



乳腺癌幸存者生活质量现状的研究进展

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摘要: **目的:** 对乳腺癌幸存者的生活质量问题和干预措施进行综述, 探讨死亡在乳腺癌幸存者长期生存的意义, 为提高乳腺癌幸存者生活质量提供参考, 为乳腺癌幸存者长期护理计划提供理论依据。**方法:** 通过检索国内外文献, 归纳、总结乳腺癌幸存者主要生活现状及有效干预措施。**结果:** 目前乳腺癌幸存者常见的影响生活质量的因素包括生理症状、心理困扰和社会问题三个方面。常见的有效干预措施包括运动干预、饮食干预、心理干预、健康指导和社会支持。**结论:** 目前国内针对乳腺癌幸存者的生活质量研究较少, 建议进一步开发干预措施, 发展乳腺癌幸存者自我管理, 提供高质量社会支持, 明晰乳腺癌幸存者死亡与生存意义, 提高乳腺癌幸存者生活质量。

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综述

随着医学技术的不断发展, 癌症存活率不断提高, 癌症幸存者人数持续增多, 存活时间持续延长。癌症幸存者中最常见的是乳腺癌。截至 2019 年美国有 1690 万癌症幸存者, 并预计在 2030 年达到 2210 万^[1]。同年我国乳腺癌筛查纳入基本公共卫生服务项目, 截至 2020 年合计免费筛查 6400 万人^[2]。乳腺癌早期筛查、早期诊断和早期干预使得幸存者数量增加。2020 年, 中国乳腺癌新发病例数超过 41 万例^[3], 年龄分布集中于 15-59 岁^[4], 呈现年轻化趋势。生活质量是个体的一种总体幸福感, 包括对生理、社会和心理健康的客观描述和主观评价^[5]。对于乳腺癌幸存者而言, 治疗的结束意味着生命的长度得到延续, 未来生命的质量



成为幸存者关注的重点，其复发风险、长期承受治疗相关并发症的困扰及心理社会问题都更为多发，有效的乳腺癌幸存者照护措施能够提高医疗效益。乳腺癌幸存者不仅需要承受癌症及其治疗对身体、精神和经济的影响，同时这一群体所承担的妻子、母亲与劳动者等角色，使其康复全程还要面临重新承担家庭职能，回归工作岗位等社会问题，该人群的需求也更为普遍。目前国内现有文献多集中于乳腺癌患者术后并发症及心理护理，关注乳腺癌幸存者的研究较少。本文从整体护理的角度出发综述了近年来国内外乳腺癌幸存者生存现状和有效干预措施，思考死亡在乳腺癌幸存者长期生存中的价值，旨在为提高乳腺癌幸存者的生活质量提供理论依据。

一、乳腺癌幸存者生存现状

（一）生理症状

1. 癌因性疲乏

疲劳是幸存者中最常见的主诉，发生率达 40%^[6,7]，约 25% 的幸存者患有严重疲劳^[8]。与普通疲劳相比，癌因性疲乏更加严重，表现为起病更快，能量消耗更多，持续时间更长，更不规则^[9]。癌因性疲乏不仅令人痛苦，而且严重影响日常生活和工作，并可能长期持续影响幸存者生活质量和社会结局^[10]。幸存者的疲劳可能与疾病本身、治疗、躯体或心理副作用有关^[11]，并且会导致焦虑、抑郁和心功能障碍^[12]。乳腺癌幸存者疲劳问题早有研究，最初研究者们多关注乳腺癌幸存者癌因性疲乏的发生情况、具体表现、对患者产生的影响以及相关因素的探索，至目前癌因性疲乏的研究逐渐开始探索最佳干预方式、与其他症状的交互作用、长期发展轨迹的研究及生物模型构建等等。以往研究还表明，与癌症相关的疲劳是多因素的。在诊断时，医学、心理、社会和经济上劣势的患者在癌症后持续疲劳的风险^[8]更高。人们也越来越认识到疲劳是多维的，包括身体、情感和认知成分^[13]，且不同疲劳维度呈现出不同的纵向发展模式。这符合个性化护理的理念，未来研究者可深入追踪癌因性疲乏不同维度纵向发展模式和决定因素，并据此开发适当的护理模式，可以通过早期筛查对患者进行分层后实施针对性的护理方案。

2. 睡眠障碍

睡眠障碍是一种多维结构，包括睡眠规律性、睡眠质量、入睡时间、效率、持续时间和日间功能障碍^[14]。睡眠障碍在乳腺癌幸存者中普遍存在^[15]，54% 的乳腺癌患者曾报告因睡眠障碍导致中至重度痛苦^[16]，并在治疗结束后持续存在，影响患者生活质量。睡眠障碍的主要表现为睡眠质量差、夜间觉醒增多和睡眠持续时间短^[17]。乳腺癌幸存者经历一系列症状



负担，包括化疗对昼夜节律的干扰、化疗相关更年期症状、体重增加^[18]、疼痛、血管舒缩症状等，这些与睡眠障碍密切相关。自我污名化也可能增加乳腺癌幸存者面临睡眠障碍的风险，社会约束在这二者之间起到中介作用^[19]。有学者对年轻乳腺癌患者的睡眠障碍进行了回顾性总结，纳入以往 11 项研究，发现相比于非癌症年轻女性和老年乳腺癌幸存者，年轻乳腺癌幸存者的睡眠质量明显较差^[20]。未来可进一步通过质性研究更深入地了解年轻乳腺癌幸存者对睡眠问题的观点和见解。目前关于睡眠障碍的研究多以单维度为结局指标，多采用自我报告的方式测量，横断面研究居多，后续可从多维角度，采取自我报告和客观指标相结合的方式评估乳腺癌幸存者的睡眠障碍，进行纵向研究探索乳腺癌幸存者睡眠障碍发展模式，针对性地发展更有效的干预措施。

3. 身体意象改变

身体意象改变是指身体外观、感觉和功能的暂时或永久性改变，是乳腺癌治疗后严重而复杂的问题。身体意象改变是 67% 的乳腺癌幸存者的主要问题^[21]。手术可导致瘢痕形成，乳房不对称，感觉丧失和淋巴水肿；化疗、放疗和激素治疗导致脱发、肥胖、色素沉着及皮炎等^[22]，这些都会导致幸存者的身体意象改变。患者的文化程度、疾病严重程度、体重指数、治疗方式与身体意象感知密切相关^[23]。身体意象改变直接影响了女性的亲密关系、性生活以及生育和抚养能力^[24]。此外，乳腺癌幸存者身体意象改变会影响幸存者自尊和社会活动，阻碍幸存者身心康复和社会角色适应，影响生活质量^[25]。关于乳腺癌治疗后女性身体意象改变的系统综述结果表明目前的干预效果有限^[26]。“癌症后解放你的身体”是研究者基于以往干预改编的一套针对乳腺癌患者的新干预措施，该措施采用认知行为和病因治疗方法，针对更广泛和可改变的社会文化和心理危险因素进行干预，目前已进行了试点^[27]研究。未来可进一步开展随机对照试验探索该干预的长期影响。基于身体意象的复杂性，目前对乳腺癌幸存者身体意象改变的干预方式研究较少，后续需继续开发干预措施，从多因素出发构建复杂干预框架以达到较好的干预效果。

4. 癌症相关认知障碍

癌症相关认知障碍被称为乳腺癌女性化疗后“化疗脑”，其特征是记忆力、执行力、注意力和处理速度受损^[28]，包括主观和客观认知障碍。超过 50% 的乳腺癌幸存者报告了主观认知障碍，其中 15-25% 有客观认知能力下降^[29]。虽然认知功能很少达到严重损害的水平，但这种障碍经常会影响身体功能、工作和生活质量^[30]。许多因素已被确定为乳腺癌幸存者认知障碍的预测因子，包括年龄、教育水平、化疗剂量强度、基线认知功能、心理健康、疲劳、



更年期状态、血红蛋白水平和遗传易感性^[31,32]。研究显示，年龄小于 60 岁的乳腺癌幸存者认知速度更快，但却比大于 60 岁人群表现出更严重的记忆障碍^[33]，这可能是由于年轻乳腺癌幸存者承受更多心理困扰，而老年乳腺癌幸存者的情绪稳定性增加和压力减轻。因此针对不同基础条件和认知需求的人群应当实施不同内容和强度的认知康复训练。认知和行为治疗是癌症相关认知障碍主要推荐的干预措施^[34]。

5. 性功能障碍

性生活是生活质量的重要组成部分，性行为问题甚至会增加 200% 的抑郁风险^[35]。中国女性乳腺癌幸存者中性功能障碍的患病率为 82.8%^[36]，表现为阴道干燥、性交困难、闭经、性欲丧失、性活动频率降低、难以达到性高潮和对性表现的焦虑^[37]。乳腺癌幸存者性功能障碍的原因包括身体和心理因素。身体因素有治疗导致的阴道萎缩干燥、阴道疼痛症状、身体形象不良、疲劳和体重的增加等，心理因素有复发恐惧等负面情绪^[38]。目前对于性健康障碍的研究仍较少，主要关注乳腺癌幸存者性行为现状及原因分析。已有研究探索性功能障碍的干预措施，包括非激素局部制剂如阴道凝胶、激素局部干预、激光疗法、心理社会干预以及多模式干预方式等^[39]，但大多研究质量较低，缺乏对照或者存在较大偏倚，导致目前的证据只能支撑低风险治疗方式如阴道凝胶、认知行为疗法等。未来应进一步开展大规模的随机对照试验为临床治疗提供证据。

6. 骨骼损伤

骨骼健康是乳腺癌幸存者前五大关注点之一，39% 的幸存者表达对骨骼健康的担忧^[40]。与无癌症女性相比，乳腺癌幸存者骨质减少和患骨质疏松症的风险更高^[41,42]，这可能与芳香化酶抑制剂和支持性类固醇疗法的使用有关^[43]。国内乳腺癌幸存者中骨折概率比普通人增加了四倍，但骨质疏松症和骨折风险的筛查率较低^[44]，提示目前国内乳腺癌幸存者尚缺乏完善的生存护理计划。有研究证明 50 岁以下患者骨质疏松风险增加与卵巢功能抑制有关；40-49 岁患者与化疗和芳香化酶抑制剂的使用有关^[45]，提示临床中不同年龄段的乳腺癌患者预防骨骼损伤的实践方向可能不同，后续可在我国环境下对乳腺癌幸存者骨骼损伤的危险因素进行分层分析，实施针对性护理干预。

(二) 心理困扰

1. 复发恐惧

复发恐惧是指害怕或担心癌症会在同一器官或身体的另一部位复发^[46]。64% 的乳腺癌幸存者对癌症复发有恐惧，54% 的幸存者复发恐惧达到了中度甚至重度^[47]。关注复发可能性是



乳腺癌幸存者中最常见的需求^[48]。短暂或轻度的复发恐惧是正常的适应过程，通过让患者自我监测复发迹象，进行定期复查和采取健康生活方式可以改善。但持续和过度的恐惧可能会使人衰弱^[49]。复发恐惧超过了乳腺癌幸存者的可接受度时将给幸存者带来极大的痛苦，表现为焦虑、创伤后应激障碍、躯体症状^[50]，或者加剧现有心理症状，使乳腺癌幸存者的生活质量降低^[51]。此外，复发恐惧还会导致医疗卫生服务的过度使用，造成资源浪费^[52]。认知行为疗法在降低复发恐惧方面的有效性已在乳腺癌幸存者群体中得到证实^[53]。含 α -亚麻酸 ALA 的食用油也证实对缓解乳腺癌幸存者的复发恐惧有效^[54]。

2. 焦虑和抑郁

焦虑和抑郁在乳腺癌幸存者中患病率很高^[55]。焦虑已被确定为乳腺癌患者生活质量的主要影响因素^[56]，而抑郁会导致癌症复发风险升高^[57]。乳腺癌幸存者主诉由于脱发、体型改变、合并症以及复发或转移的可能性等治疗副作用出现心理不适^[58]。由疾病引起的个人、家庭和事业的变化，也会使幸存者在出院后不适应新情况，导致焦虑和抑郁。美国临床肿瘤学会推荐认知行为治疗作为癌症患者焦虑的一线治疗^[59]。抑郁升高与焦虑增加的可能性相关，将认知行为心理治疗和冥想等循证干预措施整合到患者护理中，可能是减少患者群体焦虑和抑郁的有效且具有成本效益的策略^[60]。

3. 污名与自我污名化

污名是指个人经历的孤立感、贬低感、批评感和拒绝感，影响心理、身体和社会调整^[61]。自我污名化是指一个被贬低的群体意识到对他们的偏见和刻板印象，他们赞同并内化了这些信念和行为^[62]。乳腺癌治疗会带来心理和身体上的改变，例如创伤后应激、乳房缺失、脱发、性功能受损等^[63]，污名使乳腺癌幸存者感知社会冲突，而自我污名化使乳腺癌幸存者自尊降低。分别有 76.7%和 8.7%的乳腺癌幸存者报告了中度和高度的自我污名化^[64]。有污名感的乳腺癌幸存者会避免社会关系，导致社会适应不良及低自尊，最终影响乳腺癌幸存者的生活质量^[65]。身体意象、配偶支持、个人对疾病的接受度、应对模式、医务人员的支持和自我效能等是影响乳腺癌污名化的主要因素^[64]。医护人员可通过减轻幸存者对癌症的过度担忧，促进自我效能感，并提供情感支持以改善这一人群的生活质量。

(三) 社会问题

1. 重返工作岗位

重返工作岗位已被证明对患者的身心健康有益，并对患者的整体生活满意度产生重要影响，不仅能减轻家庭的经济负担，提升自我认知，还能促进患者回归社会，实现职业康复，



提高生活质量^[66]。在中国，35.6%乳腺癌幸存者已经重返工作岗位，阻碍乳腺癌幸存者回归工作岗位的原因有长期疲劳、低自尊、缺乏家庭和工作单位的支持等。而年龄在50岁以下、单身、受教育程度较高、未进行广泛腋窝淋巴结清扫手术或没有任何合并症的患者更可能重返工作岗位^[67]。能够直接帮助乳腺癌幸存者重返工作岗位的干预措施很少，有关人员需要为乳腺癌幸存者回归工作岗位提供支持。

2. 信息需求

信息寻求是乳腺癌幸存者的社交媒体数据集的十个主题之一^[68]，乳腺癌幸存者通过社交媒体搜索的行为间接表明了该人群的信息缺乏。为应对乳腺癌幸存者信息缺乏问题，研究者借助新兴技术手段，建立虚拟乳腺癌教育和支持小组^[69]、建立在线健康社区^[70]等方式促进幸存者自我管理。在线健康社区是连接多方的在线平台，卫生保健人员可以使用在线健康社区进行癌症相关教育和管理，癌症幸存者可以在此寻求医学知识，也可以与他人分享自己的生存经历。乳腺癌幸存者的信息支持通常由护士承担，这是一项繁复的工作，进一步开展高质量研究，优化信息支持途径，能够促进乳腺癌幸存者自我管理、改善生活质量的同时也能够减轻医疗护理系统的负担。

二、乳腺癌幸存者生活质量干预措施

(一) 运动干预

运动干预类型包括有氧运动和阻力运动。有氧运动旨在改善心血管和呼吸健康，包括步行、慢跑、爬楼梯、骑自行车、健身器材锻炼等^[71]。有氧运动可以降低乳腺癌幸存者肥胖和糖尿病的发生率，减轻活动限制，降低焦虑、抑郁的发生^[72]，预防骨质流失^[73]。阻力运动是一种对抗阻力，训练肌肉的运动类型。阻力运动能够增加红细胞计数^[74]，保持身体成分和肌肉力量^[75]，但会降低乳腺癌幸存者的主观健康状况^[73]。有学者研究发现联合有氧和阻力运动，可以改善乳腺癌幸存者的睡眠质量^[76]，降低心血管疾病风险^[77]。坚持有氧和阻力运动可能是癌症幸存者的最佳运动行为，最大限度地提高身心健康益处^[78,79]。随着科技的发展，越来越多的新技术运用到了乳腺癌幸存者运动干预中，如ATOPE+移动医疗系统^[80]。基于技术的运动系统可以提供有关身体活动、非运动时间和睡眠持续时间等数据的自动和实时反馈，通过支持自我管理来促进行为改变^[81]，同时乳腺癌幸存者对基于技术的运动干预更感兴趣并受到激励^[82]。

(二) 饮食干预

传统的地中海饮食富含蔬菜，水果，特级初榨橄榄油，坚果，豆类和全谷物，动物产品



含量低至中等^[83]。乳腺癌幸存者对地中海饮食更高的依从性可以提升生存质量，在身体机能、睡眠、疼痛以及幸福感方面效果显著^[84]。植物性食物如水果，蔬菜，谷物，坚果和种子，豆类和植物油是饮食中纤维和其他生物活性化合物的主要来源，植物生物活性物质具有抗癌特性^[85]。健康的植物性饮食模式能够降低乳腺癌幸存者非乳腺癌死亡的风险，提高乳腺癌幸存者的总体生存率^[86]。

（三）心理干预

乳腺癌幸存者心理干预方式包括认知行为疗法、正念疗法、哭泣疗法等。认知行为疗法包括认知和行为技术，如认知重组，行为实验，放松，社交技能训练等。认知行为疗法可以改善乳腺癌幸存者的复发恐惧^[87]，性功能、身体形象和更年期症状^[88]。减少功能失调的认知及正向行为训练可以帮助心理健康症状和行为问题的减少^[89]。正念疗法显著降低乳腺癌幸存者抑郁症状，对疲劳、失眠和血管舒缩症状也产生了有益的影响，这些积极影响在随访期间持续存在^[90]，接受与承诺疗法能够改善复发恐惧，并很具有可行性^[91]。哭泣疗法是使用哭泣的方式减少躯体和情绪应激，促进宣泄和情绪愈合，通过刺激内啡肽分泌改善情绪，减轻疼痛，并对情绪健康产生积极影响^[92]。哭泣疗法可有效改善女性乳腺癌幸存者的压力状况，情绪和免疫系统活动。

（四）健康指导

健康指导促进幸存者发展和实现自我确定的健康目标，并帮助幸存者使用洞察力、个人优势、目标设定能力、行动能力实现健康生活方式^[93]。Daniela L. Stan 等人设计了一项健康指导计划，包括面对面指导，电话指导，每周发送提醒和教育邮件，研究发现幸存者们的体育活动水平、饮食习惯和生活质量都有显著改善^[94]。有研究指出护理人员没有为乳腺癌幸存者提供足够的身体活动信息的原因是：认为不在其工作职责范围内、低估了幸存者的身体活动需求、缺乏资源、缺乏自我效能感和对身体活动信息了解不足^[95]。后续有研究者描述了一种迭代的三阶段方法^[96]，用于开发幸存者健康指导措施。健康指导已经成为护理工作的重点，但仍需从护士、患者等多方面挖掘深层次影响健康指导效果的因素，提高健康指导的质量。

（五）社会支持

社会支持能够显著改善乳腺癌幸存者的生活质量^[97]，在促进乳腺癌幸存者心理健康发展方面具有重要意义^[98]。社会支持包括情感支持、尊重支持、工具支持、信息支持、朋友支持和社会陪伴等。绝大部分乳腺癌幸存者感受到中至高水平的社会支持^[99]。目前对乳腺



癌幸存者社会支持的研究已经发生转变,包括从定量研究到定性研究,从接受到感知社会支持,以及向文化、宗教等更多背景考虑^[100]。在中国,家庭体系占有重要地位,家庭支持是我国社会支持系统中的主要部分,如何通过乳腺癌幸存者的家庭照顾者提供有效的家庭支持是未来需要思考的问题^[101]。同时,研究显示幸存者对社会支持特征具有偏好性,并且这种偏好是具有可变性的,而幸存者特征可以预测偏好^[102]。这就意味着在试点工作中,让幸存者接触到各种社会支持,并进行功能测试,选择最有帮助的社会支持措施,并根据幸存者特征针对性提供社会支持,以获得更大效益。

三、死亡在长期生存中的作用

(一) 死亡焦虑

死亡是一个与癌症直接联系的词语,经历过癌症的幸存者大多表达出死亡焦虑,并且复发恐惧高的人群会对死亡有更加详细的阐述^[103]。复发恐惧的驱动源可能是对死亡的焦虑^[104]。这种死亡焦虑包含对死亡的恐惧,对死亡过程的担忧以及死亡对家人产生的影响等多种因素。根据恐惧管理理论,当一个人面临死亡时,他们会进行一系列近端防御来减少恐惧。这些近端防御包括压制与死亡或濒死有关的思想,否认死亡,实现心愿,并从事促进健康的行为以避免死亡。一旦死亡的威胁降低,恐惧管理理论就认为应该进行远端防御,通过采用文化价值观使生命具有超越死亡的意义。在这个意义上,生死教育的价值是值得肯定的。作为暂时解除死亡威胁的群体,远端防御如生死教育可能对于缓解幸存者的死亡焦虑有效。

(二) 死亡与生存

当癌症把死亡从隐秘的角落带出来时,死亡就褪去了朦胧的外衣,从抽象变得具体起来。癌症作为一种可能唤醒死亡意识的事件,让幸存者提前感知到死亡的概念,由生到死,向死而生的人生经历让幸存者第一次切身地体验到死亡是真实存在,不可避免地,公平地来到每个人的生存轨迹里,而这种体验对她们终将走向的死亡结局产生了影响。幸存者曾与死亡擦肩而过,并且“幸存者”仍然意味着死亡的高风险,但此时她们虽然面对危及生命的癌症,却不再面临当即的死亡危险,死亡反而是幸存者生存中充满活力的组成成分。她们很少关注死亡作为一个人生命的终结点,甚至不再害怕死亡,而是将死亡视为一个如何在充分意识到自己必死的情况下继续生活的问题^[105]。从这个意义上说,死亡促进生存。

癌症经历使幸存者正视和思考自己的死亡以及死亡的内涵,她们没有办法改变死亡这一结果,并且死亡带来的时间流逝感和紧迫感让她们重新定义生命中什么是最重要最有价值的以及自我存在的意义。癌后生存和癌前生活显然不会一样,幸存者面临生理、心理、社



会各方面的困难，癌后的饮食、运动、工作、社会关系等等一切平行排列在生活中的日常现在都排列在健康促进之后，她们生存模式被摧毁了，并且又不得不重新建立和适应新的模式，而这一过程需要 5-8 年的时间^[105]，不幸的是，医疗保健系统在这过程中的参与是缺乏的。因此有必要发展长期幸存者护理，关注幸存者对死亡的感受，帮助幸存者们在癌症后适应新的生存模式，这对于生存期长的乳腺癌幸存者尤为重要。

（三）死亡准备

经历过死亡的幸存者对于死亡有更加具象的认知，当死亡变得具体，幸存者也会表现出应对行为。如果死亡就在前方的那里等待着，“我”应该做些什么？有些人写信给她们的孩子，让她们在长大后阅读或者花更多的时间陪伴家人，有些人放弃了原本的计划，如购买新车或晋升职位，有些人会准备她们的葬礼，有些人还会花时间参与到社会公益活动中。幸存者需要为死亡做准备，这可能是自发的，也是需要支持的，例如预先指示或生前预嘱。已有研究者系统地回顾了癌症幸存者实施预先指示的证据，认为生存护理领域似乎还没有重视对癌症幸存者使用预先指示，幸存者生存护理计划对于预先指示的实践和研究仍然匮乏^[106]。而这对幸存者死亡质量具有重要意义。

小结

本文总结了近年来关于乳腺癌幸存者生活质量的问题及有效干预措施，并反思了死亡对于乳腺癌幸存者的重要意义。乳腺癌患者长期生存率的提高意味着患者与医疗人员面临的挑战转为生活质量的保障。但目前我国医疗资源绝大部分向患者倾斜，对于幸存者群体的医疗资源有限地投入在复查和筛查中，这就要求乳腺癌幸存者具备自我管理的能力。乳腺癌幸存者医学知识理念的缺乏和自我管理的高要求之间不平衡的矛盾仍需护理人员努力，跨理论模型可以为此提供指导，这是一个系统的个体行为改变的方法。越来越多研究者关注乳腺癌幸存者的生存，但在我国背景下进行的研究较少。建议进一步开发针对中国人群有效的干预措施，发展乳腺癌幸存者自我管理能力，提供高质量的社会支持，为乳腺癌幸存者个性化地建立多学科团队、针对性、效益性地制定适宜国情的乳腺癌幸存者照护计划。乳腺癌幸存者的生死观仍需探讨，死亡、生存及其二者之间的交互作用都需要继续深入发展。本综述从整体上回顾了现有乳腺癌幸存者文献，但对于不同年龄层的乳腺癌幸存者重点问题缺乏思考，对于乳腺癌幸存者而言，如何面对生存末期的来临是否与其他人群有差异，乳腺癌幸存者群体的死亡准备等问题也值得进一步探讨。



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Advances in research on the current quality of survival of breast cancer survivors

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Abstract: **Objective:** To review the quality of life issues and interventions for breast cancer survivors, to explore the significance of death in the long-term survival of breast cancer survivors, to provide a reference for improving the quality of life of breast cancer survivors, and to provide a theoretical basis for long-term care plans for breast cancer survivors. **Methods:** By searching domestic and international literature, we summarized and concluded the main life status and effective interventions for breast cancer survivors. **Results:** The current common factors affecting the quality of life of breast cancer survivors include three aspects: physical symptoms, psychological distress and social problems. Common effective interventions include exercise intervention, dietary intervention, psychological intervention, health guidance and social support. **Conclusion:** There are few studies on quality of life for breast cancer survivors in China, and it is recommended to further develop interventions to develop breast cancer survivor self-management, provide high-quality social support, clarify the meaning of death and survival for breast cancer survivors, and improve the quality of life for breast cancer survivors.

Keywords: breast cancer survivors, quality of life, death, review

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