Treatment Decision Making and Quality of Life Among Newly Diagnosed Prostate Cancer Patients: The Impact of Pre- and Post Treatment Depressive Symptoms

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Introduction and Objectives
Prostate cancer (PrCa) diagnosis and treatment are associated with increased psychological distress and decreased quality of life (QOL) among patients. The present study used a prospective and longitudinal design to examine depressive symptoms over a 12-month period following PrCa diagnosis and their impact on treatment decision making and post-treatment QOL among newly diagnosed PrCa patients.

Methods
Patients (N = 923) completed questionnaires at baseline (i.e., after diagnosis) and six and 12 months following treatment. Patients were on average 65.83 years old, Caucasians (89.1%), married (80.5%), and had college education or post-graduate education (48.9%) at the time of baseline assessment. The majority received radiotherapy (55% EBRT; 27% brachytherapy) and 18% treated with prostatectomy. Measures included the Center for Epidemiologic Studies Depression scale (CES-D) and a QOL scale (FACT-P). Decisional outcomes were measured by scales assessing beliefs about treatment efficacy, seriousness of disease, perceived vulnerability, treatment-related values and attributes, reasons for choosing treatment, and worries about PrCa recurrence and treatment side effects.

Results
Patients with clinically significant levels of depressive symptoms (20%) at baseline were significantly less informed about treatment options, more worried about treatment efficacy and side effects, and more worried about cancer spread than patients with lower levels of depressive symptoms (80%; p < .05). The degree of the importance of avoiding incontinence, erectile dysfunction, painful urination, general pain, and fatigue was significantly higher among patients with higher levels of baseline depressive symptoms compared to patients with lower levels of depressive symptoms (p < .05). Patients with higher levels of baseline depressive symptoms also reported significantly higher levels of depressive symptoms at 6 and 12 months following treatment (F(1,776) = 66.6, p <.001, Eta = .08). Higher levels of depressive symptoms at 6 and 12 months were also significantly associated with lower levels of emotional, functional, social, physical, and QOL at 6 and 12 months regardless of the treatment received (p < .05).

Conclusions
Depressive symptoms before treatment can influence treatment decision making and are associated with increased depressive symptoms and decreased QOL following treatment. Healthcare providers should probe for and address depression among PrCa patients to ensure optimal decision making and better QOL.