Prostate Cancer Foundation of Australia

NHMRC Centre of Research Excellence
PROSTATE CANCER SURVIVORSHIP

# POSITION STATEMENT ON SCREENING FOR DISTRESS AND PSYCHOSOCIAL CARE FOR MEN WITH PROSTATE CANCER

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Every year 1.3 million men worldwide are diagnosed with prostate cancer [1]. Australia has one of the highest incidence rates internationally with 1 in every 7 Australian men likely to be diagnosed during their lifetime. While survival rates for prostate cancer are high (over 95% of men survive to at least five years) there are over 200,000 Australian men currently living with a previous diagnosis. With a growing and aging population this prevalent pool of survivors will continue to grow [2].

The diagnosis of prostate cancer is a major life stress that for many men is followed by challenging treatment-related symptoms and heightened psychological distress. Before and after prostate cancer treatment up to one in four men experience anxiety and up to one in five report depression [3]. Heightened distress occurs across all treatment approaches, however distress levels are greater for men who have locally advanced or metastatic disease. Although psychological distress is higher closer to diagnosis, distress can persist over the longer term. Younger age, socio-economic disadvantage, and a greater symptom burden increase men's risk of higher distress [4, 5].

Men have an increased risk of suicide after prostate cancer by comparison with controls [6-8] with the first six to twelve months after diagnosis a period of heightened suicide risk [9, 10]. Men who have locally advanced or metastatic disease and/or are single/divorced/widowed are at greater risk. Suicidal ideation has been reported by approximately 12% of men with prostate cancer and may persist for many years [11]; and one third may experience high fear of cancer recurrence [12].

Recognition and treatment of the negative psychological consequences of cancer is central to survivorship care [13]. Brief distress screening in people with cancer is an accepted standard in oncology care [14] and has been well validated in men with prostate cancer [15]. Effective psychosocial oncology interventions for men with prostate cancer have been identified [16].

Multi-modal psychosocial and psychosexual care for men with prostate cancer is acceptable and effective for improving decision-related distress, mental health, domain-specific, and health-related QOL [16, 17, 18]. Combinations of educational, cognitive behavioural, communication, and peer support have been most commonly applied and found effective; followed by decision support and relaxation. Face-to-face and remote technologies, with therapist, nurse or peer supports provide a range of mechanisms and sources for support.

The partners of men with prostate cancer may also experience high psychological distress. To date the optimal method of screening for distress in these partners has not been identified [19] nor is there good quality evidence to direct effective psychosocial interventions for partners and couples [16]. There are gaps in knowledge in the survivorship domains of surveillance and care coordination for men with prostate cancer, both of which are influencers of men's psychological and quality of life outcomes [17].

## RECOMMENDATIONS

1. After the diagnosis of prostate cancer and regularly through treatment and surveillance men who have been diagnosed with prostate cancer should be screened for distress and their psychological and quality of life concerns should be explored
2. Men who have high levels of distress should be further evaluated for anxiety and/or depression and evidence of suicidality
3. Men who have high distress or need for support should be referred to evidence-based intervention matched to their individual needs and preferences for support
4. Research is needed to develop effective methods to identify partners of men with prostate cancer with high distress or who are at risk of high distress as well as effective interventions for partners and for couples where the man has a diagnosis of prostate cancer
5. Investment in prostate cancer survivorship research is a national health priority

*Endorsed by*

Urological Society of Australia and New Zealand · Australia and New Zealand Urological Nurses Society · The Royal Australian and New Zealand College of Radiologists · Medical Oncology Group of Australia · ANZUP Cancer Trials Group Limited · European Association of Urology Nurses

UTS Centre for Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT) · EMRI Exercise Medicine Research Institute · vario health clinic · ECU Australia Edith Cowan University · Deakin University · Griffith University Queensland, Australia · Menzies Health Institute Queensland · University of Southern Queensland

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Chambers SK, Galvão DA, Green A, Lazenby M, Newton RU, Oliffe JL, Phillips JL, Phillips R, Ralph N, Sara S, Heathcote P, Dunn J. A psychosocial care model for men with prostate cancer. Sydney: Prostate Cancer Foundation of Australia and University of Technology Sydney; 2019.

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