, family or even wider demographic teams to involve the essential changes in their usual way of life, so that they achieve the prevention of illness, the maintenance of health or its re-establishment [5].

Risk factors

Various symptoms can present at the women's breast afterwards the age of 40 years. The appearance of malignant neoplasm increases abruptly afterwards this age. The more frequent symptom is the discovery of mass, the changes in the form or the size, the pain, liquid from the nipple and changes in the skin, these constitute the initial steps of investigation of the problem are the careful receiving of a medical history as well as the careful natural examination of breasts [6].

There are three kinds of risk factors that contribute to a woman's risk of developing breast cancer. Firstly, there are risk factors, which cannot be changed, then there are lifestyle-related factors, and finally, there are also factors, which have an uncertain effect on breast cancer [7].

Some of the factors that are connected with increased danger for breast cancer in the women are: family history, personal background, breast changes, genes of cancer of breast (BRCA1 και BRCA2), hormones (estrogens), breast density, radiotherapy, body weight and environmental factors [8].

Preventive control

The precocious detection and diagnosis of breast cancer are achieved mainly with the breast

self-examination, the clinical breast exam from doctor or other health professional [9,10].

The self-examination or the palpation or the mammography will be supposed to become the 8th day from the day that begins the menstruation. In the women who do not have menstruation it will be supposed they become at a concrete date, for example, each 1st of a month [11,12].

A method of control on a population for precocious detection of breast cancer should cover certain conditions:

1. The method should discover the cancer in precocious stage, in order that the treatment influences the development of illness.
2. It should have a small number of falsely negative results as well as a low percentage falsely positive.
3. It should not have side effects.
4. The method should give the same results if it is repeated.
5. Be cheap
6. It must be possible the control of big teams of population [13].

The investigation of diseases of breast with the modern imaging study methods is considered today very important parameter for their diagnosis. The imaging study methods that are used today are the mammography, the ultra-sonography and magnetic tomography [14].

The role of imaging study methods is very important, as they can intervene diagnostic and portray even very small cancers [15,16].

The important value of education for the prevention of breast cancer through screening tests emerges in the research that became in Poland between women elder than eighteen years old. The comparison of percentages of women who made breast self-examination, mammography and secondary prevention of breast cancer in 1998 and in 2002 reports, the important increase in the percentage of women who realized preventive methods in 2002 concerning 1998, as well as the reduction of precautionary interventions [17].

Mammography

Even if the American Cancer Society and other organisms recommend the mammography as an important method screening, a review research 1990 in the University of Texas showed that few American women carry out it. Generally, the women of high danger (e.g. because of heredity, age, etc.) participate with the same percentage in examination of mammography as the women without reasons of high danger [18,19]. The mammography has become a vital importance tool for the convenient detection of breast cancer. A research in the University of Utah, however, shows, that only 20% of women, that is necessary to carry out the examination finally do it [20,21].

Between the American women, the breast cancer is second, afterwards the lung cancer cause of relative mortality. The possibility for the reduction of rates of death from the breast cancer depends from the convenient detection on an initial stage when the rates of survival are higher [22].

In 1991 were applied a program of cancer detection, in collaboration with the state, the governments, the organizations in population of women non insured and low income. This initiative allowed the USA to decrease finally the sickness and the mortality from the cancer of breast and to make progress to the achievement of healthy persons in 2000 between the racial and national minorities [23].

Ultrasonography

Ultrasonography today is the initial imaging study method for the estimate of masses in the breast, in young women younger than thirty years. Ultrasonography it is used as a supplement of mammography and with the Coloured Doppler method, it is possible to distinguish the malignant and the benignity of the breast mass [24,25].

Biopsy

The investigation palpable nodule becomes with triple diagnostic test that it includes: clinical examination, mammography, biopsy with a needle [26]. This triple combination has a falsely negative results at least 1% [27].

In order to the diagnostics, precision is bigger than 99%, should also the three examinations have a negative results. If it exists non agreement between the three of them, then should become open biopsy [28]. The patients who are faced with triple diagnostic test are controlled again in 3 and in six months and continue every six months if the damage remains. Each change of the feature of the mass, or clinic or mammography, requires open biopsy [29].

Medication

Another approach for the prevention of cancer of breast is the use of medicines. They have been used for precaution in women with tall danger for breast cancer tamoxifen and raloxifene. In healthy women who, however, increased danger for breast cancer and in which it had was given tamoxifen for aims of prevention it was observed 38% reduction of frequency of an event of new episodes. In women who already had presented breast cancer and in which it was granted tamoxifen it was observed 46% reduction of frequency of an event of cancer in the other breast. The problem that remains with tamoxifen, they are the serious side effects that it has. It increases the coagulability of blood and creates the danger for the event of cancer of the endometrium. Raloxifene it decreases the danger of cancer of breast in percentages from

64% until 70% and with fewer undesirable side effects. They need. However, also other clinical trials in order to be checked the effectiveness and their safety [30].

Nutrition and physical exercise

The modern researches were about the role of diet in the development and in the prevention of cancer [31]. The relation between the diet and the cancer is particularly complex and new information is presented continuously. However, it is admissible in all that diets those are riches in plant fibres, or contain a lot of fruits, vegetables and dry fruits, they protect from concrete forms of cancer [32].

The breast cancer is considered that affects the Greek woman's population less than the women of the northern and central Europe. The same low frequency is also met in the other Mediterranean countries, and the experts attribute this in the ecological environment, in the diet and in mediocre standard of living – as the cancer of breast is considered an illness of culture [33].

The diet with increased quantities of vegetables and fruits has been connected by epidemiologic studies with an increasing probability of survival, after the diagnosis of breast cancer [34].

In America, the cancer of breast in 2002 constitutes the 31% of relevant cancers and 15% of deaths from cancer between the women [35]. Furthermore, clinical and epidemiologic studies report the obesity as an important negative prognostic factor. It was found that the increased bodily weight is an important factor of danger for the relapse of illness or the decreased survival [36].

The physical exercise decreases at almost 20% the danger for breast cancer. It is likely with mechanisms as the reduction of excretion of estrogens and insulin in the women exists as preventive action at the cancer of breast. These two hormones have been connected with increased danger for breast cancer.

Health promotion

Before the application of programs of Health Education, is essential the detail and careful planning. The first stage of planning is the analysis of community that includes the description of socio-economic factors, the existing attitudes-behavior and the cultural and linguistic characteristics. Each country has her particular cultural and linguistic characteristics but also many times in the same country exists populations with differently cultural characteristics and different languages or dialects. It should be known the basic habits and customs of population so that is adapted proportionally the methodology of the program [37].

Research between the Asian Muslim older women of immigrants in the USA, showed that they

need programs of health education, for screening for breast cancer, with an approach through religious, social, cultural beliefs of the objective population [38].

Another research of Columbia University of New York in Christian Jews showed the same with the above results. It is important for the connection of strategies of the program with the habits and the customs of population of community that is addressed [39].

The Health Education uses a wide spectrum of methods and techniques for the achievement of her objectives [40]. The utilization each time of better method is supported in the educational beginning that the utilization of more methods is the more effective, educational process from the perseverance in one only method [40].

A first category of method of communication includes the lectures, the individual teaching, the means of mass communication, the audiovisual means, the educational television and certain techniques of programmed learning. Research of the centre of cancer of Lombardi, Academic Faculty of Georgetown, Medicine in Washington, showed that a basic decisive factor of importance in the attendance in programs of health of women of high danger is the level of education of women [41].

Programs of health education in labour spaces are another activity that can alter the behavior of women [42] Research in 948 women of car industry, were applied two drawings of health education of health: 1. via posted copies of briefing and 2. via posted copies and team of control. Change in the practices and the intentions we had also in the two cases, bigger. However, change it was produced in the second case [42].

The publicity can be used as means for the briefing in a program of education of health on the cancer of breast? In the Glasgow was organized an expedition of publicity, for examination screening, that kept eight weeks, was developed with publicity of type, posters in the Underground of Glasgow the interior of buses and distribution of forms in the exits of city. 460 women who were asked in a centre of mammography found the pictures, the messages of expedition encouraging and reliable. They answered that the publicity can improve the information, render the women conscious and promote in changes of attitudes [43].

The creation of video film that included methods of breast cancer control, importance of danger of illness, demonstration of self-examination importance of mammography and its distribution in women above 60 years it was realized by the Connell School of Nursing of Boston College. We were observed therefore, increase of knowledge for the breast cancer and sensitization for control in women that are found in sensitive age and belong to, in particular, cultural [44,45].

Psychological approach

The breast cancer presents certain particularities in regard to its psychological dimension. Concretely, the woman with breast cancer does not come only confronted with a serious disease that potentially can cause her death, but also with the likely loss of the department of her body, that symbolizes two from the most important aspects of her existence: the maternity and her erotic substance. The last one has particular importance, if contemplates no one whom the breast cancer is more frequent in an age that as well other factors (e.g., menopause, ageing) affect negatively in the sense of femininity and attractiveness that feel the women [43,46].

More than half of women they are adapted by the beginning using what was named acceptance. A percentage 15% reacts with refusal and another 15% with fighting spirit. Until two years afterwards diagnosis seven in the ten women they present acceptance, mechanism that constitutes the sovereign way of adaptation and confrontation of most cancers [47].

CONCLUSIONS

The convenient diagnosis of breast cancer has enormous importance. Therefore, the international community nominated October as a month of cancer of breast.

1. The convenient diagnosis of breast cancer is very often combined with a very good result (90% five-year survival, if becomes the diagnosis in initial stage)
2. It should not to rely on because we do not have overloaded familial background. It should have to be informed.
3. Do not neglect the monthly self-examination and do not afraid to make mammography.
4. It should not to be terrified if we locate a palpable nodule. The breast is also offended by other benignancy masses.

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