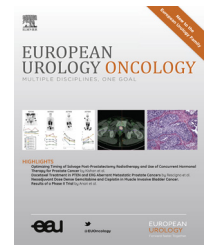


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Collaborative Review – Prostate Cancer

Psychotherapeutic Interventions Targeting Prostate Cancer Patients: A Systematic Review of the Literature

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Abstract

Context: Psychological counseling is a rarely discussed need for patients diagnosed with prostate cancer (PCa).

Objective: To systematically review studies that investigated the effectiveness and feasibility of professional psychotherapeutic support for PCa patients.

Evidence acquisition: A systematic search was carried out using electronic databases, including PubMed, Web of Science, PsycInfo, and the Cochrane library. The search was performed up to September 1, 2017; only articles published in English were considered. The combination of the search words “prostate cancer” with “psychotherapy” was used. Inclusion criteria were: (1) studies with psychotherapy interventions that included PCa patients; (2) patients with localized or advance disease; and (3) professional psychotherapeutic support.

Evidence synthesis: We identified a total of ten studies (1067 participants). Six studies investigated cognitive behavioral therapy (CBT; 713 participants). Two studies used supportive psychotherapy (88 participants) and two used cognitive essential couple therapy (133 couples). Most studies came from the USA (5 studies). CBT seemed to be beneficial in African Americans, Hispanics, men with higher interpersonal sensitivity, and those with relatively high levels of stress in single studies. Couples therapies seemed beneficial for patients and their partners. Supportive psychotherapy was usually integrated into multimodal supportive treatments.

Conclusions: Despite the limitations of the available studies, there is promising early evidence that specialized psychotherapeutic support for PCa patients is feasible and beneficial. Psychological intervention can significantly improve PCa patients' wellbeing after therapy. Further multicenter randomized controlled trials should focus on assessing which patients need psychotherapeutic help and which are most likely to benefit from such support, and which type of interventions are the most appropriate for each patient.

Patient summary: We report on studies comparing psychological outcomes in prostate cancer patients treated with psychotherapeutic interventions. Psychotherapeutic support is feasible and improves overall wellbeing and cancer-related distress in some prostate cancer patients.

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1. Introduction

In 2017, the American Cancer Society estimated 161 360 new cases of prostate cancer (PCa) in the USA alone and 26 730 related deaths [1]. Many PCa patients experience adverse events that have a sustained impact on their quality of life (QoL) in both localized [2,3] and advanced PCa [4]. Studies regarding QoL indicate that some adverse events persist long after the therapeutic intervention.

Most patients and health care providers consider psycho-oncology services as effective and beneficial for cancer patients and their partners. However, access to psycho-oncology services is often difficult [5]. Cancer affects patients' physical and psychosocial wellbeing, resulting in distress at all disease stages from diagnosis to therapy and survivorship [6–8]. Despite a need, there is not yet any strong evidence for the long-term benefits of psychological interventions [9].

Cancer care policies in many countries, such as the UK [10], support the use of psychotherapeutic interventions to improve patients' self-reported experience and outcomes. For psychotherapeutic interventions to become a cost-effective standard, there is a need for scientific evidence [11]. Only 9% of a large survey of 6143 patients with breast, colon, or prostate cancer reported that they had received psycho-oncological care in hospital [12].

A wide range of psychological interventions have been used as supportive treatment for cancer patients [9]. Interventions differ regarding the number of sessions, duration, timing, format, type of therapist, and therapy [13,14]. A meta-analysis that investigated the effects of psycho-oncologic interventions on distress and QoL in patients with cancer showed that there was a significant small to medium sustained effect in favor of individual and group psychotherapy and psychoeducation. Moreover, in participants with higher distress before treatment, a larger effect was observed during post-treatment follow-up [15].

The various psychological needs of PCa patients and their partners require flexibility in selecting the appropriate type of intervention to improve physical, psychological, intimacy, existential, and communication distress [16]. According to a cross-sectional survey among patients with localized PCa, psychological counseling was the third most common need in the first year after diagnosis [17].

Newly diagnosed PCa patients have a substantially higher incidence of anxiety and depression compared to males who do not have PCa, and up to 17% are diagnosed with depression or anxiety disorders [18]. This percentage remains stable in the 5 yr after PCa treatment [19]. According to a Swedish population-based study that included 77 439 patients with PCa, the risk of suicide was twofold higher among men with locally advanced or metastatic PCa compared to an age-matched male population [20]. Moreover, results from the multicentre LAPPRO trial of 3930 men showed that 46% of patients think of suicide at 3 mo after radical prostatectomy (RP). Extraprostatic tumor growth (odds ratio [OR] 2.06), university education (OR 1.66), uncertainty (OR 2.20), low control (OR 2.21), loneliness (OR

1.75), being a burden (OR 1.59), and crying (OR 1.55) before surgery predicted thoughts about a man's own death after surgery [21].

In a the most recent systematic review, Chambers et al [22] focused on types of psychological interventions targeting men with PCa rather than on the type of therapist providing psychological interventions. In this updated review, we performed a systematic analysis of the studies that investigated the effectiveness and feasibility of professional (psychotherapist) psychotherapeutic support for PCa patients.

2. Evidence acquisition

2.1. Literature search

A systematic search was carried out using electronic databases, including PubMed, Web of Science, PsycInfo, and the Cochrane library. The search was performed up to September 1, 2017, and only articles published in the English language were considered. The combination of the search words "prostate cancer" with "psychotherapy" was used. All eligible studies were included for further screening (Fig. 1).

2.2. Study selection

The Population, Intervention, Comparator, Outcome framework and study design approach were used to define study eligibility according to the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) criteria (www.prisma-statement.org) [23].

Inclusion and exclusion criteria for studies were set before the literature search. All eligible studies were included if they met the following criteria: studies with psychotherapeutic interventions that included PCa patients; with localized or advanced disease; that compared outcomes for patients with an intervention to those without intervention or with standard of care; and professional (master's level clinical health psychology students or doctoral-level, licensed clinical psychologists) psychotherapeutic support was given. Study selection was independently performed by two authors and discrepancies were resolved by agreement.

2.3. Data extraction

Two authors independently carried out data extraction from the full texts of the studies included [24–33]. The extracted data were authors, journal, year of publication, number of patients, age, treatment for PCa, mean time since PCa treatment, type of intervention, main results, and benefit after psychotherapy interventions.

2.4. Risk of bias

The Cochrane Collaboration tool was used to assess the risk of bias regarding: sequence generation; allocation conceal-

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