

Poorer quality of life for gay men and minorities after prostate cancer treatment: What are we missing?

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To improve the quality of life in gay men and minorities treated for prostate cancer, a greater awareness of ethnic and sexual preference-related factors is needed to help men choose a more-suitable treatment plan, researchers from Thomas Jefferson University Hospital conclude in a literature review published May 1 in *Nature Reviews Urology*.

Some of the factors to consider, for example, include increased risk of urinary and [bowel function](#) decline in African Americans regardless of treatment received and differing sexual expectations and social support in gay men.

"Different communities of men view the effects of prostate cancer treatments very differently," said co-author Edouard J. Trabulsi, M.D., of the Department of Urology and Kimmel Cancer Center at Thomas Jefferson University Hospital, noting the poorer quality of life among certain subpopulations.

"It's in the patient's best interest for caregivers to acknowledge perceptions and expectations during the treatment decision process," he said. "They should take specific demographics, [socioeconomic status](#), and [sexual preference](#) into consideration, and tailor an approach based on a patient's specific concerns about the implications of various treatments."

Today, many of these confounding factors are poorly documented and poorly addressed by medical practitioners when discussing treatment, be it radical prostatectomy, radiation or androgen deprivation therapy. There is also scant research about prostate-cancer-related quality of life effects in men who have sex with men (MSM).

In this literature review, the authors use several studies to illustrate differences in treatment outcomes, sexual function and coping mechanisms among subpopulations, including African Americans, Latin Americans, Asians and MSM.

According to the analysis, African Americans, who have higher prostate cancer incidence and [mortality rates](#) than whites, are less likely to initiate and complete treatment and less likely to trust a physician. They are also at an increased risk of urinary, bowel and general physical function decline, regardless of treatment.

Treatment preferences and sexual outcomes also differ. According to the review, in a study of 665 military men who had the same access to care, white men were three times more likely to choose a radical prostatectomy as their treatment options for low and intermediate risk prostate cancer, whereas African Americans tended to prefer non-surgical treatments, such as external beam radiation therapy.

A multicenter longitudinal cohort study set up to monitor urinary and sexual function in over 1,200 men who underwent radical prostatectomy for clinically localized prostate cancer showed that African Americans were more likely to retain [sexual function](#).

As with African Americans, Latin American men who underwent radiation therapy or a radical [prostatectomy](#) demonstrated greater levels of severe sleep dysfunction than whites. They were also less likely to enter hospice.

MSM with prostate cancer have additional social and sexual challenges often overlooked. MSM are typically diagnosed later in life and may be reluctant to divulge their sexual preference to their caregiver. This may preclude them from discussing their quality of life expectations and sexual practices.

One reason for poorer quality of life may also be attributed to a lack of social support group, the researchers discovered in their analysis. As MSM men are less likely to have long-term partners, they might not have the same level of support at home and might look for support in other places.

However, the number of support groups specifically tailored for MSM with prostate cancer is limited.

"In the United States, MSM-specific support groups are available in just six cities. MSM living outside these cities might rely more on Internet-based support groups and are at increased risk of becoming socially isolated," the authors write.

MSM are also less likely to invite their partners into the examiner room when discussing treatment options and related adverse effects. Study findings also suggest that treatment with androgen deprivation therapy for [prostate cancer](#) could have a greater negative impact on quality of life for gay men compared to heterosexual men.

"There are potential barriers for accurately assessing and measuring quality of life in MSM. Here, we focus attention on these poorly studied aspects to help overcome such concerns," said Dr. Trabulsi, who is also the Director of the Multidisciplinary Genitourinary Cancer Center at Jefferson's Kimmel Cancer Center. "It's everything from discussion about sexual preference to toxicity-related effects to their ability to maintain a relationship with a partner."

Provided by Thomas Jefferson University

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