

Relationship between pretreatment anxiety/depression and functional outcomes in prostate cancer treatment

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Background

- Prostate cancer patients often experience higher levels of anxiety and depression than the general population.
- Depression is recognized as a factor in prostate cancer progression and potential clinical deterioration.
- While anxiety and depression are prevalent throughout prostate cancer treatment, their specific influence on clinical outcomes remains underexplored.
- This study, employing the Patient Health Questionnaire-9 (PHQ-9), aims to clarify the connection between pretreatment anxiety/depression and subsequent clinical outcomes in prostate cancer treatment.

Purpose

- To evaluate the relationship between pretreatment anxiety/depression and urinary incontinence in prostate cancer patients.

Methods

- We retrospectively reviewed patients diagnosed with prostate cancer at our institution between 2016 and 2021.
- Inclusion criteria required pre-treatment PHQ-9 assessments, while exclusions covered mortality, incomplete PHQ-9s, and lost follow-ups.
- We examined outcomes, including post-treatment incontinence and erectile dysfunction, at four intervals: pre-treatment baseline, first post-treatment visit, six months post-treatment, and one-year post-treatment.

Methods (Cont.)

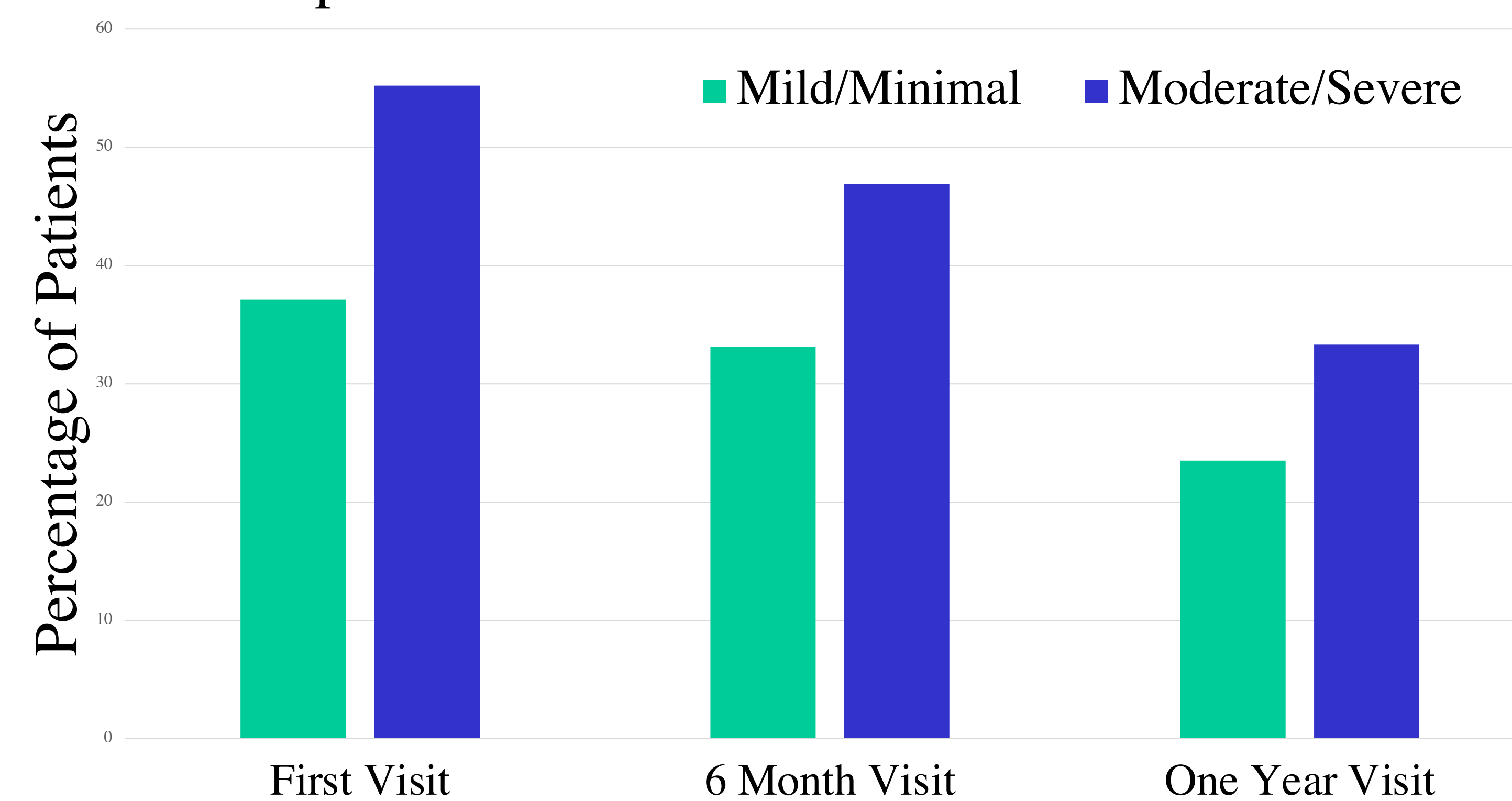
- Incontinence was measured by daily urinary pad use (0, 1, 2, 3-4, 5-6, 7+), and erectile dysfunction referred to as an inability to engage in intercourse.
- We considered cancer staging at diagnosis and various treatment modalities, including active surveillance, surgery, radiation therapy, hormone therapy, chemotherapy, biologic therapy, and bisphosphonate therapy.
- Statistical analysis relied on the Chi-square test and Fisher's Exact Test.

Results (Cont.)

- The percentage of patients with erectile dysfunction at first office visit, six months, and twelve months was 66% ($p=0.612$), 65% ($p=0.520$), and 61% ($p=0.607$).
- For incontinence, these percentages were 35% ($p=0.086$), 26% ($p=0.272$), and 19% ($p=0.270$).
- There were significant differences in the prevalence of incontinence between minimal to mild depression and moderate to severe depression at the first post-treatment appointment ($p=0.026$), six months ($p=0.049$), and twelve months ($p=0.019$).

Results

Mild/Minimal vs Moderate/Severe Pretreatment Depression vs Posttreatment Incontinence



- Our study involved 489 patients with pre-treatment PHQ-9 results. Mean age was 64.45 years (SD 8.12), with 87% Caucasian, 13% African Americans, and 1% Asians.
- At baseline, 80% had minimal depression, while 12%, 4%, 3%, and 1% experienced mild, moderate, moderately severe, or severe depression, respectively.

Discussion/Conclusion

- There are no differences in continence vs incontinence by depression at baseline, or in erectile dysfunction by depression at baseline.
- There is a clear association between moderate to severe depression with post-treatment incontinence compared to patients with minimal to mild depression.
- These findings underscore the importance of addressing mental health in the care of prostate cancer patients to potentially improve their post-operative functional outcomes.
- Further research is needed to better understand and address these associations.