

Depressed men with prostate cancer are diagnosed later stage, get less effective therapies

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Depressed men with localized prostate cancer were more likely to be diagnosed with more aggressive prostate cancer, received less effective treatments and survived for shorter times than prostate cancer patients who were not depressed, a UCLA study has found.

The negative outcomes may be the result of several factors such as bias against the mentally ill, depression's impact on biological cancer processes, the depressed man's lack of investment in his general health and disinterest in receiving more effective care, and missed opportunities by physicians to educate patients about [prostate cancer screening](#) and treatment, said study lead author Dr. Jim Hu, UCLA's Henry E. Singleton Professor of Urology and director of robotic and minimally invasive surgery at the David Geffen School of Medicine at UCLA.

The population-based observational study using patients from the Surveillance, Epidemiology and End Results (SEER) Medicare database focused on 41,275 men diagnosed with localized prostate cancer between 2004 and 2007 and observed through 2009. Of those, researchers identified 1,894 men with a depressive disorder discovered in the two years before the cancer was diagnosed.

"Men with intermediate- or high-risk prostate cancer and a recent diagnosis of depression are less likely to undergo definitive treatment

and experience worse overall survival," Hu said. "The effect of depressive disorders on [prostate cancer treatment](#) and survivorship warrants further study, because both conditions are relatively common in men in the United States."

The study appears this week in the early online edition of the *Journal of Clinical Oncology*, a peer-reviewed journal of the American Society of Clinical Oncology.

Hu said that although demographic and socioeconomic differences can affect treatment and outcomes in prostate cancer, the effect of mental health disorders has remained unclear. Depression has been associated with increased likelihood of not getting the best treatment, as well as lower overall survival in other cancers, including breast and liver cancers. However, little is known about the relationship between depression and diagnosis, treatment and outcomes in prostate cancer. This study helps shed some light on the issue, but further examination is warranted, Hu said.

The study also found that men with prostate cancer who were older, lower income, who had other medical problems, were white or Hispanic, who were unmarried and those residing in non-metropolitan areas were more likely to be depressed.

In addition, depressed men were less likely to seek out definitive therapy such as surgery or radiation in contrast to prostate cancers who were not depressed.

"This was surprising, because depressed men were more likely to see physicians in the two years prior to prostate cancer diagnosis compared to non-[depressed men](#)," Hu said.

Prostate cancer is the most frequently diagnosed cancer in men aside

from skin cancer. An estimated 233,000 new cases of prostate cancer will occur in the United States in 2014. Of those, nearly 30,000 men will die.

"These results point toward a newly identified disparity in the management of [men](#) with incident prostate cancer," the study states.

"Considering the marked prevalence of both prostate cancer and depression, additional efforts are needed to better understand and ameliorate the decreased survival following [prostate cancer](#) diagnosis in the depressed male patient.

Provided by University of California, Los Angeles

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