

Health Notes

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CPA Health Psychology and Behavioural
Medicine Section Newsletter

Edited by Vincent Gosselin Boucher, PhD



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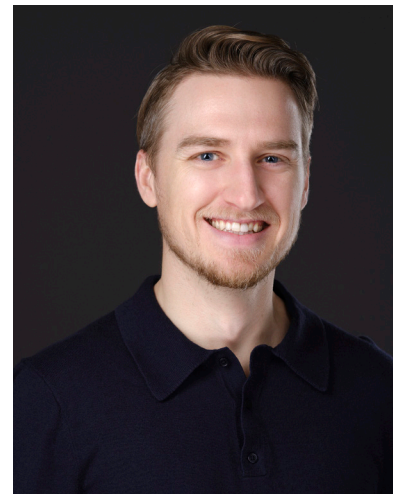


Message from the Editor



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Dear Health Psychology and Behavioural Medicine Section Members,

I hope this message finds you well as we welcome the summer season. I'm looking forward to seeing many of you in Montréal for the CPA's 87th Annual National Convention! In this newsletter, you'll find highlights from the Health Psychology and Behavioural Medicine Section. There are many presentations worth attending and posters worth visiting!

On Day 1, presentations explore partner responsiveness and inflammation, supportive care in endometrial cancer, suicidal behaviours in university students, mindful eating post-bariatric surgery, behaviour change techniques for physical activity in students with disabilities, and mental health's link to cardiac function in public safety personnel. A workshop on CBT for chronic pain management rounds out the day.

On Day 2, the program opens with a panel on career pathways in health psychology and a symposium on lifestyle behaviours and youth mental health, followed by talks on social control in couples, accountability in practice, emotional narratives in public policy, fear of cancer recurrence, and climate adaptation behaviours among fishermen.

On Day 3, the final day features a symposium examining how gender shapes pain experiences, along with a snapshot session presenting additional research.

This edition also features knowledge translation initiatives, calls to action, and upcoming conference opportunities!

Finally, I warmly invite you to join us for the Section's Annual General Meeting and reception on Friday, June 4, at 4:30 p.m., we'd love to see you there. Don't miss our invited speaker, Dr. Samira Rahimi, who will be presenting on Friday, June 4, on the topic "Applying Artificial Intelligence to Promote Health and Well-Being in Older Adults."

Enjoy the newsletter and see you soon!
Vincent Gosselin Boucher



CPA  SCP

Montréal 2026

CPA 2026
87th Annual
National Convention

June 4 - 6, 2026



Le Westin Montreal
June 4th to 6th, 2026

<https://convention.cpa.ca/scientific-program>

PROGRAM HIGHLIGHTS



Day 1 – Thursday, June 4

Talk Session (Beaver Hall)

12-Minute Talks

- **10:00-10:15:** Perceived Partner Responsiveness and Inflammation - Jean-Philippe Guoin
- **10:15-10:30:** Supportive Care Needs in Endometrial Cancer - Magha Manoj
- **10:30-10:45:** Suicidal Behaviours Among University Students - Clara Primo
- **10:45-11:00:** Mindful Eating Intervention Post-bariatric Surgery - Katey Park
- **11:00-11:15:** BCTs and Physical Activity in Students with Disabilities - Gabrielle Bedard
- **11:15-11:30:** Mental Health and Cardiac Function in PSP - Holden Norrie

Snapshot (Le Moyne)

- **11:30-12:25:** Snapshot D

Workshop (Viger)

- **14:00-15:25:** CBT for Chronic Pain Management - Thomas Hadjistavropoulos

Poster Session D (Grand Hall)

- **15:30-16:25:** See list of authors and poster titles on [pages 6 to 9](#)

Joint Section Reception (Victoria)

- **18:00-18:55**

Day 2 – Friday, June 5

Panel Discussion (Beaver Hall)

- **9:30-9:55:** Career Pathways in HPBM lead - Led by Cheryl Trask

Symposium (Beaver Hall)

- **10:00-10:55:** Lifestyle Behaviours on Youth Mental Health - Gary Goldfield



Talk Session (Beaver Hall)

12-Minute Talks

- **11:00-11:15:** Visible and Invisible Social Control in Couple - **Maegan Dymarski**
- **11:15-11:30:** Braiding Accountability into Practice - **Melanie Grier**
- **11:30-11:45:** How Emotional Narratives Pull Public Priorities Downstream - **Pamela Campos-Ordóñez**
- **11:45-12:00:** Fear of Cancer Recurrence: A Scoping Review - **Alex Pizzo**
- **12:00-12:15:** Determinants of Climate Adaptation Behaviours Among Fishermen - **Vincent Gosselin Boucher**

Poster Session D (Grand Hall)

- **15:30-16:25:** See list of authors and poster titles on [pages 6 to 9](#)

Conversation Session 7 (Montréal Ballroom Main Plenary)

- **14:30-14:55:** Quantifying Success: Work Outcomes for Clients Leaving Intensive Mental Health Programming - **Toni Harrington**

Health Psychology & Behavioural Medicine Section Annual Business Meeting (Beaver Hall)

- **15:30-16:25:** Section Featured Speaker: AI for Healthy Aging - **Samira Rahimi**
- **16:30-17:25:** Section Annual Meeting
- **17:30-18:25:** Section Award and Reception

Day 3 – Saturday, June 6

Symposium (Beaver Hall)

- **8:00-8:55:** How Gender Shapes Pain Experiences - Led by **Gabrielle Pagé**

Snapshots V (Le Moyne)

- **12:30-13:25:** See list of authors and poster titles on [pages 6 to 9](#)

**List of authors and poster titles (Poster Session D – Thursday June 4 – 15:30-16:25)**

- 126301 The Role of Subjective and Objective Sleep Indicators in Predicting Students' Momentary Psychological Needs Experiences: A Multilevel, One-Week Experience Sampling Study (Al-Zehhawi)
- 126444 Reducing Diabetes Risk by StayingActive+: A Behavioural Activation Group for Adults Living with Psychosis (Arora)
- 125255 Sex Differences in Relationship Quality (RQ) and Caregiver Burden (CB) Among Caregivers of Patients with Heart Disease. (Aubin)
- 126369 The Importance of Informal Mental Health HelpSeeking and Support: The Predictive Value of Past Help-Seeking (Awan)
- 125834 Mediating Role of Positive Reframing on Positive Action During COVID-19 (Azam)
- 125830 Does Internalized Weight Bias Moderate Changes in Body Image 12 months After Bariatric Surgery? (Ball)
- 124734 Chronic Pain Stigma: Effects of Pain Characteristics on Social Distancing (Bélanger)
- 124768 Predictors and Barriers to Behaviour Change Following a Global Knowledge Translation Intervention on Children's Environmental Health (Bellman)
- 122952 Sleep Quality Among Indigenous Populations in Canada: A Meta-Analysis - Part 2 (Birkinshaw)
- 124706 Psychosocial and Work-Related Factors Associated with Elevated Parenting Stress in Fathers During Early Parenthood (Burcar)
- 125493 Stress Experienced During Psychiatric Hospitalization: Identity-Related, Contextual, and Clinical Determinants (Bureau)
- 121961 Scrolling Your Way Through Stress: Examining the Impact of Social Media Use After Acute Stress Induction on Self-Reported and Cardiac Outcomes (Conway)
- 125905 Hormonal Contraceptive Side Effects: Emotional Blunting is Associated with Discontinuation but Inconsistently Associated with Future Use Intentions (Day)
- 126431 Exploring Factors Associated with Family Related Cancer Distress in Adolescents and Young Adults (Feehan)
- 123543 How Self-Enforced Priors Influence Pain Intensity Ratings. (Goodson)
- 125678 "A ruffled mind makes a restless pillow"*: Sleep and mental health in post-secondary students with and without disabilities (PART 1) (Groppini)
- 126290 Examining the Effectiveness of Pain Reprocessing Therapy Groups Offered in a Hospital-Based Outpatient Pain Clinic (Holens)
- 123179 The disconnect between sexting education and knowledge about sexting (Holmes)
- 123975 Psychosocial factors associated with disordered eating in birthing persons living with pregestational diabetes during the perinatal period (Khoshnafas)
- 125187 Investigating momentary associations between negative mood and pain intensity in a sample of individuals living with chronic low back pain (Lamoureux)



- 122794 Communicating with Pediatric Nonspeaking Patients: Exploring the Perspectives of Healthcare Professionals (Lew)
- 125061 Engagement Patterns of Users of the Manage My Pain App: A Study Examining Pain Severity, Number of Pain Conditions, and Opioid Medication Use (Lumsden-Ruegg)
- 125091 Modifiable Prenatal Psychosocial Predictors of Paternal Postpartum Depression (Lundy)
- 125142 Canadian Oncologists' Pain Knowledge and Training Needs: A Mixed-Methods Study (Manan)
- 124083 Cortisol reactivity and recovery during the Trier Social Stress Test following a single bout of aerobic exercise at different ventilatory-demarcated intensities (McHegg)
- 124839 Amplification of the Effects of Social Support and Negative Social Interactions in People with Central Sensitivity Syndromes: Data from a Nationally Representative Statistics Canada Survey (Melnyk)
- 126013 Happy Minds, Healthy Hearts? Emotional vitality, flourishing, and blood pressure in Early Adulthood (Mondragon)
- 124224 Evaluating the Utility of the Patient Health Questionnaire for Detecting Depression and Suicidal Ideation at Cardiac Rehabilitation Intake (Moran)
- 126031 Interventions non pharmacologiques pour optimiser le sommeil des personnes âgées après un traumatisme craniocérébral : une revue de la portée (Pelletier)
- 125143 La satisfaction des besoins d'autonomie et compétence modère-t-elle la relation entre l'activité physique et les émotions positives: une étude d'évaluation écologique momentanée menée auprès d'étudiants universitaires (Plante)
- 123903 Publicly Available Acceptance and Commitment Therapy Mobile Apps: Systematic Search and Assessment (Quesada)
- 123696 Patient Experiences with a Multidisciplinary Opioid Education and Tapering Program for Chronic Pain: A Qualitative Study (Rapaport)
- 125636 Beliefs Related to Vaccination Behaviour: A Network Approach (Renaud)
- 126282 The Efficacy and Durability of Combined SMT and CBT-I for Cardiac Rehabilitation Patients During the COVID-19 Pandemic (Saffaran)
- 122950 Prevalence of Sleep Apnea in Indigenous Peoples of Canada: A meta-analysis – Part 3 (Sepehry)
- 121505 Qualitative Evaluation of a Novel Cursor-Tracking Method to Enhance Readiness-for-Change Assessments (Siemers)
- 125330 The Doom Scroll Effect: Differing Multilevel Associations Between Objective Social Media Use and Affect (Sihoe)
- 125284 What are patients talking about? A thematic analysis of the topics women with breast cancer discussed in an online community. (Smith)
- 125980 A 3-Study Replication Failure of a Screen Time Reduction Intervention (Stoakes)



- 125040 Developing a Culturally Responsive Canadian Food Image Database (Stockley)
- 123609 Obstacles and Facilitators to Healthy Dietary Habits in Individuals with a Psychotic Disorder: A Systematic Review (Thériault)
- 124038 B Well Behavioural Medicine Service: Results from a primary care lifestyle intervention for patients living with or at risk for chronic disease (Thompson)
- 125009 Implementation Research in Female Reproductive Pain: A Scoping Review (Thorsteinson)
- 124750 Stress and Strength: Flexible Coping Predicted Better Sleep and Physical Activity During COVID-19 (Trudel-Fitzgerald)
- 124721 Who Prospers with Less Social Media? Baseline Body Image and Problematic Social Media Use Predict Psychological Response to Social Media Reduction in Youth (Turner)
- 126373 Cross-sectional association between adolescent social media use and academic achievement: The COMPASS study. (Turner)
- 123955 Effects of Weight-Related Self-Esteem on Weight and Shape Concerns 3 Years After Bariatric Surgery (UnRuh)
- 125530 Mental Health Impacts of the COVID-19 pandemic on Canadian Healthcare Workers: Findings from the iCARE Canadian Longitudinal Survey (2021-2024) (Vaziri)
- 123827 Closing the Gaps in Parasomnia Care: Provider Insights (Vincent)
- 125710 Capturing Parasomnia Symptoms: A Dual-Method Assessment Framework (Vincent)
- 125406 Fear of Cancer Recurrence in Parents of Childhood Cancer Survivors: A Qualitative Examination (Voyatzis)
- 123598 Examining the Contribution of Demands and Resources in the Development of Burnout Among Nursing Students (Wilson)
- 123442 Daily and Bedtime Screen Exposure Associated with Sleep Duration in Children Aged 24-36 Months (Yang)
- 126021 The Impact of Home vs. Centre-based Cardiac Rehabilitation on Program Completion and Long-Term (2-year) Clinical and Psychological Outcomes (Zaman)
- 122949 Sleep disturbance in Neurofibromatosis 1: association with pain, anxiety and mood symptoms (Zelman)
- 122953 Insomnia and insufficient sleep among Indigenous populations in Canada: A meta-analysis – Part 1 (Zelman)

(cont'd)



List of authors and poster titles (Poster Session J – Thursday June 4 – 15:30-16:25)

- 123302 Building Ally/ance: Working Alliance Between Gender and Sexual Minority Patients with Endometriosis, and Gynaecologists (Ria Nishikawara)
- 125843 Enhancing Biopsychosocial Care Through University-Supported Data Systems: A Study of Nonprofit Service Delivery (Jennifer Fletcher)

List of authors and titles (Snapshot Session D – Thursday June 4 – 11:30-12:25)

- 125228 Factors Associated with Fear of Cancer Recurrence in Young Adults with Cancer (Reanna George)
- 126332 Association of Psychological Resilience with Psychosocial Outcomes in Kidney Transplant Recipients (Kathleen Gaudio)

List of authors and titles (Snapshot Session V – Saturday June 6 – 12:30-13:25)

- 123539 Lifetime Adversity and Incident Diabetes Among U.S. Adults with Prediabetes: Evidence from the Health and Retirement Study (Genevieve Forget)
- 123896 Beyond the Brain: Mapping Physical Health in Canadians with ADHD (Carlie Unrau)
- 123997 Exploring C-Reactive Protein/Lymphocyte Ratio as an Inflammatory Biomarker of Depression: Findings From the Lifelines Cohort Study. (Clodagh Flinn)
- 124863 Understanding Illness Identity in Spontaneous Coronary Artery Dissection (SCAD) Survivors: Targets for Supporting Mental Health (Lisa-Marie Maukel)
- 125373 Navigating Chronic Illness Together: Partner Experiences and Dyadic Coping in Online Narratives (Anya Sharma)
- 125401 Biopsychosocial predictors of anger and irritability in the menopause transition (Venezya Thorsteinson)
- 125453 Introducing the Ottawa Clinical Fear of RecurrenceSelf-Report (OCFR-SR) (Lauriane Giguère)
- 125582 The Paradox of Grief: When High Pre-loss Burden Predicts Better Post-loss Survival. (Sasha Gunpat)



Feature Article

This Changes Everything: Psychologists and Long COVID, a Call to Action



Angela Grace, Registered Psychologist

Dr. Angela Grace is a Registered Psychologist in the West Kootenays. She provides assessment, treatment, and advocacy for trauma and Long COVID recovery in women and children. She provides professional development for psychologists, mental health therapists, and educators on the impact of Long COVID. She has lived experience with Long COVID and has put her symptoms into remission.

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Did you read this title, roll your eyes, and think this topic doesn't apply to you?

Honestly, if I wasn't personally living with the devastating impact of Long COVID, I wouldn't understand the gravity of the situation either. In 2026, it is estimated that one in nine Canadian adults are suffering from Long COVID symptoms. Dr. Gasperovitz, a Canadian Developmental Biologist, predicts that by 2027, these numbers will be one in three.¹ Long COVID now surpasses asthma as the number one illness affecting children.² Each reinfection of COVID increases the risk of disability. As psychologists, we have an ethical responsibility to educate ourselves on issues that impact the welfare of all members of society. This includes learning about the physical, psychological and societal impacts of this post-viral illness. This unchecked virus has literally changed everything.

Psychologists, this is our call to action.

This unchecked virus has literally changed everything.

Psychologists, this is our call to action.



The Basic Facts

The National Academies of Sciences, Engineering, and Medicine (NASEM) describes Long COVID as "a chronic, systemic disease state with profound consequences," with a formal definition as "an infection-associated chronic condition that occurs



after SARS-CoV-2 infection and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems”.³ Many people have not recovered years after their viral infection. Long COVID has over 200 symptoms, impacts multiple organ systems, triggers a severe hyperimmune response, and can cause long-term metabolic changes in the body. Many symptoms are chronic, causing prolonged and unremitting suffering and reduced daily, cognitive, emotional, social, educational, and occupational functioning, along with significantly reduced quality of life. In addition to the multitude of physical symptoms and diagnoses, people experience significant neurocognitive and neuropsychiatric symptoms. In order to better serve our clients, we need to understand the psychological impact of this post-viral illness, with particular consideration of the psychological sequelae associated with viral-induced neuropsychiatric symptoms, cognitive impairment, sleep issues, depression, anxiety, post-COVID ADHD type symptoms, traumatic stress, and in children, Pediatric Acute-onset Neuropsychiatric Syndrome (PANS). A foundational understanding of viral-induced chronic illness is imperative to our ethical responsibility to transform our approach to assessment, treatment, research, and advocacy.

Impact on Psychological Assessment

Long COVID is not a psychological, behavioural, or personality issue, nor is it an issue of stress management or lack of general ability to cope. There is a mistaken assumption that post-COVID symptoms are “psychological”, “psychosomatic”, or “malingering” and that clients who prevent illness by masking have “anxiety.”

We can begin by asking each client, “When did you/your child have COVID? How many times?” We can inquire, “Did you/your child recover fully? If not, how is life different for you/your child now?” These questions provide an overall sense of risk and impact. Although as psychologists we cannot diagnose medical conditions, we can screen for symptoms that impact functioning, wellbeing, and quality of life. Through careful inquiry, we can help the client to arrive at a clearer clinical picture of functioning prior to and after COVID infection(s) and inform treatment. A general assessment with screening for symptoms can go a long way to inform treatment and advocacy.

Comprehensive psychological assessment needs to focus on disability assessment, with an understanding that engaging clients in extensive cognitive and psychological measures over several hours or days is contraindicated. There is a risk that cognitive overload may lead to a PEM/PESE “crash”, potentially resulting in days or weeks of impaired functioning.

The impact of Long COVID moves beyond individual symptoms and management. Individuals with Long COVID have reported medical gaslighting, not being allowed to return to work or being forced to return to work, being declined disability, ostracization from friends and family, and accusations of being lazy, weak, and faking symptoms.⁴ The stigma associated with Long COVID is high, contributing to a lower quality of life. All of these factors need to be taken into consideration when considering assessment and treatment.



Impact on Treatment

In the face of Long COVID, traditional approaches to counselling and clinical psychology may be insufficient. For example, lifestyle recommendations to eat well and exercise are contraindicated in the face of chronic fatigue. Cognitive behavioural therapy may be insufficient in the face of neuroinflammation, viral-induced cognitive impairment, and central sensitization. Approaches such as Acceptance and Commitment Therapy, brain retraining, existential therapy, and psychedelic therapy show promise as part of a multidisciplinary approach to treatment. Children require specialized treatment and school-based accommodations.

Advocacy

There is no question that COVID has contributed to a national healthcare crisis on many levels. We were and are not prepared for the impact of chronic post-viral illness on our current and future population, education systems, and workplaces. As psychologists, we are in a position to advocate for an integrated approach to assessing and treating chronic illness, improving educational and workplace accommodations for disability, transforming safer workplaces, promoting research-based prevention and treatment initiatives, and engaging in ongoing research to improve people's lives.

In summary, this virus has changed everything. As psychologists, this is our call to action to understand and seek to mitigate the impact of Long COVID now and for future generations.

References

1. Gapserowicz, M. (2025). Long COVID Projections. Presented at 3rd Canadian Symposium on Long COVID. St. John's, NB.
2. Gross RS, Carmilani M, Stockwell MS. Long COVID in Young Children, School-Aged Children, and Teens. *JAMA Pediatr.* 2025;179(7):809. doi:10.1001/jamapediatrics.2025.1415
3. National Academies of Sciences, Engineering, and Medicine. 2024. *A Long COVID Definition: A Chronic, Systemic Disease State with Profound Consequences*. Washington, DC: The National Academies Press.
4. Damant R, Rourke L, Lam G et al. (2025). Exploring the temporal relationship between stigma, disease manifestations, and health outcomes in post COVID-19 condition: a longitudinal descriptive study. *eClinicalMedicine*, 89.



Application des connaissances

Oncologie et activité physique : le confort grâce à l'effort



Jessica Lecourt est étudiante à la maîtrise en sciences de l'activité physique à l'Université du Québec à Montréal. Elle s'intéresse principalement à la réadaptation auprès de populations symptomatiques, notamment les personnes vivant avec un cancer ou des troubles neurologiques. À la suite de sa maîtrise, elle aspire à poursuivre un doctorat dans ce domaine.



Olivier Bergeron est étudiant au baccalauréat en intervention en activité physique : profil kinésiologie à l'Université du Québec à Montréal. Il est présentement en stage en oncologie et activité physique. Il s'intéresse aux populations symptomatiques. À la suite du baccalauréat, Olivier aspire à travailler dans le système de santé public.



Rosie Desjardins-Binette est étudiante à la maîtrise en science de l'activité physique à l'Université du Québec à Montréal. Cette maîtrise fait suite au baccalauréat de psychologie duquel Rosie a gradué, cette étudiante s'intéresse à l'accessibilité des services de santé pour les populations vulnérables. Suite à sa maîtrise, Rosie compte continuer d'exercer dans l'accès du public au système de santé au travers d'un futur doctorat.



Autrefois réservée à la prévention, l'activité physique est désormais reconnue comme un véritable traitement complémentaire en oncologie, soit la branche de la médecine qui étudie les cancers.¹

Tout comme pour la population générale, les personnes diagnostiquées avec un cancer bénéficient aussi des bienfaits de la pratique d'activité physique. En effet, l'activité physique améliore la circulation sanguine² et préserve la masse musculaire³, ce qui, dans le cas des personnes touchées par le cancer, renforce l'efficacité des soins² et atténue les effets secondaires des traitements³. Sommeil, fatigue, santé mentale : les effets thérapeutiques du mouvement vont bien au-delà du corps^{4,5}.

Imaginez que vous êtes une tumeur. Tout allait bien pour vous... jusqu'à ce que votre hôte commence à faire de l'activité physique. Soudainement, votre environnement change. Vos vaisseaux sanguins, initialement peu performants, se reforment afin de permettre une meilleure circulation sanguine. En effet, il semblerait qu'une amélioration de la circulation sanguine puisse faciliter l'arrivée de la chimiothérapie dans la tumeur². C'est ce qu'ont observé des scientifiques chez la souris⁶. Et chez l'humain ? L'entraînement en endurance, comme la marche rapide, la



danse ou le vélo, semble produire un effet similaire chez des personnes atteintes d'un cancer du pancréas². L'hypothèse gagne du terrain : et si l'activité physique devenait la clé pour rendre le cancer plus vulnérable ?

Dans les faits, s'entraîner avant une chirurgie peut faire toute la différence. Chez les individus atteints d'un cancer du poumon, effectuer un entraînement en endurance aide à mieux tolérer et récupérer après une opération⁷, ainsi qu'à améliorer la qualité de vie^{6,8}. Il semble donc logique d'utiliser l'entraînement en endurance comme une façon de préparer le corps à l'intervention, à la manière d'une médication de soutien.

Muscler ses chances de survie

Tous les types d'entraînements ne sont pas équivalents. En combinaison à la prise en charge médicale, encore faut-il choisir l'activité physique la mieux adaptée aux besoins et défis de la personne. Par exemple, chez les individus atteints d'un cancer de la prostate, la perte musculaire, provoquée par certaines hormonothérapies, est liée à une aggravation de l'état de santé⁹. Effectivement, les chercheurs constatent qu'une perte musculaire de 4% est associée à une augmentation du taux de mortalité, toutes causes confondues⁹. Cela souligne donc l'importance de se préoccuper de la perte de masse musculaire des patient·e·s atteint·e·s de cancer. Bonne nouvelle : cette fonte peut être limitée, voire évitée, grâce à la musculation⁹. Ce type d'entraînement stimule la croissance des muscles, un processus nommé hypertrophie¹⁰.

À l'inverse, parfois, ce n'est pas l'intervention thérapeutique, comme l'hormonothérapie, qui entraîne une importante perte de masse musculaire, mais le cancer lui-même¹¹. C'est souvent le cas des cancers agressifs au sein desquels les symptômes sont davantage invalidants, comme ceux du pancréas ou de l'œsophage, qui affectent, entre autres, l'alimentation¹¹. En effet, une diminution de l'apport calorique peut entraîner une diminution de la masse musculaire, ce qui n'est pas de bon augure. En bref, un faible indice de muscle squelettique au moment du diagnostic est associé à un pronostic plus sombre dans la quasi-totalité des cancers¹¹. Heureusement, la musculation permet une hypertrophie significative¹² et devient un véritable outil clinique.

Être, pleinement

Le cancer ne laisse pas des traces que dans le corps : il affecte aussi le moral. Avant comme après les traitements médicaux, de nombreuses personnes voient leur qualité de vie diminuer, souvent en lien avec une santé mentale fragilisée^{4,5}. Heureusement, l'activité physique peut également jouer un rôle ici. Chez les personnes âgées, les activités de pleine conscience, comme le yoga ou le tai-chi, sont recommandées; il s'agit d'une période durant laquelle l'attention est portée sur le moment présent⁴. Ces pratiques douces permettent une meilleure gestion de la dépression et de l'anxiété⁴. Une autre approche efficace pour améliorer la qualité de vie se traduit par la combinaison de deux types d'entraînements. Chez une population atteinte d'un cancer du sein, le duo endurance et



musculature est prometteur⁵. À elle seule, la musculature apporte des bienfaits, entre autres, sur la digestion et le ratio masse grasse et masse musculaire. En plus, lorsque cette modalité est combinée à un entraînement en endurance, les résultats semblent être optimisés pour améliorer, plus spécifiquement, la qualité de vie⁵. En effet, chaque modalité présente des bénéfices différents et complémentaires, applicables sur le bien-être psychologique, physique ainsi que sur la qualité de vie⁵.

Bien que l'activité physique présente des avantages indéniables, l'effort qu'elle requiert demande de sortir de sa zone de confort. Ceci peut représenter un obstacle chez les personnes atteintes de cancers, vu la fatigue dont elles sont victimes¹³. Motiver la patientèle oncologique à s'activer devient alors crucial. Regrouper des personnes partageant un même diagnostic semble porter fruit. En effet, cette façon de faire amène la patientèle à s'engager davantage envers la pratique d'activité physique¹⁴.

Cela dit, il faut pouvoir y participer. Pour bien des patient·e·s, le simple fait de se présenter sur les lieux reste un défi¹³, surtout lorsque les installations sont peu accessibles. Ce constat est d'autant plus flagrant chez une population handicapée et atteinte d'un cancer. La conception d'installations faciles d'accès et adaptées peut pallier cet enjeu, sachant qu'un trop grand nombre d'entre elles sont déficientes en la matière d'accessibilité¹⁴.

Et si demain l'exercice faisait partie intégrante du traitement, au même titre qu'un médicament ? Dans un contexte où près d'une personne sur deux au Canada sera affectée par le cancer¹⁵, toutes les stratégies doivent être envisagées. Celles-ci doivent s'attaquer à tous les symptômes, autant ceux causés par la maladie elle-même que ceux causés par le traitement médical. Nous savons depuis longtemps que l'activité physique aide à prévenir la maladie. Désormais, il ne s'agit plus de simplement bouger pour prévenir, mais de bouger pour guérir, se reconstruire et vivre pleinement.

Chaque modalité présente des bénéfices différents et complémentaires, applicables sur le bien-être psychologique, physique ainsi que sur la qualité de vie.



Note : Cet article a été publié précédemment dans la revue *La Fibre*
https://sciences101.ca/_oncologie-activitephysique/



Références

1. Pedersen, B. K., & Saltin, B. (2015). Exercise as medicine – evidence for prescribing exercise as therapy in 26 different chronic diseases. *Scandinavian Journal of Medicine & Science in Sports*, 25(S3), 1–72. <https://doi.org/10.1111/sms.12581>
2. Florez Bedoya, C. A., Cardoso, A. C. F., Parker, N., Ngo-Huang, A., Petzel, M. Q., Kim, M. P., Fogelman, D., Romero, S. G., Wang, H., Park, M., Katz, M. H. G., & Schadler, K. L. (2019). Exercise during preoperative therapy increases tumor vascularity in pancreatic tumor patients. *Scientific Reports*, 9(1), 13966. <https://doi.org/10.1038/s41598-019-49582-3>
3. Owen, P. J., Daly, R. M., Livingston, P. M., & Fraser, S. F. (2017). Lifestyle guidelines for managing adverse effects on bone health and body composition in men treated with androgen deprivation therapy for prostate cancer: An update. *Prostate Cancer and Prostatic Diseases*, 20(2), 137–145. <https://doi.org/10.1038/pcan.2016.69>
4. Soong, R. Y., Low, C. E., Ong, V., Sim, I., Lee, C., Lee, F., Chew, L., Yau, C. E., Lee, A. R. Y. B., & Chen, M. Z. (2025). Exercise interventions for depression, anxiety, and quality of life in older adults with cancer: A systematic review and meta-analysis. *JAMA Network Open*, 8(2), e2457859. <https://doi.org/10.1001/jamanetworkopen.2024.57859>
5. Han, B., Zhang, P., Zhao, H., Zhang, X., Gao, H., Dong, J., Zeng, L., Pi, P., & Pei, J. (2024). Effects of exercise interventions on quality of life in patients with breast cancer: A systematic review and network meta-analysis. *Psycho-Oncology*, 33(7), e6370. <https://doi.org/10.1002/pon.6370>
6. Schadler, K. L., Thomas, N. J., Galie, P. A., Bhang, D. H., Roby, K. C., Addai, P., Till, J. E., Sturgeon, K., Zaslavsky, A., Chen, C. S., & Ryeom, S. (2016). Tumor vessel normalization after aerobic exercise enhances chemotherapeutic efficacy. *Oncotarget*, 7(40), 65429–65440. <https://doi.org/10.18632/oncotarget.11748>
7. Brunelli, A., Kim, A. W., Berger, K. I., & Addrizzo-Harris, D. J. (2013). Physiologic evaluation of the patient with lung cancer being considered for resectional surgery. *Chest*, 143(5), e166S-e190S. <https://doi.org/10.1378/chest.12-2395>
8. Cavalheri, V., Burtin, C., Formico, V. R., Nonoyama, M. L., Jenkins, S., Spruit, M. A., & Hill, K. (2019). Exercise training undertaken by people within 12 months of lung resection for non-small cell lung cancer. *Cochrane Database of Systematic Reviews*, 2019(6). <https://doi.org/10.1002/14651858.CD009955.pub3>
9. Chen, P.-C., Chiang, P.-K., Lin, J.-B., Tsai, W.-K., Lin, W.-C., Jan, Y.-T., Wu, K.-P., & Lee, J. (2024). Thresholds of body composition changes associated with survival during androgen deprivation therapy in prostate cancer. *European Urology Open Science*, 70, 99–108. <https://doi.org/10.1016/j.euros.2024.10.007>
10. Schoenfeld, B. J. (2010). The mechanisms of muscle hypertrophy and their application to resistance training. *Journal of Strength and Conditioning Research*, 24(10), 2857–2872. <https://doi.org/10.1519/JSC.0b013e3181e840f3>



11. Sun, L., Quan, X.-Q., & Yu, S. (2015). An epidemiological survey of cachexia in advanced cancer patients and analysis on its diagnostic and treatment status. *Nutrition and Cancer*, 67(7), 1056–1062. <https://doi.org/10.1080/01635581.2015.1073753>
12. Bundred, J. R., Kamarajah, S. K., Hammond, J. S., Wilson, C. H., Prentis, J., & Pandanaboyana, S. (2020). Prehabilitation prior to surgery for pancreatic cancer: A systematic review. *Pancreatology: official journal of the International Association of Pancreatology (IAP) ... [et al.]*, 20(6), 1243–1250. <https://doi.org/10.1016/j.pan.2020.07.411>
13. Elshahat, S., Treanor, C., & Donnelly, M. (2021). Factors influencing physical activity participation among people living with or beyond cancer: A systematic scoping review. *International Journal of Behavioral Nutrition and Physical Activity*, 18(1), 50. <https://doi.org/10.1186/s12966-021-01116-9>
14. Leach, H. J., Potter, K. B., & Hidde, M. C. (2019). A group dynamics-based exercise intervention to improve physical activity maintenance in breast cancer survivors. *Journal of Physical Activity and Health*, 16(9), 785–791. <https://doi.org/10.1123/jpah.2018-0667>
15. Comité consultatif des statistiques canadiennes sur le cancer, en collaboration avec la Société canadienne du cancer, Statistique Canada et l'Agence de la santé publique du Canada. (2023). Statistiques canadiennes sur le cancer. *Gouvernement du Canada & Société canadienne du cancer*. https://cdn.cancer.ca/-/media/files/research/cancer-statistics/2023-statistics/2023_pdf_fr.pdf

Symposium

Santé mentale positive et habitudes de vie



RQPP

Regroupement québécois
de psychologie positive

Symposium virtuel *Santé mentale positive et habitudes de vie*

26 mai 2026 entre 11h00 à 13h00 (heure de Montréal)

Trois présentations suivies d'une période d'échanges et de questions



Isabelle Doré, professeure en sciences de l'activité physique et santé publique

Santé mentale positive : Repères conceptuels et perspectives pour l'action



Jean-François Villeneuve, psychologue de la santé

Cultiver l'agentivité afin de modifier les comportements de santé : Apports cliniques de la psychologie positive



Claudia Trudel-Fitzgerald, professeure en psychologie et épidémiologie sociale

Être bien dans sa tête, vivre mieux dans son corps: Études récentes sur le rôle du bien-être psychologique dans les habitudes de vie

Vincent Gosselin Boucher, professeur en psychologie de la santé

Animateur du symposium



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Santé mentale positive : repères conceptuels et perspectives pour l'action

Isabelle Doré, Ph.D. est épidémiologiste, chercheuse-boursière FRQ-S Junior 2, professeure agrégée à l'École de kinésiologie et des sciences de l'activité physique et à l'École de santé publique de l'Université de Montréal, chercheuse au Centre de recherche du centre hospitalier de l'Université de Montréal et à l'Institut du cancer de Montréal. Ses recherches portent sur l'activité physique dans une perspective de promotion de la santé mentale et physique auprès de diverses populations, incluant les jeunes en transition à l'adulte, les personnes touchées par le cancer, immunosupprimées et les proches.

Être bien dans sa tête, vivre mieux dans son corps: Études récentes sur le rôle du bien-être psychologique dans les habitudes de vie

Dre Claudia Trudel-Fitzgerald est professeure agrégée en psychologie de l'Université du Québec à Trois-Rivières, chercheuse régulière au Centre de Recherche de l'Institut Universitaire en Santé Mentale de Montréal ainsi que chercheuse affiliée au Lee Kum Sheung Center for Health and Happiness à l'Université Harvard et au programme en inégalités sociales et bien-être à l'Université du Michigan, aux États-Unis. Elle est également psychologue clinicienne ainsi que co-responsable et co-fondatrice de la Division Santé du RQPP. Elle s'intéresse au rôle des facteurs psychosociaux (ex., optimisme, bonheur, adaptation au stress et régulation émotionnelle favorable) dans le maintien de la santé physique, la longévité, les habitudes de vie et les processus biologiques associés, et jusqu'à quel point ces déterminants psychosociaux peuvent aider à comprendre les disparités sociales en santé.

Cultiver l'agentivité afin de modifier les comportements de santé : Apports cliniques de la psychologie positive

Psychologue clinicien depuis une trentaine d'années, Jean-François Villeneuve a complété une thèse de doctorat (D.Ps.) sur les facteurs psychologiques influençant l'agentivité dans les comportements de santé. Il a offert des conférences en entreprise sur la santé psychologique avec le groupe Capsana, animé le programme De l'intention à l'action au Centre ÉPIC de l'Institut de Cardiologie de Montréal et des formations sur l'adoption des comportements de santé à la faculté de l'éducation permanente de l'Université de Montréal. Sa mission de vie est d'aider les gens à retrouver le pouvoir sur leurs comportements de santé d'une manière qui favorise le bien-être psychologique et la qualité de vie.



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Conference

CAPO 2026: Canadian Association of Psychosocial Oncology



Canadian Association of Psychosocial Oncology (CAPO) 2026 Annual Conference - St. John's, NL June 8-9, 2026

CAPO is Canada's leading organization dedicated to advancing psychosocial oncology, bringing together healthcare professionals, researchers, and advocates committed to addressing the **emotional, social, and practical impacts of cancer on patients and families**. Our membership includes physicians, nurses, psychiatrists, psychologists, social workers, spiritual care providers, rehabilitation specialists, researchers, educators, and patient representatives—reflecting the truly **interprofessional nature of cancer care**.

This conference offers an excellent opportunity to 1) Gain **evidence-based insights** on addressing the psychological and social needs of cancer patients; 2) Learn **practical strategies** to integrate psychosocial care into your clinical practice; 3) **Network with colleagues** across disciplines who share your commitment to comprehensive cancer care; and 4) **Explore innovative approaches** to improving patient outcomes and quality of life

Whether you're looking to enhance your skills, stay current with best practices, or connect with the larger oncology community, this conference will provide valuable knowledge and tools you can apply directly in your work with patients.

Registration and Program

<https://www.capo.ca/page-1075612>

Virtual Events

UN Behavioural Science Week - June 1-5, 2026



June 1 to June 5, 2026

For everyone interested in human behaviour in an AI-powered world.

Sessions will explore key topics at the intersection of AI and behavioural science, as well as the integration of BeSci into the work of the UN, the role of evidence in decision-making, and practical applications in health, urban settings, and more.

WHO CAN ATTEND? UN BeSci Week events are free of charge and open to all and have in the past attracted attendance and attention from thousands of UN colleagues as well as representatives from governments, academia, civil society, NGOs and the private sector.

Programming/Schedule :

<https://tinyurl.com/UNBSW26>

Human-Centred AI and Collective Behaviour Expo

(UN Global Pulse, OHCHR, UNDP, UNU, Universidad di Tella)

AI-Enabled Learning for UN Impact

(World Bank, UNSSC, UN DESA, Microsoft)

High-Level Opening

(UNIN)

AI Adoption in Practice

(UN-HABITAT, WFP, J-PAL, ID Insight)

Model Behaviour Across Global Contexts

(UNICEF, ElevenLabs, Coefficient Giving, Google DeepMind)

Behavioural Science & AI Human Agency

(The Agency Fund, World Bank, OpenAI, Center for Global Development)

Behavioural Science in Practice Expo

(FAO, IMF, ILO, UNDRR, OHCHR)

Behavioural Data Science and Simulation

(Stanford University, UNICEF, UNHCR, Harvard University)

AI-Enabled Behavioural Science Methods

(UNICEF, Stanford University, Government of Ghana, Anthropic)

Discussion with Professor Sanmi Koyejo

(UNIN)

AI, Behavioural Science and Digital Systems Expo

(UN DGC, UN ESCWA, UNEP, UNITAR)

Conference

ICBM 2027: Shaping the Future of Behavioral Medicine



19th International Congress of Behavioral Medicine Singapore - July 28 to 31 2027 Turn Insight into Impact

ICBM 2027 unites researchers, clinicians, and policymakers from across the world to accelerate the transformative potential of behavioral medicine... because behavioral medicine has never mattered more.

Engage with Cutting-Edge Science

Immerse yourself in the latest breakthroughs across behavioral medicine — from chronic disease prevention and mental health to health disparities and implementation science. The 2027 program is designed not just to inform, but to ignite.

Hear from Visionary Leaders

Our keynote speakers and master lecturers are the minds shaping the future of global health. Leave with fresh perspectives, bold ideas, and the kind of clarity that only comes from hearing the best in the field.

Be Part of a Global Movement

ICBM 2027 unites thousands of colleagues from every corner of the world around a shared conviction: that behavioral medicine has the power to transform health outcomes and that the time to act is now.

Build Collaborations That Last

Singapore is one of the world's great crossroads, and so is this Congress. Forge new partnerships, strengthen existing ones, and find the collaborators who will help carry your work further than you can alone.

Connect Science to Impact

Workshops, symposia, and structured networking sessions are designed to bridge the gap between research and real-world change giving you tools and connections you can put to work the moment you return home.

Learn more: <https://icbm2027.com/home/>

Training Opportunity

2026-27 Competition: Canadian Behavioural Interventions and Trials Network



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Core curriculum focused on behavioural intervention and trials approaches and methodologies

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MENTEE FORUM

Structure opportunities for trainees to exchange and dialogue on their program experiences and support the development of the platform

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