

Cognitive Deficits Following Cancer Treatment: Chemobrain

1. No one really knows why chemobrain happens; we only have theories to explain its existence:
 - a. Early menopause
 - b. Multiple drugs interfacing
 - c. Chemo agents, especially in high doses
 - d. Symptoms have been attributed to stress, anemia, infection, nutritional deficiencies, inherited susceptibility to chemobrain symptoms, sleep disorders, depression, anxiety, metastatic disease, sadness, advancing age, presence of symptoms before treatment, lack of exercise, fear, and fatigue, OR... an actual side-effect of chemotherapy.
2. They have not determined that one specific area of the brain contributes to the symptoms. Diagnostics reveal “negative neural imaging.”
3. Mary’s symptoms may be different from Susan’s, Susan’s may be different from Helen’s, and Helen’s may be different from Jill’s.
4. Although it usually happens after chemo, symptoms can be present without chemotherapy.
5. People first reported symptoms as early as 1980.
6. Chemobrain can affect one’s memory, judgment, concentration, abstract thought, multitasking ability, executive functioning capabilities, word finding skills, and time management competencies.
7. People who have higher dose chemotherapy are more likely to have symptoms; although some with very high doses of chemotherapy do not have symptoms.
8. Incidence ranges from 8 to 32% of people who have had chemotherapy.
9. There is no correlation between what people complain of symptomatically and what shows up on neuropsych tests. There is no correlation between complaints and objective test scores.
10. Very few studies have tested people before they began chemotherapy.
11. Some studies state that symptoms can last as long as ten years; long after chemotherapy has been discontinued.
12. There’s never been a study that shows that anything helps in symptom relief...but no study has been reported by a speech-language pathologist, who specializes in chemobrain dysfunction.