

# Factors underlying adherence to lymphoedema risk reduction strategies



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**One in five women who survive breast cancer will develop lymphoedema of the upper body at some point in their life. Following breast surgery, women are recommended to follow strategies to minimise their lymphoedema risk (e.g., limiting exposure of the at-risk arm to trauma). Adherence to these strategies is typically less than optimal.**

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## Aims

Guided by psychological theory (i.e., the Cognitive-Social Health Information Processing and Common Sense models), this international comparative study aimed to identify individual and psychological factors associated with evidence-based lymphoedema risk reduction strategies (i.e., seeking medical advice at the first signs of lymphoedema, avoiding extreme temperatures such as experienced in a sauna, and avoiding trauma to the affected arm) in Australian and US breast cancer survivors.

## Method

Respondents (N=597) completed measures of demographics and medical history, FACT-B Quality of Life physical subscale, Illness perception questionnaire (IPQ), lymphoedema perceived risk, lymphoedema knowledge, and beliefs about effectiveness of risk minimisation strategies (i.e., response efficacy), self-efficacy, and self-regulation of negative emotions regarding lymphoedema risk. Participants also reported their adherence to i) seeking medical advice at the first sign of lymphoedema, ii) avoiding extreme heat, and iii) avoiding trauma to the affected arm.

## Results

Logistic regression analyses indicated that adherence to seeking medical advice was associated with greater response efficacy, illness coherence and emotional representation from the IPQ, women from the US, and women who had an axillary lymph node dissection (ALND). Avoiding extreme heat was associated with greater perceived risk, self-efficacy, illness coherence, emotional representation, a lower level of education, women who had undergone ALND, radiotherapy, and older women. Avoiding trauma was associated with greater perceived risk, self-regulation, illness coherence and emotional representation, perceived chronicity and cycling of lymphoedema from the IPQ, and women who were older and underwent ALND.

## Implications

These findings highlight the importance of both individual and psychological factors in understanding adherence to lymphoedema risk minimisation strategies. Health professionals should strive to ensure at-risk women have a coherent understanding of psychological and physiological risks of lymphoedema, and self-efficacy, or confidence, in the effectiveness of proposed risk reduction strategies and their ability to enact these strategies.

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