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Arthralgia and myalgia, headaches, paresthesia and fatigue in breast cancer postmenopausal patients in hormonal blockade: how do they relate to the quality of life?

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Abstract

Background
Arthralgia and myalgia are the most common symptoms in postmenopausal breast cancer (BC) patients, however these patients frequently report other painful symptoms and fatigue, in addition they complain of a unsatisfactory Quality of Life (QoL) . The aim of our preliminary observational study is to investigate the incidence and severity of arthralgia, myalgia, headache, paresthesia and fatigue along with the perceived QoL in postmenopausal BC outpatients.

Methods
From May 1st until June 30th 2021, we enrolled 29 BC outpatients admitted to the Rehabilitation clinic from a computerized appointment and signed a freely given informed consent for the anonymous use of personal and clinical data. Inclusion criteria were: over 18 years of age, no metastasis, no severe comorbidities, and no other cancer. We recorded: age (years); Body Mass Index (BMI); type of surgery (demolition or conservative) and type of lymph nodes removal (axillary lymph nodes dissection - ALND, or sentinel lymph node biopsy - SLNB); Hormonal Blockade (HB); arthralgia and/or myalgia, headache, paresthesia and fatigue by Modified Kupperman Index (none 0, mild 1, moderate 2, severe 3), the QoL both Physical Component Summary (PCS) and Mental Component Summary (MCS) by SF-12 Health Survey. Patients received appropriate therapy when needed.

Results
The mean age of our patient sample was 56.5 years; the mean BMI was 26.63 (SD 5.63); 24 patients were undergoing Aromatase Inhibitors (AI), 2 patients tamoxifen, 3 patients did not undergo HB; 14 patients underwent demolitive surgery and 15 patients conservative; 26 patients underwent ALND and only 2 patients SLNB. Arthralgia and/or myalgia were present in 26 patients, with a mean intensity 1.69 (SD 0.959); headache in 20 patients, with a mean intensity 1.06 (SD 0.997); paresthesia in 22 patients, with a mean intensity 1.01 (SD 0.772); fatigue in 27 patients, with a mean intensity 1.46 (SD 0.828). The SF-12 mean PCS was 33.17 (SD 9.05) and the mean MCS was 44.96 (SD 11.52).

Conclusions
Our study is not exhaustive because of the limited sample of patients nonetheless it shows how relevant the need for a comprehensive patient assessment is, using validated multidimensional scales such as the Modified Kupperman Index and the SF-12 Health Survey. Arthralgia and myalgia are frequently associated to other painful symptoms and to fatigue together with the patients mean value of PCS scores are lower than those of MCS. Furthermore an increasing number of BC patients undergo AI that have well recognized musculoskeletal side effects. Rehabilitation and Pain assessment is essential in BC patients, as well as in all cancer patients, to detect early disabling and discomforting conditions and to promptly direct patients to the most suitable combined treatments.

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