

Quality of Life, Health Outcomes, and Identity for Patients With Prostate Cancer in Five Different Treatment Groups

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Purpose/Objectives: To describe how different treatments for prostate cancer affect health-related quality of life (QOL), health status, and masculinity.

Design: Longitudinal survey design with descriptive, correlational, and comparative elements.

Setting: A tertiary medical center and associated clinics in a suburban community in the Southwestern United States.

Sample: 185 men with localized prostate cancer were enrolled from five treatment groups: watchful waiting (n = 30), surgery (n = 59), conventional radiation (n = 25), proton-beam radiation (n = 24), and a combination of conventional radiation and proton-beam radiation or mixed-beam radiation (n = 47). At six months, 163 remained on the study; at 12 months, 154 remained; and at 18 months, 153 remained. The average age was 68 years, and 82% of the men were white.

Methods: Men were enrolled at treatment and given a questionnaire with a self-addressed, stamped envelope for return. Questionnaires were mailed again at 6, 12, and 18 months.

Main Research Variables: Health-related QOL, health status, prostate treatment-specific symptoms, and sex-role identity.

Findings: No overall difference in health-related QOL or health status was found, but post-hoc analysis revealed specific differences. The differences existed in sexual functioning and gastrointestinal treatment-specific symptoms. No relationship existed between masculinity and health-related QOL.

Conclusions: Health-related QOL and health status are similar regardless of type of treatment. Radiation tends to produce more gastrointestinal symptoms, and surgery tends to produce more sexual functioning symptoms. Watchful waiting is associated with poorer general health.

Implications for Nursing Practice: Nurses can provide specific treatment-related information to men who are faced with making treatment decisions for prostate cancer and, in consultation with the healthcare team, can select a treatment best suited to them.

Key Points . . .

- ▶ The experience of being diagnosed and treated for prostate cancer affects quality of life for men and their partners.
- ▶ Sexual sequelae often are experienced regardless of the type of treatment selected for prostate cancer.
- ▶ Information about the potential side effects from various prostate cancer treatment strategies can influence decisions made by couples.
- ▶ Nurses have the expertise to educate clients and their families regarding the management of urinary, gastrointestinal, and sexual symptoms resulting from prostate cancer and its treatment.

(Greenlee, Harmon, Murray, & Thun, 2001). However, early detection of prostate cancer through the increased use of the prostate-specific antigen (PSA) test has served to lower these figures from rates of just a few years ago. The American Cancer Society (2000) reported that although more than 75% of the cases of prostate cancer are reported in men over the age of 65, men over the age of 40 may be increasingly at risk.

At the beginning of the 1990s, more attention was focused on the physical detection and treatment of prostate cancer (Littrup, Goodman, & Mettlin, 1993; Potosky, Miller, Albertsen, & Kramer, 1995). Few studies had focused on the social, sexual, and psychological effects of this disease on patients, their families, and their social environments (Schover, 1993; Smith & Babain, 1992). Recently, however, more attention has been given to the psychological aspects of prostate cancer, such as health-related quality of life (QOL) concerns specific

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As the quintessential disease unique to men, prostate cancer continues to be of concern. The disease is currently the most common cancer diagnosed in men and is projected to account for 31% of all cancer cases in men in 2001. This figure translates into 198,100 new cases of prostate cancer and approximately 31,500 deaths in the United States alone