

Study finds acceptable levels of anxiety among men living with early, untreated prostate cancer

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Men with early stages of prostate cancer who delay radical treatment in favor of an approach of "expectant management" do not have high levels of anxiety and distress. That is the conclusion of a new study published in the September 1, 2009 issue of *Cancer*, a peer-reviewed journal of the American Cancer Society. The study's results suggest that living with untreated cancer is not upsetting for many patients with early prostate cancer.

The rapid increase in the use of screening using prostate specific antigen (PSA) testing has led to a large number of men diagnosed with prostate cancer, many of who do not require treatment. In these cases, close clinical monitoring—or active surveillance—is often recommended. If progression of the cancer occurs during active surveillance, patients may undergo radical therapy. While active surveillance may delay or even avoid the possible adverse side effects of radical treatment, it could also cause psychological harm in patients because they must live with untreated cancer. Data on the levels of such potentially negative emotions among men on active surveillance are lacking, however.

Roderick van den Bergh, (MD), of the Erasmus Medical Center, in Rotterdam, the Netherlands, and colleagues assessed levels of anxiety and distress in a group of recently diagnosed prostate cancer patients on active surveillance. They sent 150 men questionnaires to gauge uncertainty about their treatment decision, as well as levels of depression



and anxiety among these men. A total of 129 questionnaires were completed and returned an average of 2.7 months after diagnosis. More than 80 percent of the 129 respondents scored favorably low on the parameters measured. Patients' scores were comparable or favorable to scores of men (reported in other studies) who underwent treatment for early prostate cancer.

Certain men in the study—such as men with neurotic personalities and those who were in poor physical health—exhibited more anxiety and distress than others. These findings indicate that besides cancer-specific factors, mental and physical patient-specific factors are important aspects to take into account when selecting men for active surveillance. The results also suggest that psychological support may be indicated in certain patients undergoing active surveillance.

While this study's findings are useful, Dr. van den Bergh noted that longer-term analyses are needed on the psychological effects of active surveillance in men with early prostate cancer. His research team is currently conducting such a study.

More information: "Anxiety and distress during active surveillance for early prostate cancer." Roderick C.N. van den Bergh, Marie-Louise Essink-Bot, Monique J. Roobol, Tineke Wolters, Fritz H. Schröder, Chris H. Bangma, and Ewout W. Steyerberg. *Cancer*; Published Online: July 27, 2009 (DOI: 10.1002/cncr.24446); Print Issue Date: September 1, 2009.

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