The social impact of prostate cancer: Findings from the Life After Prostate Cancer Diagnosis study


Background

- Prostate cancer (PCa) is the most common cancer affecting men in the UK
- Increasing survivorship requires focus on quality of life following diagnosis and treatment
- There are likely social impacts of PCa

Aims:
(1) To identify key predictors of social distress in a large cohort of men with PCa
(2) To compare outcomes with a general population sample.

Method

- Cross-sectional postal survey of all men diagnosed with PCa in the UK 18-42 months previously.
- Stratified sample of 10,000 men in NI (excluding any men with a previous diagnosis of PCa) provided a general population comparison.
- Validated PROMs covering generic and PCa specific domains alongside psychological and social outcomes.
- Social Difficulties Inventory: Validated measure of social distress, including level of difficulty with everyday living (e.g. independence), money matters and self & others (e.g. communicating with others).

Results

Men with PCa

- 35,823 of 58,930 men responded (60.8% response rate).
- 9.4% men were socially distressed (scored ≥ 10 on the social distress scale).
- Unemployment was most strongly associated with distress (OR=11.58, 95% CI 9.16 - 14.63).
- Other factors associated with distress included:
  - Having ≥3 other long-term conditions (OR=5.37, 95% CI 4.61 - 6.27).
  - Receiving combination treatment or Androgen Deprivation Therapy (OR=2.00, 95% CI 1.58 - 2.53).
  - Having ever consulted for mental health related problems (OR=2.23, 95% CI 2.00 - 2.48).
  - Living in an area of greater deprivation (OR=2.30, 95% CI 1.95 - 2.72).

General population

- Men from NI with PCa diagnosis were compared against men from the general population.
- Men with PCa were more likely to be socially distressed (OR=1.54, 95% CI 1.06 – 2.12, p<.01).

Conclusions

The majority of men living 18-42 months following a diagnosis of PCa report little social distress. Men with PCa had greater odds of reporting social distress than men without this diagnosis. The identification of risk factors has valuable clinical impact. A simple checklist could aid delivery of appropriate targeted interventions.

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