Spouses’ beliefs about cancer duration mediate associations between spouses’ treatment control beliefs and prostate cancer patients’ quality of life
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Introduction and Objectives
Among married PC patients, the spouse is often the primary provider of emotional support and personal care. Despite this important role by spouses, few studies have investigated their influence on patients’ quality of life (QOL). The goal of this study was to examine how spouses’ common and salient beliefs about prostate cancer and their beliefs about the efficacy of treatment would influence patients’ QOL during the first 6 months after treatment.

Methods
Fifty-three patients, who underwent localized treatment for PC and their spouses, completed a measure of illness beliefs and expectation (IPQ-R) at baseline prior to treatment. Of particular interest were beliefs about the chronicity versus acuteness of cancer and beliefs and expectations about the efficacy of the treatment to control the disease. Patients completed a QOL measure (FACT-G) 6 months after baseline. Mediation analyses using bootstrapping was used to determine whether spouses' beliefs about the acuteness or chronicity of prostate cancer mediated the relationship between spouse beliefs about treatment control and patients' QOL 6 months later.

Results
Spouses beliefs about the acuteness or chronicity of prostate cancer mediated the association between spouse treatment control beliefs and patient QOL 6 months later (total indirect effect point estimate - .71, 95% confidence interval .02 to 2.03). Specifically, spouse beliefs that treatment was efficacious and controlled the patient’s cancer led to stronger beliefs that the disease was temporary (rather than chronic). This in turn was associated with significantly higher levels of patient quality of life 6 months later.

Conclusions
This is the first study to demonstrate how spouses' illness-related beliefs influence patients' QOL. The findings of this study underscore the need to include spouses as allies in treatment consultations and planning, as well as to correct potentially erroneous beliefs about outcomes.