

Barriers and Affect Predict Exercise Among Breast Cancer Survivors

Given the positive impact that exercise has on the health and quality of life of cancer survivors, researchers have been interested in understanding patterns of exercise behavior during and after diagnosis and treatment, and identifying determinants of and barriers to activity. Previous research has suggested that activity declines after diagnosis and during treatment and then increases after treatment ends. Little is known, however, about how demographic and treatment characteristics affect this pattern, or how negative affect and barriers to exercise play into this process. This study addressed these questions by conducting a cross-sectional survey of 176 women with Stage I or Stage II breast cancer at 3, 6, or 12 months after surgery. The women responded to questions about their exercise frequency, barriers to exercise, and mood state. Treatment information was obtained from medical records. When demographic information and treatment for breast cancer were accounted for, there were no significant differences among the cohorts on exercise frequency, barriers, negative affect, or fatigue. However, even when demographics and treatment were accounted for, negative affect and perceived barriers to exercise significantly predicted exercise frequency. Furthermore, fatigue was significantly associated with negative affect, even when demographic and treatment characteristics were controlled. The results are consistent with the contention that cancer treatment has a negative impact on exercise behavior, but that, independent of treatment effects, negative affect and perceived barriers are important predictors of exercise behavior. Furthermore, the lack of a difference among the 3-, 6-, and 12-month cohorts in exercise behavior, barriers, fatigue, and affect suggests that the negative effects of cancer treatment might persist long after treatment is complete.

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