

How Does Age Affect Knowledge, Attitude and Behaviour of Albanian Women in Regard to Breast Cancer

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Abstract: ***Objective:** This study aimed to determine if there is a link between knowledge and behavior towards breast cancer in different age groups of women, taking into consideration guidelines for those group targets. **Materials and Methods:** This study was designed as a survey over internet, through a questioner. A total of 642 women, aged 40-73 years old completed the questioner. All data gathered was revised and knowledge, attitude and behavior with respect to breast cancer was analyzed for each group, taking into considerations recommendation found in guidelines for breast disease screening, with special focus to breast cancer risk. **Main Outcome:** Evaluation of knowledge, attitudes and behavior with respect to breast cancer by age groups. **Results:** Questions were designed to determine basic knowledge of risk factors for breast cancer. Age as a risk factor was identified in fewer women after the age of 50 compared to the younger ones ($p < 0.01$), a same result was found regarding the increase of risk with family members, who had dealt with breast cancer. Identification of such risk tended to decrease in older women ($p < 0.001$). Younger women were more aware of the fact that 1 in 8 women in their lifetime risk to have breast cancer. ($p < 0.001$). Women over 60 were less likely to undergo a mammogram as a reassurance compared to those under 60 ($p < 0.04$). Other health issues seemed to have their attention compared to the risk of breast cancer ($p < 0.001$). In contrary women in their 40s were more likely to plan to undergo mammograms ($p < 0.001$). Although about 80% of women reported to practice breast self examination, only 30% had it done at the appropriate frequency. **Conclusions:** Young women had information regarding breast cancer risk, but most of them, believed that mammograms had to be performed starting from the age of 35 every year. Breast self-examination technique although reported to be performed, it was either wrong in the frequency or the pattern. Older women believed to be out of the loop for breast cancer risk, linking it to lower estrogen levels. For most part, lack of adequate referral from physician was the main problem. After asking 20 family physicians, 15 gynecologist and 12 radiologists about their role in the referral of women for mammograms, results were as followed: most family physicians neglected to advice mammograms, believing that the gynecologist would. Gynecologist believed that the radiologists would have at least once advice their patients for the appropriate frequency in which they should be screened and radiologist believed that it was not their place to create screening schedules for their patients. Lack of Guidelines and education leads Albanian women to underestimate the importance of screening contributing to progressed stages of cancer at the moment of diagnosis. There is a lot to do in educating young women towards healthy behavior and still very much to teach to doctors about their responsibility in contributing to healthy choices of their patients*

Keywords: breast, cancer, breast cancer, Albanian, statistics, age, screening, mammograms, breast ultrasound, premature death

1. Introduction

Breast cancer remains one the most important concerns regarding women's health. In 2008, approximately 1.4 million women were diagnosed with breast cancer worldwide with corresponding 460000 deaths. Of these, 450000 were diagnosed in Europe, with a corresponding 140000 deaths.

During 2015 a total of 1658370 new cases are expected only in the US. Of these around 60290 new cases of breast cancer will be in situ.

Based on the age factor, the risk of encountering breast cancer was:

Birth – 49 yo 1in53

50-59 yo 1in44

60-69yo 1in29

70-older 1in15

In a lifetime 1in8

In my country, from years now, October is dedicated to breast cancer awareness and Private Practices and Hospitals offer breast examination packages with 50% discount or even more. Remarkable doctors are invited in different TV shows and Radio programs to increase awareness. At this point, where it seems everything possible is done in a decade or so to give information, we decided to evaluate women's

knowledge, behavior and attitude regarding breast cancer risk.

This study was inspired after dealing with a case of advanced breast cancer in our practice who had waited years to seek medical help and was as progressed as the picture below, take in 1970 in the Oncology Department, Tirana, Albania. Having to deal in 2015 with these cases, is a clear indicator that not everything is done. And we have to improve ourselves and make it possible for the audience to perceive the message and be compliant to the preventive measures recommended.



2. Materials and Methods

We gathered data, from a questionnaire completed from 642 women aged 40 to 73, living in different parts of Albania. Based on their age, we divided them into 4 groups : 40-49, 50-59, 60-69,70-73. This is the first part, towards a more including study, where we intend to include a larger sample.

The questions were simple to understand and answer.

They were not only regarding the mammography as a screening modality, but they were also extended to present and past health history, as well as general knowledge about breast cancer risk.

The participants were asked about the place they currently live, were they married or not, level of education, did they have children, did they breastfeed, did they believe breastfeeding was a protecting factor against breast cancer, had they presently any disease or health condition, were they treated for it, had they ever been diagnosed with cancer, did they have any relative suffering from breast cancer, was family history a risk factor for breast cancer, did they know about the likelihood of encountering breast cancer in a lifetime, was increased age a risk toward breast cancer, did they practice breast self-examination, were they ever taught it, who had taught it, how often did they practice it, what pattern did they follow (drawing required), had they ever had a mammogram, how often, who had recommended it, were they likely to undergo one if their doctor recommended to, did their GP ever perform a clinical breast examination to them, if not who had, ect.

The questionnaire didn't take much more than 15 minutes to complete and no intervention from the interviewer was needed.

3. Results

Table 1: Characteristics of women in the study

Urban location	398 women
Rural location	244 women
Age Group 40-49	418
Age Group 50-59	100
Age Group 60-69	100
Age Group 70-73	24
Total of women participating in the study	642

From the questionnaire, it was determined that although women identified the age of 50 and over as at higher risk compared to younger women, this belief decreased with age ($p = 0.01$); just as having a mother, sister or daughter that had at the time of the questionnaire or before breast cancer, was likely to have at some point cancer herself, also decreased with age ($p = 0.01$).

Increasing age was also associated with decreased number of women correctly answering that the lifetime likelihood for a woman to get breast cancer was 1 in 8.

On the contrary women aged 40-49 were more prone to identifying the correct risk, as well as believing that regularly undergoing mammograms was a good screening

method. They were also aware that they had a risk of having someday during their life a breast cancer diagnose whereas women in their 60s and 70s were less likely to believe so, significance respectively ($p = 0.002$) and ($p < 0.001$)

Women over 60 were less likely to believe that mammography could detect malignancy compared to younger women ($p < 0.001$).

Compared to the group 50-59 the groups 60 and older, were less likely to undergo a mammogram as a screening modality ($p = 0.04$), and they were also more prone to believe that a mammogram could be necessary only if symptoms developed and not before ($p < 0.001$).

Overall 89% of the participants had heard about mammography. Not all of them knew what the procedure was correctly, often confusing it with the breast ultrasound. This was detected in 46% of women from rural areas compared to 18% of women in urban areas, most often linked to poor educational level.

Women 60 yo and older were also less likely to plan a future appointment with a doctor for a clinical breast examination than the younger group ($p < 0.001$).

When asked about this appointment, the doctor that they admitted would perform such exam, was either a gynecologist or a radiologist. None of the women identified a GP as the designated doctor for such exam. Only 5% acknowledged that their family physician had performed or at least recommended a clinical breast examination to them. None of their GPs had ever brought by their own, the idea of performing a mammogram, although they had responded with positive attitude toward an appointment with a radiologist with all women who showed interest to do so, whenever they did.

Breast self examination, was taught mostly by the gynecologist or the radiologist while performing a breast ultrasound. Younger women had learned about the technique watching videos on You Tube.

The pattern they draw on the other hand, was not always correct. The circular pattern, was often neglected and axillae were not touched in 90% of the individuals. 83% of the participants, although committing to this practice, were not performing it as often as they should.

4. Discussion

Women were prone to acknowledge that mammograms at some extent were the best choice to screen for malignancy, but they believed that it had to be started at a women's 30s and then performed annually. Women on their 60s on the other hand, had a doubtful attitude about the importance of mammograms in this screening process, and the attitude was enforced with increasing age.

Nonetheless they were all likely to undergo a mammogram if their doctor recommended them to do so.

Differences were found also about the breast self

examination; less than 40% of all women in all age groups who referred this practice were doing it in the correct frequency.

Both types of exams were performed more frequently in the younger group compared to 60 yo women or those older than that.

Younger women showed greater compliance regarding mammography appointments compared to older ones.

Less than 30% of all women who had at some point undergone mammograms were prone to have the following one at the appropriate time.

Women neglected undergoing mammograms for two main reasons; first of all lack of adequate physicians reference and second, their own lack of knowledge regarding the real importance of such modality.

Women with health conditions in the range 60s and older, were less concerned about ever having to deal with breast cancer, than they were about developing complications of the current health issues they were dealing with. The more condition they had, such as hypertension and diabetes, heart diseases ect, the less they believed they could also encounter breast cancer.

5. Conclusions

The results gathered from this questionnaire, really let us down. So much is being done, apparently to increase awareness about breast cancer, and so little is actually being understood. This brings into our attention the immediate need of creating a register for every family physician, where data from the clinical exam as well as carefully taken anamnesis and notes from mammograms or breast ultrasound are noted.

Women should be taught the importance of breast screening at young age. Starting from the breast ultrasound to the mammography once they reach their 40s.

There is immediate need to create our own guidelines, with the capacity of our country, taking into consideration guidelines from EU or USA, but tailored for our own needs. Education shall continue through all age groups, pointing the right attitude for each of age group. And need of increased awareness with increased age should be underlined.

A careful work, an all-including doctors scheme, will help in better screening guidelines, and therefore risk of premature death because of breast cancer in Albanian women will decrease.