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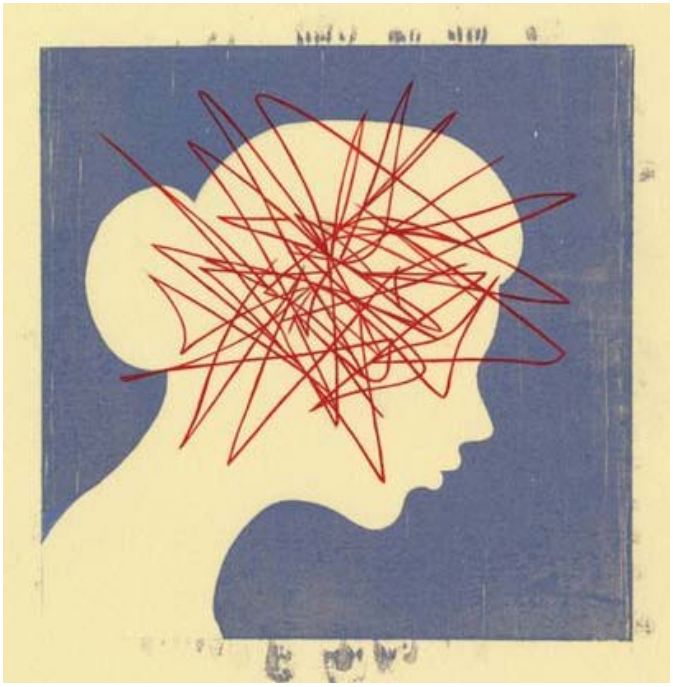
'Chemobrain' gets the attention of cancer patients, doctors



Daniel Bejar/Special Contributor

By MELISSA T. SHULTZ
Special Contributor
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Remember that anti-drug ad from the late '80s? The one where a guy holds up an egg and says, "This is your brain." Then he takes the egg, fries it in a pan and says, "This is your brain on drugs"? Well, I do.

For five years, while I took the anti-estrogen drug Tamoxifen, the image of the sizzling egg came to

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mind whenever I couldn't remember a word, or where I put something, or what I was about to do next. Like most middle-aged women, I attributed my symptoms solely to menopause — even joked about it with other women, but privately, I wasn't laughing. What if I had early-onset Alzheimer's?

About two months after I stopped taking Tamoxifen, I realized my memory had improved and wondered whether the drug had been a factor. Then, a few months later, I attended a lecture about a condition called "chemobrain." And there I was — or many of my symptoms were, listed in bullet form on a big screen in a room filled mostly with women, who were all nodding in agreement.

Cancer patients have been describing the symptoms of chemobrain for decades. Recently, new research has provided clues about the biology of why it happens, and how to prevent and treat it.

The condition sometimes is called chemofog. Dr. Dan Silverman, a nuclear-medicine physician, professor and leading researcher in the field of chemobrain at UCLA's Medical Center says the term he uses, "post-chemo brain," describes what it is, regardless of the exact cause.

Symptoms vary from person to person but may include short-term memory loss, trouble paying attention, trouble finding the right word, difficulty with new learning and difficulty managing daily activities.

Since some of these can also occur as a result of insomnia, depression, hormonal fluctuations and anxiety — a chief reason not all doctors agree that there is such a thing as chemobrain — it's important to try to rule out the cause.

The real deal

Dr. Monica Loghin, a neuro-oncologist at M.D. Anderson Cancer Center in Houston, says studies prove that chemobrain is the real deal. Patients often tell her that they can't keep up mentally, or that family and friends have noticed that they are struggling.

"This usually occurs in people with highly demanding jobs," she says. "They become aware sooner of very small changes in their ability to perform."

Experts say that 75 to 80 percent of people undergoing cancer treatment will develop some cognitive symptoms. The extent to which you have them depends on your previous history, your age and your treatment plan.

Dr. Patricia Ganz, an oncologist and professor at UCLA's School of Medicine, specializes in quality-of-life issues for cancer survivors. She says that for women undergoing cancer treatment, the degree of cognitive issues experienced is linked to their reproductive time in life.

"If you are premenopausal, chemotherapy and other treatments will have different effects than if you are in your 60s," Ganz says.

Combining treatments is also a factor, doctors say. Women who undergo chemotherapy and then take Tamoxifen will often report more problems with concentration and memory due to the combined effects of the drugs on hormone levels. Also, new studies reveal that radiation has an effect on increasing inflammation in the body — when tissue is radiated, cells release chemicals into the bloodstream that can cross into the brain, affecting how the brain functions.

Another risk factor for developing chemobrain is your prior history with cognitive issues.

"Essentially," Silverman says, "the things you were not great at before your cancer, you can become even worse at after.

"People with A.D.D., for example, who have attention-related problems to begin with, can be hit hard after chemotherapy or other treatment," Silverman says.

The good news is that in most cases, chemobrain ends within two years after treatment ends, though it may take four to five years.

"Around 20 percent of patients have long-lasting problems," Silverman says.

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Patients can do a variety of things to cope with chemobrain.

Exercising, for example, stimulates brain cells to grow, and drinking coffee or tea with caffeine increases efficiency, alertness and a sense of well-being — in some studies, caffeine has also been shown to protect the brain from damage.

Your doctor may prescribe medications to help you focus, adjust the cancer medications you are taking or suggest "a drug holiday," Ganz says.

Lifestyle changes help as well, such as making sure you get enough sleep and using tools that aid in managing tasks. Managing depression and stress in everyday life can also help with concentration and memory.

What does the future hold? "The future," Silverman says, "is in prevention."

His team is in the early stages of a study to prevent chemobrain using a drug already on the market for another purpose.

If approved for use post-cancer treatment to prevent chemobrain, this could help shorten the time it takes to get to patients.

Because chemobrain is not universally recognized, patients might have difficulty understanding what they are going through.

Survivors such as Libby DeBattista, from Belmont, Calif., feel that knowledge is key and she suggests that patients be given written materials covering all their treatments and the potential side-effects, chemobrain included.

"Simply knowing what is happening and being able to give it a name is essential for patients as they travel through often frightening changes in their body," she says.

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