

**THE PSYCHONEUROIMMUNOLOGY OF WOMEN EXPERIENCING
STRESSFUL LIFE EVENTS:
TESTING THE OXIDATIVE MODEL**

A thesis submitted for the Degree of

DOCTOR OF PHILOSOPHY



**THE UNIVERSITY
of ADELAIDE**

by

Jodie Merle Oliver-Baxter

B. A. (Hons)

School of Psychology

The University of Adelaide

May, 2011

Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to Jodie Oliver-Baxter and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library catalogue, the Australasian Digital Theses Program (ADTP) and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Signed..... Date.....

ABSTRACT

It has been acknowledged that psychological stress can impact on one's health. A definitive link between psychological state, immune suppression, and disease has yet to be established. A possible mechanism has been termed The Oxidative Model. This refers to the oxidative imbalance of cells associated with antioxidant status and psychological distress. The aim of this dissertation was to use this theoretical model to establish an evidence basis for future interventions in vulnerable populations. For cancer patients the post-treatment period has been identified as psychologically challenging. In addition bio-psycho-immunological models remain underexplored in post-treatment breast cancer samples to date.

Two longitudinal studies were employed. The first, an observational study of a sample of women (N=17) concluding treatment (chemotherapy and/or radiotherapy) for early stage (I-III) breast cancer at the Royal Adelaide Hospital, South Australia. The second study tested the benefits of antioxidants during prolonged stress using an 8-week RCT. A sample of general population women (N=60) reporting mild to severe psychological distress was recruited. Psychological parameters measured included Psychological Distress, Defense Styles, Loneliness, Anger Expression, Psychological Adjustment, the Impact of Events Scale (IES-R), and State-Trait Depression, Curiosity, Anxiety, and Anger. Biochemical parameters included 5'-ectonucleotidase (NT), homocysteine (HCY), tissue ascorbate (VIT C), c-reactive protein (CRP), cholesterol (CHOL), folate (FOLATE), Vitamin B12 (VIT B12), and inflammatory cytokines (IL-1 β , IL-5, IL-6, IFN- γ , TNF- α , TNF- β , and IL-10).

Findings from study 1 indicated severe psychological distress was experienced for a subset of breast cancer patients post-treatment. Fluctuating levels of psychological distress, anger, anxiety, and curiosity were observed across the 20-weeks. A pro-oxidant state was evident during this period. Pro-inflammatory measures were low and relatively stable. Associations between psychological measures and biomarkers supported Oxidative Model relationships. The second study revealed improved pro-oxidant and pro-inflammatory biomarkers favoured the multivitamin supplemented group. Collectively both studies reveal the influence of demographic and health behaviours on bio-psycho-social measures central to the Oxidative Model propositions. This thesis brings out the case for exploring complementary interventions, like multivitamin use, in the post-treatment period for those patients experiencing distress.

ACKNOWLEDGEMENTS

Sincere thanks to my supervisors Professor Deborah Turnbull, Professor Ian Olver, and Dr Hayley Whitford. It has not been the most straightforward of candidatures, but you have each been contributed uniquely across the course of this project. Your patience and persistence has not gone unnoticed.

For those who assisted me with collection of biomarkers- Breast Care Nurse, Judy Isiello, and staff at the Women's Health Service at the Royal Adelaide Hospital, and Louise Turnbridge at the Nursing School, at UniSA. This project wouldn't have been possible without the facilities, your skills, can-do attitude, and wonderful bedside manners.

To dear Dr Ainsley Chalmers, for coming out of retirement to lend his biochemical expertise & to Flinders Medical Centre for finding space for him to work his magic. Thank you also to the Immunology Department at the Women's and Children's Hospital for their technical expertise for cytokine assays, specifically Trish, Kathy, and of course Professor Toni Ferrante, and Pete Pascoe and staff at SA pathology.

To all the women who took part in this research. Their contribution of valuable data as well as sharing their personal journeys allowed this dissertation to take shape.
To my family and friends- especially Ben and Fletcher, and our baby in waiting I appreciate your patience and understanding-

'Life is what happens when you are doing a PhD'!

Table of Contents

DECLARATION.....	I
STRUCTURE OF THE DISSERTATION.....	1
CHAPTER 1.....	5
AN INTRODUCTION TO PSYCHONEUROIMMUNOLOGY	5
1.0 OVERVIEW.....	5
1.1 PSYCHONEUROIMMUNOLOGY	5
1.2 THE IMMUNE RESPONSE.....	6
1.2.1 <i>Innate versus acquired.</i>	7
1.2.2 <i>Cell-mediated and humoral immune responses.</i>	9
1.2.3 <i>Hypothalamic-pituitary-adrenal (HPA) axis.</i>	9
1.2.4 <i>Bi-directional communication.</i>	11
1.3 CHALLENGES TO PNI RESEARCH.....	13
1.3.1 <i>Conceptual difficulties: the stress definition.</i>	13
1.3.2 <i>Categorizing stress: course and duration.</i>	15
1.3.3 <i>Stress response measures as an additional, objective measure of stress.</i>	16
1.3.4 <i>Methodological limitations: samples, measures, design.</i>	17
1.3.5 <i>Proposed models linking stress and immunity.</i>	18
1.3.6 <i>Proposed models linking stress, health, and chronic disease.</i>	20
1.4 SUMMARY.....	22
CHAPTER 2.....	24
THE OXIDATIVE MODEL.....	24
2.0 OVERVIEW.....	24
2.1 THE RATIONALE OF THE OXIDATIVE MODEL	24
2.2 BIOCHEMICAL MARKERS IMPLICATED IN THE OXIDATIVE MODEL.....	29
2.2.1 <i>Pro-oxidant markers.....</i>	30
2.2.1.1 5'-ectonucleotidase (NT).....	30
2.2.1.2 Tissue ascorbate (VIT C).	31
2.2.1.3 Homocysteine (HCY).....	33
2.2.1.4 Folate (FOLATE) and Vitamin B12 (VITB12).	34
2.2.2 <i>Pro-inflammatory markers.....</i>	34

2.2.2.1 C-reactive protein (CRP).....	35
2.2.3 <i>Novel biomarkers</i>	36
2.2.3.1 Cytokines.....	36
2.2.3.2 Cholesterol.....	38
2.3 A CRITICAL REVIEW OF THE OXIDATIVE MODEL LITERATURE	40
2.3.1 <i>Recently diagnosed HIV positive patients</i>	40
2.3.2 <i>Academic stress</i>	41
2.3.3 <i>Major depression</i>	42
2.3.4 <i>In-vitro studies on The Oxidative Model</i>	45
2.3.5 <i>Animal studies</i>	46
2.3.5 <i>Occupational stress</i>	47
2.3.6 <i>Unpublished dissertations employing The Oxidative Model</i>	48
2.3.6.1 Academic examination stress.	49
2.3.6.2 Academic stress.....	50
2.3.6.3 Post traumatic stress and The Oxidative Model.....	54
2.4 LIMITATIONS	58
2.5 STRENGTHS.....	66
2.6 SUMMARY.....	67
CHAPTER 3.....	69
BREAST CANCER PATIENTS IN THE POST-ACTIVE TREATMENT PERIOD	69
3.0 OVERVIEW.....	69
3.1 BREAST CANCER INCIDENCE & SURVIVAL	70
3.2 LINKING ONCOLOGY AND PSYCHONEUROIMMUNOLOGY.....	71
3.3 SOURCES OF STRESS POST-TREATMENT.	73
3.4 LITERATURE REVIEW GUIDELINES	75
3.5 EVIDENCE OF PSYCHOLOGICAL DISTRESS POST-TREATMENT.	77
3.6 PSYCHONEUROIMMUNOLOGY AND BREAST CANCER IN THE POST-TREATMENT PERIOD	94
3.7 IMMUNE MEASURES.....	96
3.8 PRO-INFLAMMATORY PROCESSES.....	104
3.9 PRO-OXIDANT PROCESSES.....	109
3.10 SUMMARY	110
CHAPTER 4.....	112
PRINCIPAL RESEARCH AIMS.....	112

4.0 OVERVIEW.....	112
4.1 GAPS IN THE OXIDATIVE MODEL LITERATURE	112
4.2 APPLYING THE OXIDATIVE MODEL TO A BREAST CANCER SAMPLE.....	115
4.3 DESIGN	119
4.4 RESEARCH QUESTIONS.....	123
4.5 HYPOTHESES	124
CHAPTER 5.....	128
THE PSYCHONEUROIMMUNOLOGY OF BREAST CANCER PATIENTS POST-TREATMENT	128
AN OBSERVATIONAL STUDY	128
5.0 OVERVIEW.....	128
5.1 METHOD	129
<i>5.1.1 Site.....</i>	129
<i>5.1.2 Inclusion criteria.....</i>	129
<i>5.1.3 Exclusion criteria.....</i>	130
<i>5.1.4 Withdrawal criteria.....</i>	131
<i>5.1.5 Design.....</i>	131
<i>5.1.6 Flow of patients.....</i>	132
<i>5.1.7 Data collection procedure.....</i>	134
<i>5.1.8 Pre-baseline assessments.....</i>	134
<i>5.1.8.1 Demographic and treatment assessment.....</i>	135
<i>5.1.8.1.1 International physical activities questionnaire- short form.....</i>	135
<i>5.1.8.1.2 The alcohol use disorders identification test.....</i>	136
<i>5.1.8.2 Psychological assessment.....</i>	137
<i>5.1.8.2.1 State-trait anger expression inventory.....</i>	138
<i>5.1.8.2.2 Lifestyle defense mechanism inventory.....</i>	138
<i>5.1.8.2.3 State-trait personality inventory.....</i>	139
<i>5.1.9 Repeated assessments (Baseline, Time 1, and Time 2).....</i>	140
<i>5.1.9.1.1 General health questionnaire-short form.....</i>	142
<i>5.1.9.1.2 The Revised UCLA loneliness scale.....</i>	143
<i>5.1.9.1.3 Impact of events scale-revised version.....</i>	143
<i>5.1.9.1.4 Mental adjustment to cancer scale.....</i>	144
<i>5.1.9.1.5 Reliability.....</i>	145
<i>5.1.9.2 Biochemical assessments.....</i>	148

5.1.9.2.1 Blood collection procedure.....	149
5.1.9.2.2 Biochemical assay techniques.....	150
5.1.10 Statistical analysis.....	150
5.1.10.1 Sample size.....	151
5.2 RESULTS	153
5.2.1 Data Screening	153
5.2.1.1 Normality	153
5.2.1.2 Outliers.....	153
5.2.1.3 Attrition.....	154
5.2.2 Descriptives	155
5.2.2.1 Demographic information.....	155
5.2.2.2 Treatment information	156
5.2.2.3 Health behaviour information	159
5.2.3 Hypothesis 1a - Women will experience poor psychological well-being 4-weeks post treatment	162
5.2.3.1 High distress scores as measured by the GHQ-12, 4-weeks post-treatment (i).	162
5.2.3.2 High S-anxiety, S-depression, S-anger, and low scores for S-curiosity 4-weeks post-treatment (ii).....	163
5.2.3.3 Loneliness levels 4-weeks post-treatment (iii).....	164
5.2.3.4 Poorer psychological adjustment styles 4-weeks post-treatment (iv).	164
5.2.4 Hypothesis 1b - Increased pro-oxidant mechanisms 4-weeks post-treatment	168
5.2.5 Hypothesis 1c - Increased pro-inflammatory mechanisms 4-weeks post-treatment.	169
5.2.6 Hypothesis 1d and 1e - pro-oxidant and pro-inflammatory measures will be associated with higher levels of distress and poorer psychological well-being post-treatment	169
5.2.6.1 Pro-oxidant measures will be associated with higher levels of distress, and poorer psychological well-being (i, ii, iii).....	170
5.2.6.2 Pro-inflammatory measures will be associated with higher levels of psychological distress and dysfunctional emotion states (i, ii, iii).	176
5.2.7 Inferential statistics.....	181
5.2.7.1 Covariate exploration.....	181
5.2.7.1.1 Covariates influencing psychological well-being.	183

5.2.7.1.2 Covariates influencing pro-oxidant measures.	184
5.2.7.1.3 Covariates influencing pro-inflammatory measures.....	184
5.2.8 Hypothesis 2a – Women’s psychological well-being will improve over a 20-week post-treatment period.....	185
5.2.8.1 Decreased psychological distress over the post-treatment period (i).....	187
5.2.8.2 Decreased S-anxiety, S-depression, S-anger, and Increased S-curiosity over the post-treatment period (ii).	189
5.2.8.3 Loneliness over the post-treatment period (iii).	197
5.2.8.4 Mental adjustment to cancer over the post-treatment period (iv).....	199
5.2.8.4.1 Increased Fighting Spirit response.	199
5.2.8.4.2 Decreased Helpless/Hopeless, Anxious Preoccupation, Fatalistic, and Avoidant coping responses.	202
5.2.8.5 Decreased cancer-specific trauma over the post-treatment period (v).	208
5.2.9 Hypothesis 2b - pro-oxidant measures will improve over a 20-week post-treatment period.	210
5.2.9.1 Increased 5'-ectonucleotidase (i).....	211
5.2.9.2 Increased tissue ascorbate (ii).....	212
5.2.9.3 Decreased homocysteine (iii).	213
5.2.9.4 Increased vitamin B12 & Folate (iv).	215
5.2.9.5 Decreased cholesterol (v).	217
5.2.10 Hypothesis 2c - pro-inflammatory measures will improve over a 20-week post-treatment period.....	218
5.2.10.1 Decreased c-reactive protein (i).....	219
5.2.10.2 Decreased inflammatory cytokines (iii).	220
5.2.10.2.1 Interferon- γ	220
5.2.10.2.2 Tumor necrosis factor- α.....	221
5.2.10.2.3 Interleukin- 1β.....	223
5.2.10.2.4 Interleukin-5.....	223
5.2.10.2.5 Tumor necrosis factor- β.....	225
5.2.10.3 Increased anti-inflammatory cytokine (iv).....	227
5.3 DISCUSSION	228
5.3.1 Overview.	228
5.3.2 Psychological well-being 4-weeks post-treatment.....	229
5.3.3 Pro-oxidant and pro-inflammatory markers 4-weeks post-treatment.	233

5.3.3.1 Pro-oxidant markers at baseline.....	233
5.3.3.1.1 Pro-oxidant markers associated with psychological well-being.....	235
5.3.3.2 Pro-inflammatory measures at baseline.....	237
5.3.3.2.1 Pro-inflammatory measures associated psychological well-being.....	238
5.3.4 <i>Psychological well-being across the post-treatment period</i>	241
5.3.4.1 Psychological distress, S-anxiety, S-anger, and S-curiosity.....	241
5.3.4.2 Depression, Avoidance and confounding health behaviours.....	245
5.3.4.3 Loneliness.....	247
5.3.4.4 Mental adjustment to cancer.....	247
5.3.4.5 Trauma.....	249
5.3.5 <i>Pro-oxidant measures across the post-treatment period</i>	250
5.3.5 <i>Pro-inflammatory measures across the post-treatment period</i>	252
5.3.6 <i>Limitations</i>	254
5.3.7 <i>Future directions</i>	256
CHAPTER 6.....	257
STRESSFUL LIFE EVENTS AND MULTIVITAMIN USE: A RANDOMISED CONTROLLED TRIAL ...	257
6.1 OVERVIEW	257
6.2 AIMS OF THE STUDY	257
6.2.1 <i>Primary hypotheses</i>	259
6.2.2 <i>Secondary hypotheses</i>	260
6.3 METHOD	261
6.3.1 <i>Site</i>	261
6.3.2 <i>Inclusion criteria</i>	261
6.3.2.1 Stress screen.	262
6.3.2.2 <i>Exclusion criteria</i>	263
6.3.2.3 <i>Withdrawal criteria</i>	264
6.3.2.4 <i>Design</i>	265
6.3.2.5 <i>Flow of participants</i>	265
6.3.2.6 <i>Intervention</i>	268
6.3.2.7.1 Active group.	269
6.3.2.7.2 Placebo group.	270
6.3.2.8 <i>Randomisation</i>	270
6.3.2.8.1 Implementation.	270
6.3.2.8.2 Blinding.....	271

<i>6.3.9 Data collection procedure</i>	271
6.3.9.1 Pre- and post-intervention assessment.	272
6.3.9.1.1 Demographic information and health behaviours.....	272
6.3.9.1.2 Psychological measures.	273
6.3.9.1.3 Biochemical measures.	275
<i>6.3.10 Statistical methods</i>	277
6.3.10.1 Sample size.....	278
6.3.10.2 Reliable change indices calculation.....	279
6.4 RESULTS	281
<i>6.4.1 Data screening</i>	281
6.4.1.1 Normality.	281
6.4.1.2 Outliers.....	282
6.4.1.3 Attrition analysis.	283
<i>6.4.2 Descriptive statistics for trial participants</i>	291
<i>6.4.3 Pre-existing differences between active and placebo groups</i>	294
6.4.3.1 Psychological variables.....	295
6.4.3.2 Biomarkers.	298
<i>6.4.4 Covariates</i>	301
6.4.4.1 Covariates influencing psychological well-being.....	302
6.4.4.2 Covariates influencing pro-oxidant and pro-inflammatory measures.....	303
<i>6.4.5 Hypothesis 1a - Psychological outcomes for women undergoing stressful life events who were allocated to the active supplement group compared to those allocated to a placebo</i>	305
6.4.5.1 Psychological distress.....	307
6.4.5.2 S-Anxiety.	309
6.4.5.3 S-Curiosity.	311
6.4.5.4 S-depression.....	313
6.4.5.5 S-anger.	316
6.4.5.6 Loneliness.....	318
<i>6.4.6 Hypothesis 2a - Pro-oxidant biomarkers for those allocated to the active multivitamin group compared to those allocated to the Placebo group</i>	321
6.4.6.1 5'- ectonucleotidase (NT).....	323
6.4.6.2 Tissue ascorbate (VIT C).	326
6.4.6.3 Total antioxidant status (TAS).....	328

6.4.6.4 Homocysteine (HCY).....	331
6.4.6.5 Folate.....	334
6.4.6.6 VIT B12 levels.....	337
6.4.6.7 Cholesterol (CHOL)	341
<i>6.4.7 Hypothesis 2b - Pro-inflammatory measures for those allocated to the active multivitamin group will be lower compared to those allocated to the placebo group....</i>	344
6.4.7.1 Covariates influencing inflammatory measures.	344
6.4.7.2 Pre- to post-intervention change for pro-inflammatory measures.	345
6.4.7.3 Post-intervention cytokine comparisons between the active and placebo group.	
.....	349
<i>6.4.8 Hypothesis 3a and 3b- Pre-intervention pro-oxidant and pro-inflammatory measures will be associated with higher levels of psychological distress and dysfunctional emotion states.....</i>	350
6.5 DISCUSSION	351
6.5.1 Overview.	351
6.5.2 Psychological well-being.	352
6.5.3 Pro-oxidant markers.....	355
6.5.4 Pro-inflammatory measures	359
6.5.5 Relationships between psychological biochemical variables.....	362
6.5.6 Limitations.....	363
6.5.6.1 Stress definition.	363
6.5.6.2 Antioxidant contribution.....	367
6.5.6.3 Immune system adaptability.....	367
6.5.6.4 Timeframe of biomarkers.	368
6.5.6.5 Changes in health behaviours.	369
6.5.7 Future directions	369
6.5.7.1 Normative levels established.....	370
6.5.7.2 Covariate exploration.....	370
6.5.7.3 Robust design.....	371
6.5.7.4 Biologically relevant antioxidant levels.....	372
6.5.8 Conclusion	372
CHAPTER 7.....	374
GENERAL DISCUSSION.....	374
7.1 OVERVIEW.....	374

7.2 BREAST CANCER PATIENTS POST-TREATMENT.....	376
7.2.1 Evidence of oxidative stress and inflammation.....	376
7.2.2 Curiosity, depression, oxidative stress, and inflammation.....	377
7.3 TESTING THE OXIDATIVE MODEL	380
7.3.1 Covariate exploration.....	380
7.3.2 Recruitment for a randomised controlled trial.....	382
7.3.3 Vitamin supplementation during periods of psychological distress.....	383
7.3.4 Allostatic load.....	385
7.4 STRENGTHS.....	388
7.5 LIMITATIONS	391
7.6 IMPLICATIONS OF THIS RESEARCH.....	393

APPENDICES

Appendix A: Participant information sheet- 'Health and Well-being after Breast Cancer.....	411
Appendix B: Breast Cancer Study- Demographic, Health Behaviours and Psychological Trait Questionnaires	413
Appendix C: Breast Cancer Study- Psychological State Questionnaire.....	425
Appendix D: Covariate Correlation Matrices.....	436
Appendix E: Advert for recruitment of 'stressed women' for Study 2.....	438
Appendix F: Participant information sheet- 'an evaluation of the possible benefits of taking vitamins during stress.....	439
Appendix G: Pre-intervention Questionnaire.....	441
Appendix H: Post-intervention Questionnaire.....	452
Appendix I: Screening General Health Questionnaire-12, modified version.....	460
Appendix J: Covariate Correlation Matrices- Psychological Variables.....	461
Appendix K: Covariate Correlation Matrices- Pro-oxidant Biomarkers.....	467
Appendix L: Covariate Correlation Matrices- Pro-inflammatory Measures.....	476
Appendix M: Correlation Matrices- Pro-oxidant Biomarkers.....	483
Appendix N: Correlation Matrices- Pro-inflammatory Matrices.....	484
Appendix O: Consort 2010 checklist of information to include when reporting a randomized trial.....	486

List of Tables

Table 1: Oxidative Model Biomarkers: Definitions, Functions and Expected Change during Chronic Stress.....	30
Table 2: Cytokine production, function and expected change during periods of chronic stress	39
Table 3: Average Number of Days Post-Treatment for Assessment Points for Participants	132
Table 4: Psychological Measures Assessed and their Reliability Coefficients for the Current Study	146
Table 5: Materials Required for Blood Collection for Each Participant at Each Assessment....	148
Table 6: Participant Demographic Information (N = 17).....	155
Table 7: Diagnostic and Treatment Information (N = 17)	156
Table 8: Patient Treatment Regimes.....	158
Table 9: Baseline Participant Health Characteristics (N = 17).....	160
Table 10: Participant Dietary Supplement Use at Baseline	161
Table 11: Comparisons between Current and Normative Samples for State-Trait Anxiety, Depression, Curiosity and Anger (STPI).....	163
Table 12: Comparisons between Current Sample and Normative Samples for Revised State-Trait Anger Expression Inventory (STAXI-Revised).....	164
Table 13: Comparisons between Current Sample and Normative Samples from Healthy and Breast Cancer Samples of Psychological Defense Mechanisms (LDMS).....	165
Table 14: Comparisons between Current Sample with Normative Samples for Mental Adjustment to Cancer (MAC)	166
Table 15: Comparisons between the Current Sample and Normal Reference Ranges on Pro-Oxidant Biomarker Levels	168
Table 16: Comparisons between the Current and Normal Reference Ranges for Inflammatory Measure Levels	169
Table 17: Associations between Pro-Oxidant Biomarkers and Measures of Psychological State Assessed at Baseline (n = 16)	172
Table 18: Associations between Pro-Oxidant Biomarkers and Trait Psychological Measures (n = 15)	175
Table 19: Associations between Pro-Inflammatory Measures and Measures of Psychological State Assessed at Baseline (n = 16).....	177

Table 20: Associations between Pro-Inflammatory Measures and Trait Psychological Measures (n = 15)	180
Table 21: Psychological Variables: Means and Standard Deviations Across Time (n = 16)	185
Table 22: Analyses of Variance (ANOVA) Change in Psychological Measures over a 20-week Post-Treatment Period.....	186
Table 23: Reliable Change Indices (RCIs) For Psychological Distress (GHQ-12) Scores From 4-12 Weeks, 12 -20 Weeks, and 4-20 Weeks Post-Treatment.....	189
Table 24: Reliable Change Indices (RCIs) For S-Anxiety (STPI) Scores From 4 -12 Weeks, 12 -20 Weeks and 4- 20 Weeks Post-Treatment	191
Table 25: Reliable Change Indices (RCIs) For S-Curiosity (STPI) Scores From 4-12-Weeks, 12-20 Weeks and 4-20-Weeks Post-Treatment	193
Table 26: Reliable Change Indices (RCIs) For S-Depression (STPI) Scores From 4-12 Weeks, 12-20 Weeks and 4-20-Weeks Post-Treatment	195
Table 27: Reliable Change Indices (RCIs) For S-Anger (STPI) Scores From 4-12 Weeks, 12-20 Weeks and 4-20 Weeks Post-Treatment	197
Table 28: Reliable Change Indices (RCIs) For Loneliness (UCLA) Scores From 4-12 Weeks, 12-20 Weeks, and 4-20 Weeks Post-Treatment	199
Table 29: Reliable Change Indices (RCIs) For Fighting Spirit (FS: MAC) Scores From 4-12 Weeks, 12-20-Weeks, and 4-20 Weeks Post-Treatment	202
Table 30: Reliable Change Indices (RCIs) For Helpless Hopeless (HH: MAC) Scores From 4-12 Weeks, 12 -20 Weeks and 4-20 Weeks Post-Treatment.....	203
Table 31: Reliable Change Indices (RCIs) For Anxious Preoccupation (AP: MAC) Scores From 4-12 Weeks, 12-20 Weeks and 4-20 Weeks Post-Treatment	205
Table 32: Reliable Change Indices (RCIs) For Fatalistic Coping (F: MAC) Scores From 4-12 Weeks, 12-20-Weeks, and 4-20-Weeks Post-Treatment.....	206
Table 33: Reliable Change Indices (RCIs) For Post Traumatic Stress Symptoms (IES-R) Scores From 4-12 Weeks, 12-20-Weeks, and 4-20 Weeks Post-Treatment	209
Table 34: Pro-oxidant Measures: Means and Standard Deviations Across Time	210
Table 35: Analyses of Variance (ANOVA) Change in Pro-oxidant Biomarker Levels over a 20-Week Post-Treatment Period	211
Table 36: Pro-Inflammatory Measures: Means & Standard Deviations Across Time	218
Table 37: Analyses of Variance (ANOVA) Change in Pro-inflammatory Measures Over a 20-week Post-Treatment Period	219

Table 38: Pre- and Post-Treatment Assessments: The Number of Biochemical Marker Results Available at Each Time Point Due to Blood Collection and Assay Technical Difficulties	268
Table 39: Composition of Multivitamin Supplement for the Active Group	269
Table 40: Psychological Measures Assessed and their Reliability Coefficients for the Current Study	274
Table 41: Materials Required for Blood Collection for each Participant at each Time Point ...	276
Table 42: Demographic Information of Completers Compared to Non-completers (N=60)	285
Table 43: Health Behaviour Variables of Completers Compared to Non-Completers (N = 60)	286
Table 44: Trait Psychological Characteristics of Completers Compared to Non-Completers (N = 60)	287
Table 45: State Psychological Variables of Completers Compared to Non-Completers (N = 60).	288
Table 46: Pro-oxidant Biomarkers of Completers Compared to Non-Completers (N = 60)	289
Table 47: Inflammatory measures of Completers Compared to Non-Completers (N = 60)	290
Table 48: Participant Demographic Information by Group Allocation (n=50)	292
Table 49: Participant Health Behaviour Variables by Group Allocation (n = 50)	294
Table 50: Pre-intervention Comparisons between Trait Psychological Characteristics for Active and Placebo Groups (n = 50)	296
Table 51: Pre-intervention Comparisons between State Psychological Variables for Active and Placebo Groups (n = 50).	297
Table 52: -intervention Comparisons between Pro-oxidant Biomarkers for Active and Placebo Groups (n = 50).....	299
Table 53: Pre-intervention Comparisons between Inflammatory measures for Active and Placebo Groups (n = 50)	300
Table 54: Psychological Measures Pre- and Post-Intervention for Active and Placebo Groups	305
Table 55: Psychological Variables: Between-Within Analyses of Covariance (ANCOVA) Results	306
Table 56: Reliable Change Indices (RCIs) for Psychological Distress Pre- to Post-Intervention	309
Table 57: Reliable Change Indices (RCIs) for S-anxiety Pre- to Post-Intervention	311
Table 58: Reliable Change Indices (RCIs) for S-depression Pre- to Post-Intervention	316
Table 59: Reliable Change Indices (RCIs) for S-anger Pre- to Post-Intervention.....	318

Table 60: Reliable Change Indices (RCIs) for Loneliness Pre- to Post-Intervention	320
Table 61: Pro-oxidant Measures Pre- and Post-Intervention for Active and Placebo Groups .	321
Table 62: Biomarker Variables: Between-Within Analyses of Covariance (ANCOVA) Results..	322
Table 63: Assessment of Change in Inflammatory Cytokine Levels for Active and Placebo Groups Pre- To Post-Intervention.....	346
Table 64: Post-Intervention Comparisons of Inflammatory Cytokine Levels between Active and Placebo Groups	348
Table 65: Covariate Exploration for Studies of Post-Treatment Breast Cancer Patients, and Healthy Women Experiencing Stress	381

List of Figures

<i>Figure 1:</i> Nervous system and Immune System Interaction reproduced with permission from author (Blake-Mortimer et al., 1996).....	10
<i>Figure 2:</i> The Oxidative Model reproduced with permission from author (Blake-Mortimer et al., 1996)	26
<i>Figure 3:</i> Possible pathways of an increased susceptibility to infections and cardiovascular disease (with permission from Blake-Mortimer, 2004)	28
<i>Figure 4:</i> Flow of patient consent and participation throughout the observational study	133
<i>Figure 5:</i> Psychological distress (GHQ-12) scores for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	188
<i>Figure 6:</i> S-anxiety experienced by early stage breast cancer patients at 4- weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	190
<i>Figure 7 :</i> S-curiosity experienced by early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1) and 20-weeks (T2) post-treatment	192
<i>Figure 8:</i> S-depression experienced by early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	194
<i>Figure 9:</i> S-anger experienced by early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	196
<i>Figure 10:</i> Loneliness experienced by early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	198
<i>Figure 11:</i> Fighting Spirit scores of early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	201
<i>Figure 12:</i> Helpless/Hopeless scores of early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	203
<i>Figure 13:</i> Anxious Preoccupation scores of early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	204
<i>Figure 14:</i> Fatalistic scores of early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	206
<i>Figure 15:</i> Avoidant coping scores of early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	207
<i>Figure 16:</i> Trauma (IES-R) scores of early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	209

<i>Figure 17:</i> 5' –ectonucleotidase (NT: nmol/h/ μ gDNA) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	212
<i>Figure 18:</i> Tissue ascorbate (VIT C: pg/ μ gDNA) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	213
<i>Figure 19:</i> Homocysteine (HCY: umol/L) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	214
<i>Figure 20:</i> Vitamin B12 (VIT B12: mol/L) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	215
<i>Figure 21:</i> FOLATE (nmol/L) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	216
<i>Figure 22:</i> Cholesterol (CHOL: mmol/L) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	217
<i>Figure 23:</i> C-reactive protein (CRP: mg/L) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	220
<i>Figure 24:</i> Interferon- γ (IFN- γ : pg/ml) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	221
<i>Figure 25:</i> Tumor necrosis factor- α (TNF- α : pg/ml) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	222
<i>Figure 26:</i> Interleukin-1 β (IL-1 β : pg/ml) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	223
<i>Figure 27:</i> Interleukin-5 (IL-5: pg/ml) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	225
<i>Figure 28:</i> Tumor necrosis factor β (TNF- β : pg/ml) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment	226
<i>Figure 29:</i> Interleukin-10 (IL-10: pg/ml) levels for early stage breast cancer patients at 4-weeks (baseline), 12-weeks (T1), and 20-weeks (T2) post-treatment.....	228
<i>Figure 30:</i> Flow of recruitment, allocation and participation throughout the trial.....	267
<i>Figure 31:</i> Psychological Distress Levels Across Time for the Active and Placebo Groups	308
<i>Figure 32:</i> S-anxiety Levels Across Time for the Active and Placebo Groups	310
<i>Figure 33:</i> S-curiosity Levels Across Time for the Active and Placebo Groups	313
<i>Figure 34:</i> S-depression Levels Across Time for the Active and Placebo Groups	315
<i>Figure 35:</i> S-anger Levels Across Time for the Active and Placebo Groups	317
<i>Figure 36:</i> Loneliness Levels Across Time for the Active and Placebo Groups	320

<i>Figure 37: NT Levels Across Time for the Active and Placebo Groups.....</i>	324
<i>Figure 38: 5' –ectonucleotidase (NT) pre and post intervention scores.....</i>	325
<i>Figure 39: VIT C Levels Across Time for the Active and Placebo Groups.....</i>	327
<i>Figure 40: Tissue ascorbate (VIT C) pre and post intervention scores.....</i>	328
<i>Figure 41: TAS Levels Across Time for the Active and Placebo Groups</i>	330
<i>Figure 42: Total antioxidant status (TAS) pre and post intervention scores</i>	331
<i>Figure 43: HCY Levels Across Time for the Active and Placebo Groups.....</i>	333
<i>Figure 44: Homocysteine(HCY) pre and post intervention scores.....</i>	334
<i>Figure 45: FOLATE Levels Across Time for the Active and Placebo Groups.....</i>	335
<i>Figure 46: Folate pre and post intervention scores</i>	337
<i>Figure 47: VIT B12 Levels Across Time for the Active and Placebo Groups</i>	339
<i>Figure 48: Vitamin B12 Levels Across Time for the Active and Placebo Groups</i>	340
<i>Figure 49: CHOL Levels Across Time for the Active and Placebo Groups</i>	341
<i>Figure 50: Cholesterol (CHOL) pre and post intervention scores</i>	343
<i>Figure 51: Post-Intervention Mean TNF-β, IFN- γ, IL-1β, TNF-α Levels For Active and Placebo Groups.....</i>	350

Structure of the Dissertation

This dissertation is dedicated to the Psychoneuroimmunology of women. It comprises one longitudinal observational investigation, followed by a randomised controlled trial of women experiencing stressful life events. Due to the multidisciplinary nature of the topics studied, a thorough introduction to each study will be provided in the respective chapters. A brief overview of the chapters follows:

Chapter 1 focuses on briefly describing the paradigm of Psychoneuroimmunology. This chapter provides a review of the immune system prior to the presentation of a theoretical model- The Oxidative Model- in Chapter 2. Chapter 1 is not intended as a comprehensive description of the field of immunology but rather a review of the literature important to the Psychoneuroimmunology framework as it exists currently. It involves a brief introduction to Psychoneuroimmunology, identifying general trends, the conceptual, methodological, and design challenges for research in this area. It also discusses proposed Models of immune change during stress.

Chapter 2 introduces one specific PNI model - The Oxidative Model. This chapter provides a detailed review and critique of the literature applying to this Model to date. This chapter encompasses a detail of the pro-oxidant and pro-inflammatory biomarkers employed, followed by a thorough critique of the previous research which has employed this theoretical Model. This chapter sets the background for designing studies for this dissertation based on previous research findings and limitations.

Chapter 3 introduces a population for which The Oxidative Model has yet to be applied: women treated for early stage breast cancer. This section focuses on the first

6-months following the conclusion of active treatment. The focus of this review is specific to literature on psychosocial implications during this period. It attempts to highlight both the disparities and similarities of this period with psychological constructs utilized in The Oxidative Model. These constructs include both positive and negative, and include a spectrum of constructs which incorporate distress, anxiety, depression, anger, curiosity, post traumatic stress disorder (PTSD), coping styles, and social needs. The aim is to clarify this period as one which has chronic stress characteristics like previous Oxidative Model research.

This chapter also presents a review of psychoneuroimmunological studies undertaken on breast cancer patients' once active treatment has ceased. It aims to provide the framework for the proposed research questions. This section comprises both psychosocial and psychoneuroimmunological research in order to align this research with The Oxidative Model literature to date.

Chapter 4 outlines the thesis rationale in the context of the literature reviews provided in the previous chapters. Principal research questions are proposed.

Chapter 5 describes Study 1, an observational study of breast cancer patients. It involves the measurement, longitudinally, of psychological and biochemical markers that have been associated with chronic stress. The associations between psychological and biochemical variables are explored and discussed in view of psychoneuroimmunological findings from previous Oxidative Model research. In addition trends, in psychological constructs like distress, anxiety, depression, anger, curiosity, PTSD and coping are investigated. Pro-oxidant and pro-inflammatory biomarkers are assessed, based on propositions of a bio-psycho-immunological model

relating chronic stress to a pro-oxidant and pro-inflammatory internal state; The Oxidative Model (Blake-Mortimer, Winefield, & Chalmers, 1996). This chapter provides a generic methodology section which describes data collection and laboratory assay techniques used across both studies in this dissertation.

Results from Study 1, explore both cross-sectional and longitudinal data. Limitations of this study are discussed, including sample size, inter-individual variability, and heterogeneity. The heterogeneous nature of the sample was highlighted by several areas of disparity. This included how stressful individuals found the post-treatment period, demographic differences, varied treatment regimes prior to the study and diversity in individuals' health behaviours.

This level of diversity was a major challenge for drawing conclusions for this study. Several health behaviours and demographic variables were identified as confounders. The Oxidative Model proposes vitamins, specifically those with antioxidant properties, to alleviate the negative impact of chronic stress on pro-oxidant and pro-inflammatory biomarkers. This was partially supported by findings from study 1; regular vitamin-taking by patients was identified as a confounder for only one Oxidative Model biomarker, HCY. In light of this relationship and based on gaps in past Oxidative Model literature, a randomised controlled trial (RCT) to further assess the influence of vitamin-taking during chronic stress was proposed in a larger and more homogeneous sample.

Chapter 6 is based on previous Oxidative Model research and the findings and limitations from Study 1 of this dissertation. A new direction away from the oncology population was taken with regard to the sample utilized. In order to attain a more

homogenous sample with less ‘nuisance’ variables (i.e. treatment confounders), a sample of healthy women screened to be experiencing chronic stress were recruited from the general population. Eligible participants were randomised to either an Active or Placebo Group. The Active Group was the intervention group and consisted of an 8-week course of multivitamins targeted to be beneficial during periods of stress. Conversely, those allocated to the Placebo Group received a placebo; an identical capsule with non-active ingredients. The data collection methodology outlined in Chapter 3 was adhered to. Pre- to post-intervention changes, plus group comparisons are discussed. Correlational analyses were also employed to clarify psychoneuroimmune associations. Partial support was observed for Oxidative Model mechanisms.

In Chapter 7, major conclusions from Study 1 and Study 2 are reviewed. Strengths and Limitations of the dissertation are presented. Future directions for The Oxidative Model are discussed.