Coping Style, Psychological Impact and Information Needs, of Men with Prostate Cancer

Gwendolyn Hooper PhD APRN
Assistant Professor
University of Alabama
Prostate Cancer
Background/Significance

- Typically occurs in men age 50 and greater.
- Second leading cause of cancer in men.
- African American and Caribbean men of African ancestry more at risk.
- Fifth leading cause of cancer death in all men.
- African American men are twice as likely to die of prostate cancer than white men.
- Genetic: brother and father.
Prostate Cancer Treatment

• Treatment is individualized, based on PSA results and Gleason Score.
• Shared Decision Making
• Surgery, radiation, active surveillance, chemotherapy, androgen blockade or a combination of these treatments.
• At present there is no “gold standard.”
Factors for Patient Decision Making

- Lack of high-quality evidence for therapies and their outcomes on which to base decisions.
- Physician, family, friends recommendations
- Distrust of medical system, costs, prior health care experiences, time from work/family
- Fear of discrimination associated with having cancer
Implications for Men Regarding Treatment

• Cancer control or eradication is paramount.

• Preservation of Quality of Life

• Economic consequences

• Side effects of treatment: urinary incontinence, erectile dysfunction, fatigue, loss of muscle mass, bone thinning, hot flashes
Conceptual Framework

- Cognitive-Social Health Information
- Processing Model (C-SHIP)
- Focus-differences in how individuals perceive and define stress and reaction to threat of illness.
- Useful in men with PCa as decisions regarding PCa are filled with uncertainty.
- Information is needed for men with PCa to make sense of their cancer and assists with decision making.
Coping Style

- Monitor/Blunter Style Scale short form (MBSS)
- Well validated, self-report scale
- Designed to assess two coping styles
  - Monitor
  - Blunter
Monitors

• Seek out and monitor threatening information
• More interested in reading medical information
• Concerned about health risks/ want more tests/prescriptions/ perceive themselves as being more at risk for disease
• Want to be treated with more kindness/want more education on medication side effects
• More adherent to medical recommendations.
Blunters

- Blunters- distracting behavior to minimize anxiety
- Prefer to not deal with threat
- Avoid information to decrease stress
- Play less active role in decision making
- Prefer not to scan for information but prefer simple, short, direct information.
MBSS Question Example

- ___ I would try to think about pleasant memories.
- ___ I would want the dentist to tell me when I would feel pain.
- ___ I would try to sleep.
- ___ I would watch all the dentist’s movements and listen for the sound of the drill.
Purpose

The purpose of this study is to:

• Identify coping styles in a convenience sample of men diagnosed with prostate cancer prior to treatment.
• Examine the relationship between coping styles and perceived severity of illness
• Examine sources of information and satisfaction with information received in men diagnosed with prostate cancer.
Hypotheses

• Monitors would have more distress than Blunters
• Coping Style will not affect perceived severity of illness
• Monitors would be more satisfied with information received than Blunters
• Monitors would have higher depression scores than Blunters
Eligibility

• Male recently (within last 6 months) diagnosed with Prostate Cancer having undergone biopsy
• Free of other cancers
• English speaking
• Presenting for appointment to discuss Prostate Cancer treatment at a large tertiary care clinic in the southeastern United States
Methods

- After Institutional Review Board Approval
- Eligible men who consented received a packet of 3 questionnaires in the exam room
- Questionnaires averaged less than 10-15 minutes to complete
- Participants returned packet with completed questionnaires upon check out.
Measures

- Depression Anxiety Stress Scale (DASS-21)
- Self reported scale for assessing depression, anxiety and (current distress) over the past week.
Methods Continued

• Perceived Severity of Illness Survey
• Question: “How severe do you feel your illness is?”
• Visual Analog Scale (VAS)
• Left endpoint of 0 not severe at all
• Right endpoint of 100 defined as very severe
Methods Continued

Two multiple choice questions to assess sources of and satisfaction with information.

• 1. What information sources did you use to learn about your PCa? (Ranked 1-5)

• 2. How satisfied were you with the information sources? (Scored 1-5)
Results

• Caucasian men
• Age range 46-70
• Married (87%)
• Working or Retired (95%)
• College Educated
• Rural (65%)
Results

• 30 men identified as Monitors

• 32 men identified as Blunters

• Blunters consistently reported higher anxiety levels than Monitors (.05 level) (p=.02)

• Younger men (<55) reported higher depression scores than did older men
• Monitors and Blunters preferred information from their urologist over any other information resource.
• Monitors preferred media over other information sources.
• Older participants (55>) were more satisfied with information from their Primary Care Provider.
Hypotheses

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Limitations

- Small sample size
- Lack of diversity
- Research setting
- Lack of qualitative data
Implications for Nursing

• Assessing coping styles may impact amount of information men with prostate cancer want and need.
• Blunters may not seek follow up for further PSA testing to limit anxiety.
• The psychological impact of PCa may go unrecognized by caregivers and providers.
• Rural men with prostate cancer may experience anxiety and stress differently than urban men.
Future Research

• Examination of psychosocial needs at diagnosis, during and after PCa treatment.

• PCa education for primary care providers in rural settings.

• Access to PCa information in rural populations.

• Examination of coping style in relation to decision making, adherence, health protective behaviors.
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References


