

For men with prostate cancer, emotional distress may lead to more aggressive treatment

11 January 2017, by David J. Hill

The anxiety many men experience after being diagnosed with prostate cancer may lead them to choose potentially unnecessary treatment options, researchers from the University at Buffalo and Roswell Park Cancer Institute report in a new study.

"Emotional distress may motivate men with low-risk [prostate cancer](#) to choose more aggressive treatment, such as choosing surgery over [active surveillance](#)," said UB's Heather Orom, the lead author on the study, published in the February issue of the *Journal of Urology*.

"It underscores what we have been pushing a long time for, which is, 'Let's make this decision as informed and supported as possible.' If distress early on is influencing treatment choice, then maybe we help men by providing clearer information about prognosis and strategies for dealing with anxiety. We hope this will help improve the treatment decision making process and ultimately, the patient's quality of life," added Orom, PhD, associate professor of community health and health behavior in UB's School of Public Health and Health Professions.

The study involved 1,531 men with newly diagnosed, clinically localized prostate cancer, meaning the disease hadn't spread to other parts of the body.

Researchers measured participants' [emotional distress](#) with the Distress Thermometer, an 11-point scale ranging from 0 (no distress) to 10 (extreme distress). The men were assessed after diagnosis and again as soon as they had made their treatment decision.

The majority of study participants had either low- or intermediate-risk disease, and were more likely to

have been treated with surgery, followed by radiation and active surveillance.

"Men's level of emotional distress shortly after diagnosis predicted greater likelihood of choosing surgery over active surveillance," the researchers report. "Importantly, this was true among men with low-risk disease, for whom active surveillance may be a clinically viable option and side effects of surgery might be avoided."

While prostate cancer is a major disease in the U.S., it is not a death sentence, according to the American Cancer Society, which estimates there are nearly 3 million prostate cancer survivors alive today.

However, overtreatment is a concern, and surgery and radiation therapy have side effects that include erectile dysfunction and incontinence, which, for the majority of men diagnosed with [low-risk prostate cancer](#), can be avoided by instead choosing active surveillance to monitor the cancer and considering treatment if the disease progresses.

"There's an interest in driving the decision-making experience to prevent overtreatment and ensure that men have full information about all the [side effects](#) so they can make a choice that's preference and value driven," Orom said. "We don't want men to make a decision that they'll regret later on."

"The goal of most physicians treating men with prostate cancer is to help their patients and family members through a difficult process and help their patients receive appropriate treatment," said Willie Underwood III, MD, MS, MPH, an associate professor in Roswell Park's Department of Urology, and a paper co-author.

"To do so, it is helpful for physicians to better

understand what is motivating men's decisions and to address negative motivators such as emotional distress to prevent men from receiving a [treatment](#) that they don't need or will later regret," Underwood added.

More information: Heather Orom et al. Emotional Distress Increases the Likelihood of Undergoing Surgery among Men with Localized Prostate Cancer, *The Journal of Urology* (2017). [DOI: 10.1016/j.juro.2016.08.007](#)

Provided by University at Buffalo

APA citation: For men with prostate cancer, emotional distress may lead to more aggressive treatment (2017, January 11) retrieved 25 July 2017 from <https://medicalxpress.com/news/2017-01-men-prostate-cancer-emotional-distress.html>

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