Key factors associated with social distress after prostate cancer: results from the United Kingdom Life After Prostate Cancer Diagnosis study

Main findings
Almost 10% men with prostate cancer report significant Social Distress. The main Social Distress risk factors are: unemployment, multiple other medical conditions and hormone treatment for prostate cancer.

What we already know
A diagnosis of and treatment for prostate cancer may leave men with long term physical problems such as trouble with urinary, bowel or sexual functioning. Some men have also described feeling more anxious or depressed after their prostate cancer diagnosis. Much less is known about what bearing a diagnosis of prostate cancer might have on the everyday lives of men. This could be at home, at work, recreationally, financially and in regard to relationships with other people. We know from earlier studies that having a diagnosis of cancer can cause challenges to everyday life and result in what we call ‘Social Distress’.

What did we do?
In this study we want to find out which men may be at most risk of becoming Socially Distressed. This will help doctors and nurses identify men who may benefit from information and support as soon as possible. Social Distress can be measured using a questionnaire called the Social Difficulties Inventory. Depending on the score from this questionnaire men may be allocated to a ‘Socially Distressed’ or not Socially Distressed’ group.

A UK wide survey of prostate cancer survivors who had been diagnosed in the previous 18-42 months was carried out in late 2015 and throughout 2016. The men were asked to complete a number of questionnaires including the Social Difficulties Inventory. They also completed questions about themselves such as their age and ethnicity, whether they were employed, if they had caring responsibilities, and what other medical conditions they had. They told us about their cancer treatment. Their survey answers were linked with information about their prostate cancer held in the cancer registration systems. We used the information collected to find out which of these factors predicted which Social Distress group the men were in. As some factors are likely to be linked with each other, such as older age and having other medical conditions, we did an analysis which took any ‘overlaps’ into account.

What did we find?
Most men were socially resilient. However, almost 10% of the men were Socially Distressed. The biggest predictor of being in the Socially Distressed group, having accounted for potential overlaps with other factors, was being unemployed (almost 12 times as likely compared with employed men). In order of likelihood, the other predictors were: three or more other medical conditions (5 times more likely compared to men reporting no other medical conditions), hormone treatment for their prostate cancer, help in the past for a mental health related problem, living in a more deprived area, younger age, separated or divorced, of non-white ethnicity, stage IV prostate cancer at diagnosis, being a carer for someone and obesity.

How will these results be used? or, What do these results mean?
Some men with prostate cancer are particularly at risk of being Socially Distressed. Much of this is to do with wider and more complicated social and health problems which we face in the UK. We have created a simple ‘checklist’ for use by health care teams seeing men with prostate cancer to aid identification of men at higher risk of social distress who may benefit from support.

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