ALOPECIA IN BREAST CANCER
A ALOPECIA NO CÂNCER DE MAMA
LA ALOPECIA EN EL CÁNCER DE MAMA

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ABSTRACT

Objective: to know the significance of alopecia for women with breast cancer undergoing chemotherapy. **Method:** qualitative study, supported by the theoretical reference of Symbolic and Methodological Interactionism of Data Based Theory. Thirteen women were interviewed through a semi-structured interview script and, after the interviews were analyzed, the central category emerged. << Alopecia in breast cancer is a necessary evil that comes, brand, but it passes! >>. **Results:** it was verified that the confrontation of the woman presents positive and negative points, according to the situation and her personality, and that she resorts to adornments, groups, family to face the society that sees her as ill. **Conclusion:** the self built in this period was individual for each woman and was influenced by the environment and the family. Nursing professionals need to be more active in guiding women about alopecia and refer them to support groups. **Descriptors:** Breast Neoplasms; Alopecia; Drug Therapy; Health; Nursing Care; Women.

RESUMO

Objetivo: conhecer o significado da alopecia para mulheres com câncer de mama em tratamento quimioterápico. **Método:** estudo qualitativo, respaldado no referencial teórico do Interacionismo Simbólico e metodológico da Teoria Fundamentada em Dados. Entrevistaram-se 13 mulheres por meio de roteiro de entrevista semiestruturada e, após a análise das entrevistas, emergiu a categoria central <<A alopecia no câncer de mama é um mal necessário que vem, marca, mas passa!>>. **Resultados:** verificou-se que o enfrentamento da mulher apresenta pontos positivos e negativos, conforme a situação e a sua personalidade, e que ela recorre a adornos, grupos, família para enfrentar a sociedade que a vê como doente. **Conclusão:** o self construído nesse período foi individual de cada mulher e sofreu influência do meio e da família. Os profissionais de Enfermagem necessitam ser mais atuantes no sentido de orientar as mulheres sobre a alopecia e encaminhá-las aos grupos de apoio. **Descritores:** Neoplasias da Mama; Alopecia; Tratamento Farmacológico; Saúde; Cuidados de Enfermagem; Mulheres.

RESUMEN

Objetivo: conocer el significado de la alopecia para mujeres con cáncer de mama, en tratamiento de quimioterapia. **Método:** estudio cualitativo, respaldado en el referencial teórico del Interaccionismo Simbólico y metodológico de la Teoría Fundamentada en Datos. Se entrevistó 13 mujeres por medio de un guión de entrevista semiestructurada y, que después del análisis de las entrevistas, emergió la categoría central <<La alopecia en el cáncer de mama es un mal necesario, que viene, señala pero pasa!>>. **Resultados:** se verificó que el enfrentamiento de la mujer presenta puntos positivos y negativos, según la situación y su personalidad, y que ella recurre a adornos, grupos, familia para enfrentar la sociedad que la ve como enferma. **Conclusión:** el self construido en ese período fue individual de cada mujer y sufrió influencia del medio y de la familia. Los profesionales de Enfermería necesitan ser más actuantes en el sentido de orientar a las mujeres sobre la alopecia y encaminarlas a los grupos de apoyo. **Descritores:** Neoplasias de la Mama; Alopecia; Tratamiento Farmacológico; Salud; Atención de Enfermería; Mujeres.

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INTRODUCTION

Breast cancer is a chronic disease, which is treated with surgery, chemotherapy, radiotherapy and hormone therapy, used to increase survival, improve quality of life and prevent recurrence of cancer.¹

This study addressed the chemotherapy phase and its most feared side effect, which is alopecia. Refers to alopecia such as loss of hair and any other body hair, such as the eyebrows, the axillary, pubic hair and / or the legs and arms.¹

Such a side effect occurs after one to two weeks after the onset of chemotherapy, and is due to the lack of hair production or thinning caused by the abrupt interruption of the mitotic activity of the capillary matrix, which leads to the weakening of the hair shaft, causing the hair to fall during the act of combing, washing the hair or even handling it. Hair loss becomes more pronounced about one to two months after starting chemotherapy and, with repeated cycles of it, can lead to total alopecia.

Chemotherapy aims to treat malignant neoplasms, acting at different stages of cell division and destroying cells that have dysfunction in their growth or division process.²

In professional practice, it is observed that the woman, upon receiving the diagnosis of cancer, initiates a conflict that goes from the struggle to suffering, especially when the affected organ is the breast, symbol of femininity and connected to pleasure. Although alopecia is not a clinically important side effect, it has significant repercussions, as it affects the body image of the person, brings suffering, alters interpersonal relationships and social life, and can lead to depression and low immunity.¹

OBJECTIVE

- To know the meaning of alopecia for women with breast cancer, undergoing chemotherapy.

METHOD

A qualitative study³ that used Symbolic Interactionism (SI) and, methodological, Theory Based on Data (TBD) as a theoretical reference. Symbolic Interactionism studies how people act in the face of a situation and how they symbolize the situation vis-a-vis their knowledge and their inner world. 4 The TBD developed by sociologists Barney G. Glaser and Anselm L. Strauss in the early 1990s 60, seeks to understand and explain the

attitude and knowledge that people exert against a given situation.⁵

The study was developed in a municipality located in the mesoregion of the Southwest of Minas Gerais, 350 km from the capital, Belo Horizonte, at the Regional Cancer Hospital (HRC), belonging to Santa Casa de Misericórdia de Passos-MG.⁶

The inclusion criterion was: to be a woman, to have had breast cancer and to be undergoing chemotherapy that presented, as an adverse manifestation, alopecia. As a criterion for exclusion: women undergoing the first chemotherapy session, because hair and / or hair fall is an adverse event that appears after one to two weeks after the start of chemotherapy and in those women receiving palliative treatment. Thus, the social actresses were 13 women who had breast cancer and were undergoing adjuvant chemotherapeutic treatment at HRC.

The data collection took place from January 8 to 29, 2014, from Monday to Friday, during morning and afternoon periods, respecting the routine of the institution and the hours of operation of the chemotherapy sector.

A script was used to collect data that allowed the woman to know the woman before the interview, through the data of her medical records and, later, the complementation and confirmation of these at the beginning of the interview. This script contained questions directed to aspects related to the diagnosis and treatment of the disease. It was composed of 37 questions distributed in four sessions: socioeconomic data; aspects related to the discovery and diagnosis of breast cancer; aspects related to the treatment of breast cancer and guiding question of the research "How was your hair and hair loss during treatment?".

The interviews were recorded and performed in the chemotherapy sector, in a private room and before the start of the study, after the objectives were set and the Free and Informed Consent Form was signed.

After each interview, respecting the methodology, transcription and analysis of the same were performed⁵. Thus, after the transcription of each one, a thorough and attentive reading of the words was performed, applying the coding of the open, axial and selective codes, generated the Fundamental Theory in Data: "Alopecia in breast cancer is a necessary evil that come, mark, but pass. "

After the analyzes, the most representative social actresses were selected and the same

were used in the discussion of the research data.

The research project was sent to the Research Ethics Committee (REC), according to Resolution of the National Health Council (CNS) nº 466, of December 12, 2012, and was approved, according to opinion nº 478.376.⁷

Figure 1. Graphical representation of the social actors participating in the research regarding socioeconomic data and pathology data. Passos (MG), Brazil, 2015.

The social attitudes of the research were 13 women with mean age of 49 years and predominance in the age range of 51 to 60 years (38.46%). The majority of the group were women who claimed to be Catholic (77%), of all levels of schooling, with family income of three or more minimum wages, which reflects the profile of the population of the region. Regarding color, 77% self-declared white and 77% lived with companion. Only 15% are home. All the women underwent surgical procedure for removal of the tumor followed by node emptying after sentinel event. There was a predominance of mastectomy type surgery (53.85%) and, in the case of the laterality of the breast, there was a predominance of the left (54%). Regardless of the type of surgery, all the women were on chemotherapy, and at the time of data collection, eleven (84.61%) had performed three or more chemotherapy sessions and

presented with alopecia after the first session.

It was possible to verify that the time between the discovery of the alteration in the breast and the first consultation ranged from zero to two months, corresponding to the maximum time of 60 days recommended by the Ministry of Health. It should be noted that two patients did not know when to report the change in the breast . Ten women (76.92%) performed the first consultation within a period of up to 30 days from the detection of the change.

However, in the classification of the tumor, stages II and III were the prevalent ones, and the stage IIA was responsible for 61.53% of the cases. This is an expected fact since it was the majority of women who found some alteration in the breast.

Figure 2. Diagram of the central category (theory based on data): Alopecia in breast cancer is a necessary evil, which comes, brand, but passes !. Passos (MG), Brazil, 2015.

When analyzing the data generated from the interviews, using the methodology proposed, the theory emerged: "Alopecia in breast cancer is a necessary evil, that comes, brands, but it passes!", To arrive at this theory, we analyzed the several subcategories that emerged from the speech of the actresses.

DISCUSSION

The confrontation of the experience of the alopecia was declared by the women, since they hoped that this would happen after they began the chemotherapy. Several types of coping with alopecia were reported and each actress sought, according to her reality, a type of coping to pass this period.

You think it's a phase, go ahead! From loss to good, but [...] it is difficult, but it has to go through, it is part of the treatment. (E2)

Give a shit! But [...] it has to go through [...] hair grows again! Hair grows! (E4)

I think it's a transient thing, it's going to happen, it's going to be born, everyone says it's going to be born three times stronger, more beautiful, thicker, my hair was very thin (laughs), it's going to be more beautiful! (E5)

I said: I do not! So I'm going to cry, huh!? It has a cure, we will do everything possible and the impossible to treat, our hair will be born again! I do not know if it will be born more ugly, or if it is more beautiful, but it will be born, will (laughs)! So I'm quiet! (E8)

Fall, but another is born! The important thing is to heal! Hair is born another, right? Hair is born another! It takes time to be born, but it's born! (E11)

The hair I think was the least, the breast I think is worse, because the hair, will be born another [...], the breast, I'll have to put another. (E13)

These women cling to the condition that hair loss is for their good, because, without treatment, there will be no cure and without cure they are doomed to death. But even knowing that head hair will fall, they will experience the loss of other body hairs such as pubic, axillary, leg and the eyebrows. In this stage of the chemotherapy treatment, the woman learns to experience a naked and transformed body, and begins to make confrontations to spend this period with less discomfort.

Thus, in the face of alopecia, women used the three premises that underlie Symbolic Interactionism: the meaning that things have for the human being; things begin to have a meaning for the individual from their interpretation; and the sense that things have for him because of his interaction with the

other. This allowed the construction of knowledge, based on the reality of the subject, based on the interaction he makes with himself and with others, considering what happens in the present.⁸ This fact can be found in the speech of social actors:

Just like the eyebrow, I say, wow! I'll do it because it may be that next month I do not have (laughs). In the armpits [...], in the leg, it is still being born, it is normal! In these I found it was even good (laughs), no need to shave. The problem is only the hair itself, and the eyebrow. The eyebrow until then, mine did not fall. (E2)

The hair of the vagina fell, the leg I thought it would fall, has little, but fell, under the arm is not being born, but the eyebrow has fallen little. I did not call because I waxed! It was he [husband] who noticed, because I do not even look at it! (E3)

From the armpit gave a diminished, but did not fall, no! We are worried about the hair on our head, the rest [...] is more hidden. (E4)

It's all dropped! And it all! [pubic hair]. The body I did not have much concern, no! I will be sincere, was the hair of the head and eyebrows less, but the hair of the head that I really felt, the others I did not care not! (E6)

You value hair that you did not value so much before, you talk like this: I'm going to value my eyebrow because I do not know if I'm going to be without it too! I think that's fine, if you fall, we'll pass a little pen. (E13)

Although they were aware that alopecia would occur after the onset of chemotherapy, most women reported that they used some strategy to disguise or conceal hair loss. The props such as scarves, wigs, hats, caps, caps were cited, the choice was related to the type of access and the adaptation of the woman and the reports showed that the search for artifacts was necessary to hide the alopecia before the society.

I thought: if I put on the wig it softens a little [...]. The wig was like this: some of my friends who cut my hair and gave it to me, and a woman from here who did it. He needs a lot of hair. So it was five people who cut it. She's the size of my hair. The wig is very similar to my hair. It is smooth, even the color [...], it does not become black, it is clearer you know? But it was the color of my hair, did not need to paint [...] is a brown like that! (E2)

No, I did not! My husband wanted to buy it I said it like that [...] no, I do not want this [wig] no! Ah! No! Very ugly, I do not like it there, no! (E3)

Ah! I always see the women there and I did not like it much [wig]! Oh, it sounds like I found it weird, weird hair! (E7)

I wear [wig], but I do not use it directly because it gets very hot! I feel different, I feel, it seems that I have my hair, then I fix it and see that it is not mine! There, I see that it is crooked, I see the cut different, it is not the same. Only I prefer more is the same hat. The hat runs air! (E10)

I even got a wig, but I did not want to put it on! Ah! I do not have a habit, it's a clumsy train, my hair looks nice, my hair looks the same, but I prefer the handkerchief than the wig. It's because women put more scarves, we see more scarf. I get like this, ah I'm going to wear my wig, then I put it on the head and shoot [...] Ah! No! I will not wear no! When I put it on, until it does not look ugly, it looks good, but I did not dare go out with it no! It's because the scarf I found easier! Put the handkerchief on and out, the wig and the hat I found stranger. The hat until not, I already went out with him. (E11)

The woman, in the face of alopecia, can have negative feelings about herself, because she feels ugly and different from other people. In the present study, it was verified that the negative feelings were reported by these women and this fact led them to use devices, such as a scarf and / or wig, to improve their body image, especially in the presence of people who did not are part of your family network or friendship.

Regarding the negative aspects, the relation of the body transformed by the lack of hair and hair due to the effect of the chemotherapeutic drug was observed by the women's speech, which generated anguish, sadness and removed the woman from the social life because she understood that she is outside the standards accepted by society. Being "different" generated curiosity, impelled comments and looks of disapproval of his new image, or even feelings of pity, which caused him suffering.

In their testimonies, social actresses have revealed that society influences how a woman, with breast cancer, will act in the face of her alopecia.

I just do not walk in the street because it's ugly. I walk there close to home, but talk like that to you, that I go out in such a place [...]. It's ugly, and people seem to stare at you. I do not know [...], it is not that you feel that you are looking at you [...]. It seems to bother you. (E3)

The social life caused anguish in the women, because the curiosity and comments were considered inconvenient and unnecessary.

Going out with nothing? Ah! I think they're going to look at it because they're going to

think like this [...]: "What happened to her hair? She had long hair! "(Laughs). (E1)

It causes me anguish that people are questioning, you know! He wants to know everything. He speaks: "Ah! [...] And your hair? "There are always some drawbacks. I do not care as long as it's someone I know. Now, from the outside, there I do not like it. I was like this [...]: "Gee, I do not want to go outside and people tell me [...]: 'Ah! Poor little girl [...], she's doing treatment! '" There is a person who does not talk to us and, at this stage, is [...], sometimes comes to help, sometimes curious. So I did not like to leave. It's [...] curiosity that bothers you! (E2)

I went home and, in the day, I was a little depressed. So, it's a different thing! You think like people will look at you, but then in a good way! In the first days that we leave the house, does not it have that impact? Has! Some people ask [...]. (E5)

The society ends up stigmatizing this woman, since she looks with expressions indicative of pity, disapproval, reparation and curiosity end up leading to social isolation, which was also evidenced in another study.⁹

According to the psychosocial perspective, stigmatization refers to the loss of status and consequent devaluation of the individual due to the attribution of negative stereotypes due to personal and physical characteristics that he possesses that are not socially accepted. This situation leads to negative consequences due to the internalization of stigma, as the individual becomes aware of their health situation, and the stigma related to this condition, when he agrees with it and to apply negative stereotypes to himself.¹⁰

This stigmatization entails irreparable damage to the individual, such as loss of identity, opportunities for life, hope, among others. This is evidenced in this study, since society's disapproving looks at the new physical condition of the woman with other people and promoted changes in their habits and lifestyle.

What attracted attention and was well portrayed is that the women thought that the loss of hair and eyebrows, which are socially displayed as a symbol of femininity, was what caused suffering because they are in places that are visible and difficult to disguise. However, loss of pubic, axillary, leg and arm hair did not cause suffering, as these are culturally depilated areas and the fall was seen as natural because they did not have to worry about removing hairs.

Beauty care has always been in evidence, especially with the hair, and this concern becomes greater when they begin to fall and

alopecia shows its clinical signs.¹¹ Thus, alopecia is the adverse event chemotherapeutic that brings greater effects due to the aesthetic change, since it generates the feeling of an unhealthy person.⁹

In our society, beautiful breasts and long straight hair are seen as symbols that reinforce the construction of femininity, and social norms dictate that women exhibit them.¹² Thus, society is seen as an organization that affects the way woman faces her illness, and the way she confronts her. In this sense, Symbolic Interactionism allows us to reflect that in the context under study, women tend to social isolation, because, in interacting with each other, they construct a meaning for their body image, and their self-image becomes what they was interpreted from this interaction. Often this interpretation is negative and, when this happens, it becomes ugly and different from other people, which leads it to interpret the self in a negative way, accepting the imposition of society.

It was observed that the woman used coping in the face of negative attitudes and this fact is the best positive aspect. The strategy of using embellishments to improve their body image made them feel more comfortable to go out in public. This is a factor that explains the importance of orienting where to get the adornments and how to use them to improve self-image and self-concept and that should be part of the assistance to women in this situation and also the importance of referring them to groups of support. In the study municipality, there is a support group for women with breast cancer.

In this sense, what drew attention was that, at no time, the nurse was cited as the professional who guided or referred the participants of this study to the support networks, even though the professional is close to the woman and who demands care most of the time during chemotherapy. This leads us to believe that the other members of the Nursing team in the context of this study are more concerned about the application of chemotherapy and local effects and do not use this moment of treatment for health education in the sense of prevention about other effects side effects and other changes that may be caused by medication or simple referral to support networks.

In this study, the lack of information to the woman caused that the moment of the fall of the hair and of the hair was experienced in a frightening way, because she was not prepared to face it, which is a negative point. It should be emphasized that Nursing should

be aware of this condition and not only deal with the pharmacological aspect of chemotherapy.

Thus, if Nursing provides this information, the way the woman will experience her alopecia may be different. If she is prepared to face this moment, the adversities may be less, the obstacles, more calmly transposed and the effects of this treatment, less intense in her life, since alopecia affects each person in a different way, individualized assistance is required.

The confrontation was carried out as something individual, but the women admitted that they needed help and care. They realized that the care they needed came from the members of the extended family, such as siblings, grandchildren, cousins, mother-in-law, friends, among other members of consanguineous bonds, as seen in the reports below.

Relatives and friends I just have to thank! (E13)

So they [children] give a lot of support to us, so that we do not stay like that [...] as he talks [...]? To be so sad, thinking that it will not heal [...]. They give a lot of support! (E7)

The other week he [son] fell! My youngest son, he crashed! He crashed [...] I felt him crash, there the other week, I was already twenty at home in the party area, they shaved their heads the same way! Everyone shaved their heads! Everyone shaved their heads! Twenty friends of twenty years, friends of twenties! All scraped! Of friendship, twenty years of firm friendship! (E12)

The family represents the main social institution with which the individual initiates his / her affective relationships, creates bonds and internalizes values. This relationship presents itself in an interconnected way as if it were the extension of the other and it is believed that the experience of the disease brings about modifications in people's way of thinking, acting and feeling. Thus, it is believed that changes in one family member can affect all others and interfere with the whole family system.¹³

It was the family, the main source of support that the actresses quoted, corroborating a study that reports that the patient should actively participate in coping with difficulties, arousing courage and hope, and also that the support of the children happens through gestures of affection, acceptance and help; and the partner, through active participation in the treatment and retaking of married life.¹³

Receiving affection and affection, often related to living together and sharing the same pain, such as when family members have decided to shave their hair to be the same as

women undergoing chemotherapy, is a demonstration of support. This fact strengthened and strengthened the patient who is struggling against such a dreaded disease and facing the repercussions that this fight implies on her body, that is, the physical transformations imposed by the treatment.

It is verified, in the central category, that the alopecia in the daily life of the woman in chemotherapy treatment is passed on aspects of diverse confrontations, interconnecting the family, the networks of support, the society that now acts as positives, as well as negatives. This period of chemotherapy and alopecia should be highlighted and reinforced, because it is a day full of meanings because the problematic is tied to the dimensions that permeate the information previously provided to the woman who is experiencing this situation.

CONCLUSION

In studies that address the issue of breast cancer, it has been observed that alopecia has always been mentioned, but most often as a side effect of chemotherapy treatment, and information about how this event affects life of this woman, are not contemplated.

It was found in this study that women with breast cancer and chemotherapy were aware of what would occur, more from life experience than from the guidance of health professionals, and that despite using subsidies to disguise lack of hair and , saw this stage as a hard phase that had to be faced, and that despite the suffering they were experiencing, they knew that it would end.

It was also observed in this study that nursing professionals need to be more attentive to this side effect of chemotherapy, and to direct these women to seek help and support from the groups to experience this period with less suffering, distress and social isolation . Being together with other women who are experiencing the same situation is important because the exchange of experiences and knowledge can make all the difference in the way the alopecia will be experienced and overcome.

It is necessary to deepen the problem in question, with enlargement of the sample and repetition in other places, so that the knowledge, expanded and modified with new information, as well as studies of new technologies that can prevent hair loss during treatment chemotherapeutic.

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