



## ORIGINAL ARTICLE

# Psychotherapy: A missing piece in the puzzle of post radical prostatectomy erectile dysfunction rehabilitation<sup>☆</sup>



A.M. Naccarato, L.O. Reis\*, E.L. Zani, M. Cartapatti, F. Denardi

Escuela de Ciencias Médicas, Universidad de Campinas, Unicamp, São Paulo, Brazil

Received 7 September 2013; accepted 11 October 2013

Available online 16 February 2014

### KEYWORDS

Quality of life;  
Erectile function;  
Spouse;  
Male;  
Sex;  
International Index of  
Erectile Function

### Abstract

**Objectives:** To measure the impact of psychotherapy associated to the use of Tadalafil in the improvement of erectile function after radical prostatectomy.

**Methods:** From 132 patients surgically treated for prostate cancer, 30 sequential patients with bilateral nerve sparing, low risk controlled disease and post-surgery erectile dysfunction (ED) took Tadalafil 20 mg and underwent psychotherapy sessions, both weekly for 3 months. Patients were interviewed to establish the quality of erection using the instrument IIEF-5 and to measure psychological features impacting erectile function, the aspects related to function, dysfunction, physical and emotional discomfort were evaluated with the help of an intensity scale.

**Results:** The average age was 62.5 (46–77 years), 96.7% had a stable relationship, 56.6% of the patients accepted the diagnosis and 43.2% exhibited defense mechanisms (3.3% negation, 6.6% revulsion, 33.3% concern). A positive correlation was observed between erectile function and time exposed to treatment (IIEF-5 – 9.7–13.3,  $p=0.0006$ ), with increased satisfaction with life in general (2.1–2.7,  $p=0.028$ ) and sexual life (3.1–3.7,  $p=0.028$ ), added to facilitation of expressing feelings/emotions (1.8–3.0,  $p=0.0008$ ). Satisfaction with relationship and intimacy with partner did not present significant improvement ( $p=0.12$  and  $p=0.61$ , respectively).

**Conclusions:** A holistic patient care with more complete ED rehabilitation includes psychotherapy with a positive correlation between erectile function and treatment exposition. Psychotherapy allowed the identification of important spouse related factors in this scenario.

© 2013 AEU. Published by Elsevier España, S.L. All rights reserved.

### PALABRAS CLAVE

Calidad de vida;  
Función eréctil;  
Cónyuge;

### Psicoterapia: una pieza que falta en el puzle de la rehabilitación de la disfunción eréctil tras prostatectomía radical

### Resumen

**Objetivos:** Medir el impacto de la psicoterapia asociada al uso de tadalafilo en la mejoría de la función eréctil después de la prostatectomía radical.

<sup>☆</sup> Please cite this article as: Naccarato AM, Reis LO, Zani EL, Cartapatti M, Denardi F. Psicoterapia: una pieza que falta en el puzle de la rehabilitación de la disfunción eréctil tras prostatectomía radical. Actas Urol Esp. 2014;38:385–390.

\* Corresponding author.

E-mail addresses: [reisleo@unicamp.br](mailto:reisleo@unicamp.br), [reisleonardo@zipmail.com.br](mailto:reisleonardo@zipmail.com.br), [reisleo.l@gmail.com](mailto:reisleo.l@gmail.com) (L.O. Reis).

Masculino;  
Sexo;  
International Index of  
Erectile Function

**Métodos:** De 132 pacientes intervenidos quirúrgicamente por cáncer de próstata 30 pacientes consecutivos con preservación nerviosa bilateral, enfermedad controlada de bajo riesgo y disfunción eréctil (DE) después de la cirugía tomaron tadalafilo 20 mg y se sometieron a sesiones de psicoterapia, ambas semanalmente durante 3 meses. Los pacientes fueron entrevistados para establecer la calidad de la erección utilizando el instrumento IIEF-5 y para medir las características psicológicas que afectan la función eréctil, los aspectos relacionados con la función, la disfunción, la incomodidad física y emocional se evaluaron con la ayuda de una escala de intensidad.

**Resultados:** La media de edad era de 62,5 (46-77 años), el 96,7% tenía una relación estable, el 56,6% de los pacientes aceptó el diagnóstico y el 43,2% mostró mecanismos de defensa (3,3% negación, 6,6% repulsión y 33,3% preocupación). Se observó una correlación positiva entre la función eréctil y el tiempo de exposición al tratamiento (IIEF-5  $-9,7$  a  $13,3$ ;  $p=0,0006$ ), con un aumento de la satisfacción con la vida en general ( $2,1$  a  $2,7$ ;  $p=0,028$ ) y de la vida sexual ( $3,1$  a  $3,7$ ;  $p=0,028$ ), sumada a la facilitación de la expresión de sentimientos/emociones ( $1,8$  a  $3,0$ ;  $p=0,0008$ ). La satisfacción con la relación y la intimidad con la pareja no presentó mejoría significativa ( $p=0,12$  y  $p=0,61$ , respectivamente).

**Conclusiones:** Una atención al paciente holística con rehabilitación con DE más completa incluye psicoterapia con una correlación positiva entre la función eréctil y la exposición al tratamiento. La psicoterapia permitió la identificación de factores conyugales en este escenario.

© 2013 AEU. Publicado por Elsevier España, S.L. Todos los derechos reservados.

## Introduction

Prostate cancer (PCa) is the second most commonly diagnosed cancer in men and it represents a significant health problem. Worldwide, more than 900,000 men are diagnosed with prostate cancer every year with an estimated 258,000 deaths in 2008.<sup>1</sup> The incidence of PCa is continually increasing in developed countries, reflecting the widespread use of prostate-specific antigen screening. Because of early detection, the majority of newly diagnosed cancers are organ confined, for which radical prostatectomy (RP) is a curative treatment option. The overall survival rate for men with PCa in the United States is considered to be 97% at 5 years, 79% at 10 years and 57% at 15 years.<sup>2,3</sup>

As stated for every cancer treatment, the primary goal of treatment is a combination of the longest survival, fewer complications, and ameliorated health-related quality of life.<sup>3</sup>

In contrast to the impressive advances in somatic research of erectile dysfunction (ED), scientific literature shows contradictory reports on the results of psychotherapy for the treatment of ED. Research to date has not identified an effective way to improve sexual and psychosocial adjustment for both men with prostate cancer and their partners.

The aim of this research was to measure the impact of psychotherapy associated to the use of the medication Tadalafil, a PDE-5 inhibitor widely used in treatment of ED, in the erectile dysfunction rehabilitation post radical prostatectomy, as well as to identify the factors related to erectile function recovery in a holistic patient care.

## Patients and methods

From 132 patients treated with radical prostatectomy in an outpatient clinic of urologic oncology between 2009 and

2010, 30 sequential patients presenting no co-morbidity, preserved erectile function, localized, margin free, Gleason 3+3 prostate cancer, and undetectable PSA after bilateral nerve sparing open retropubic radical prostatectomy and who afterwards developed post-surgery erectile dysfunction were included in this prospective longitudinal study. Patients with psychological disturbance and in use of nitrate were excluded. This research underwent local ethics committee approval and patients' consent to participate.

Patients took Tadalafil 20 mg once a week with recommendations to stimulate erectile function and underwent weekly psychotherapy sessions by the same psychologist for 3 months. During this period, evaluation of side effects from the drug, erectile function, and psychological aspects was conducted. The data were collected by means of an initial interview 60 days after surgery, which was repeated at the end of 12 sessions (3 months).

As a primary end-point, all patients were asked to fill up the previously validated self-administered abridged 5-item version of the International Index of Erectile Function (IIEF-5) questionnaire also described as Sexual Health Inventory for Men, items 5, 15, 4, 2 and 7 from the full-scale IIEF-15.<sup>4</sup> The maximal score is 25; lower domain scores indicate impaired EF. Respondents were asked to report their experience over the past 30 days. The abbreviated score was used for its simplicity and immediacy. The optimal cut-off score of 21 or less for diagnosis of ED – sensitivity 0.98; specificity 0.88 – was utilized.<sup>4</sup>

As secondary end-point, the measurement of psychological features impacting erectile function was done through directed interviews regarding aspects related to function and dysfunction as well as physical and emotional discomfort using the validated questionnaire proposed by Liberman,<sup>5</sup> aided by an intensity scale ranging from 0 to 10, where 0 was the worst possible and 10 the best possible.

Download English Version:

<https://daneshyari.com/en/article/3845501>

Download Persian Version:

<https://daneshyari.com/article/3845501>

[Daneshyari.com](https://daneshyari.com)