

Emotionally distressed prostate cancer patients more likely to choose surgery, researchers say

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A study led by the University at Buffalo and Roswell Park Cancer Institute has identified beliefs and personality traits that are associated with higher levels of distress in newly diagnosed prostate cancer patients.

The findings support the value of emotional and informational support for patients and perhaps early counseling for some who are the most



distressed.

Factors that were associated with greater distress included a lack of confidence in deciding how to treat the cancer, being concerned that the cancer will progress, feeling that one's masculinity was under threat and tendencies to be less optimistic and resilient.

The study, "Factors Associated with Emotional Distress in Newly Diagnosed Prostate Cancer Patients," was first published online in *Psychooncology* in January 2015. The results are from a larger longitudinal study of <u>prostate cancer</u> patients, "Live Well Live Long!" The research was based on assessments of 1,425 men newly diagnosed with prostate cancer at five different centers.

"There are several studies that have examined distress in prostate cancer patients after treatment, but few that assessed distress in men early in diagnosis, before receiving treatment," said Heather Orom, PhD, the study's lead author and an assistant professor of community health and health behavior in UB's School of Public Health and Health Professions. "Our study provides a stronger empirical basis for designing or selecting interventions for these men.

"To provide the correct support, we need a better understanding of what causes distress in these types of patients," said Orom, who together with Willie Underwood III, MD, MPH, an associate professor in the Department of Urology at Roswell Park Cancer Institute, served as principal investigators on the study.

"As urologists, we have to find better ways to assist men and their families after a prostate cancer diagnosis, which can be a difficult time for many. This study brings us one step closer to doing so," said Underwood.



Choosing more aggressive treatment

A second set of analyses from the same study revealed that <u>emotional</u> <u>distress</u> may motivate men diagnosed with prostate cancer to choose surgery.

"Importantly, greater distress was associated with choosing more aggressive treatment in men with lower-risk disease among those with potentially low-risk cancer," said Orom. "These are men for whom active surveillance may be a viable option.

"Ideally, prostate cancer patients' treatment decisions will reflect an accurate understanding of treatment options, assess treatment outcomes and chances of recovery, and also include personal preferences. Results of this study strongly support managing emotional distress in all prostate cancer patients."

The study, "Emotional Distress Predicts Choosing Surgery over Active Surveillance in Clinically Localized Prostate Cancer Patients," assessed 1,050 men diagnosed with clinically localized prostate cancer; it was presented at the American Urological Association Annual Meeting on May 18. The study has not yet been published.

Heading off long-term distress

Orom notes that previous studies have shown that for most men diagnosed with prostate cancer, anxiety, depression and emotional distress are highest at diagnosis and decline afterward. About a quarter to a third of men initially experience clinically significant emotional distress, including some who continue to experience psychological issues for many years after they are treated.



"Our findings suggest that providing early support when patients are deciding what treatment to pursue may help head off long-term distress," Orom said, "and may also support men who are making a difficult decision between multiple treatment options with the potential for serious side effects.

"Understanding the factors associated with distress allows us to think in nuanced ways about the kinds of support needed by prostate cancer patients and when such support should be offered—particularly when men are first diagnosed."

Orom noted that some men may benefit from further explanation of prostate cancer prognosis and others may need more decision-making support. For some, she said, it may be important to discuss beliefs that prostate cancer and treatment side effects might threaten what is important to them as a man.

"Furthermore, developing interventions for men who are distressed at diagnosis could also improve clinical practice for all prostate cancer patients if it encourages more informative and supportive communication between providers and patients in general."

Orom said that many men diagnosed with prostate cancer have a good prognosis. She notes that prostate <u>cancer patients</u> represent the second-largest group of cancer survivors in the U.S., with 2.8 million individuals.

Orom added there is a growing consensus that identifying and intervening to reduce emotional distress is an essential component of cancer care, and such actions are now recommended by the American Cancer Society, the National Comprehensive Cancer Network and others.



More information: "Factors associated with emotional distress in newly diagnosed prostate cancer patients." *Psychooncology*. 2015 Jan 28. DOI: 10.1002/pon.3751

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