

## Health-Related Quality of Life, Psychological Distress, and Sexual Changes Following Prostate Cancer: A Comparison of Gay and Bisexual Men With Heterosexual Men



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### ABSTRACT

**Introduction:** Decrements in health-related quality of life (HRQOL) and sexual difficulties are a recognized consequence of prostate cancer (PCa) treatment. However little is known about the experience of gay and bisexual (GB) men.

**Aim:** HRQOL and psychosexual predictors of HRQOL were examined in GB and heterosexual men with PCa to inform targeted health information and support.

**Method:** One hundred twenty-four GB and 225 heterosexual men with PCa completed a range of validated psychosexual instruments.

**Main outcome measure:** Functional Assessment of Cancer Therapy – Prostate (FACT-P) was used to measure HRQOL, with validated psychosexual measures, and demographic and treatment variables used as predictors.

**Results:** GB men were significantly younger (64.25 years) than heterosexual men (71.54 years), less likely to be in an ongoing relationship, and more likely to have casual sexual partners. Compared with age-matched population norms, participants in both groups reported significantly lower sexual functioning and HRQOL, increased psychological distress, disruptions to dyadic sexual communication, and lower masculine self-esteem, sexual confidence, and sexual intimacy. In comparison with heterosexual men, GB men reported significantly lower HRQOL ( $P = .046$ ), masculine self-esteem ( $P < .001$ ), and satisfaction with treatment ( $P = .013$ ); higher psychological distress ( $P = .005$ ), cancer related distress ( $P < .001$ ) and ejaculatory concern ( $P < .001$ ); and higher sexual functioning ( $P < .001$ ) and sexual confidence ( $P = .001$ ). In regression analysis, psychological distress, cancer-related distress, masculine self-esteem, and satisfaction with treatment were predictors of HRQOL for GB men ( $R^2_{Adj} = .804$ ); psychological distress and sexual confidence were predictors for heterosexual men ( $R^2_{Adj} = .690$ ).

**Conclusion:** These findings confirm differences between GB and heterosexual men in the impact of PCa on HRQOL across a range of domains, suggesting there is a need for GB targeted PCa information and support, to address the concerns of this “hidden population” in PCa care.

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**Key Words:** Prostate Cancer; Health-Related Quality of Life; Gay and Bisexual Men; Erectile Dysfunction; Psychosexual Predictors

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## INTRODUCTION

Advances in preventative screening and cancer treatments have led to a decrease in prostate cancer (PCa) mortality rates over the past 2 decades, with 5-year survival rates in Australia currently standing at 90%.<sup>1</sup> This has led to an interest in health-related quality of life (HRQOL) of men treated for PCa, with prospective population-based cohort studies<sup>2,3</sup> reporting persistently lowered HRQOL compared with age-matched healthy populations. Decreased sexual functioning has been reported to be the most prevalent reduction in HRQOL 3 years after diagnosis,<sup>4</sup> with erectile dysfunction reported by 77% of men treated with radical prostatectomy.<sup>2</sup> PCa treatments also have been associated with loss of libido, penile shortening, nonejaculatory orgasms, or decreased orgasmic sensation, as well as bowel and urinary incontinence.<sup>5</sup> These sexual changes have been associated with anxiety and depression,<sup>6</sup> challenges to masculine self-esteem,<sup>7</sup> and disruptions to sexual intimacy,<sup>8</sup> sexual confidence,<sup>7</sup> and dyadic relationship communication.<sup>9</sup>

Until recently, research examining HRQOL and sexual functioning after PCa has focused on heterosexual men. This has resulted in gay and bisexual (GB) men, conservatively estimated to make up 3% to 5% of PCa survivors,<sup>10</sup> being described as an “invisible diversity,”<sup>11</sup> or a “hidden population.”<sup>12</sup> There have been appeals for health providers to acknowledge that GB men may experience PCa differently from heterosexual men, necessitating targeted information and support.<sup>12,13</sup> However, recent reviews of PCa educational resources report an absence of such targeted support,<sup>14,15</sup> leading to calls for research to inform its future development.

There is some evidence that gay men report different impact of PCa on HRQOL than heterosexual men, manifested in significantly greater disruptions to sexual,<sup>16</sup> urinary, bowel and mental functioning,<sup>17,18</sup> greater sexual and ejaculatory bother<sup>19</sup> and fear of PCa recurrence,<sup>17</sup> as well as lower masculine self-esteem and less affection from partners.<sup>18</sup> However, at the same time, it has also been reported that GB men experience better sexual functioning,<sup>17</sup> or that there are no differences in sexual functioning between GB and heterosexual men with PCa.<sup>18</sup> Previous research in this field has been limited by comparing GB men to population norms, rather than a comparative sample of heterosexual men,<sup>17,20</sup> or utilizing small samples of GB men, thus precluding statistical analysis.<sup>16,21</sup> The 1 published study that compared 96 GB and 460 heterosexual men with PCa<sup>19</sup> focused on diagnostic and treatment differences between the 2 groups, as well as sexual functioning, sexual bother, and depression, rather than HRQOL.

## AIMS

Further research is needed to examine HRQOL and psychosocial predictors of HRQOL in GB men in comparison with heterosexual men using validated psychosocial questionnaires<sup>17</sup> to evaluate these discrepancies in the research literature, and to inform targeted health information and support. This is the aim of the present study. The research questions were: Are there differences between GB and heterosexual men in HRQOL,

sexual functioning, sexual confidence, psychological and cancer-related distress, masculine self-esteem, sexual intimacy, and sexual communication? What are the psychosexual predictors of HRQOL in GB and heterosexual men? How do levels of HRQOL compare with norms or other matched samples?

## METHODS

### Participants and Recruitment

Participants were recruited as part of a larger mixed methods program of research examining HRQOL and sexual wellbeing after PCa in GB men and their partners, in comparison with heterosexual men. The inclusion criterion was diagnosis of PCa; there were no additional exclusion criteria. Due to difficulties in recruiting this hard-to-reach population,<sup>17</sup> a range of recruitment strategies were adopted simultaneously. The majority of GB men with PCa were recruited through distribution of an information sheet by collaborating urology and general practice clinicians, PCa cancer support groups, and GB community organizations. An advertisement for the study and link to the information sheet also was posted on GB social media and on electronic listservs targeting PCa survivors. The heterosexual comparison sample and a small proportion of the gay sample were recruited through a distribution of the information sheet to PCa survivors on cancer research volunteer databases. Given the broad nature of recruitment, it is not possible to ascertain how many men received the information sheet or read the advertisement, in order to calculate response rate.

Ethical approval for the study was granted by Western Sydney University Human Research Ethics Committee, with free and informed consent obtained from all participants.

## MAIN OUTCOME MEASURES

### Demographic and Medical Information

Participants completed a questionnaire about socio-demographics and medical history.

### Functional Assessment of Cancer Therapy – Prostate (FACT-P)<sup>22</sup>

The Fact-P measures HRQOL in men with PCa. It consists of the FACT-G (general), a 27-item self-report questionnaire that measures general HRQOL in people with cancer across 4 subscales: social, physical, emotional, and day-to-day wellbeing, as well as an additional 12-item HRQOL subscale that measures concerns specific to PCa. The combination of the 5 subscales makes up the FACT-P. Items are scored on a five point Likert scale with higher scores indicating better quality of life. In the present study, excellent internal consistency was found for the FACT-P total score in both samples ( $\alpha = 0.92$  respectively).

### Brief Symptom Inventory-18 (BSI-18)<sup>23</sup>

The BSI-18 is an 18-item measure of psychological distress comprising anxiety, depression, and somatization subscales, as well

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