

Decisional Regret in Men with Localized Prostate Cancer among Various Treatment Options and the Association with Erectile Functioning and Depressive Symptoms: A Moderation Analysis

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Abstract : Men with localized prostate cancer (PCa) have to choose among different treatment options, such as active surveillance (AS) and radical prostatectomy (RP). All available treatment options may be accompanied by specific psychological or physiological side effects. Depending on the nature and extent of these side effects, patients are more or less likely to be satisfied or to struggle with their treatment decision in the long term. Therefore, the aim of this study was to assess and explain decisional regret in men with localized PCa. The role of erectile functioning as one of the main physiological side effects of invasive PCa treatment, depressive symptoms as a common psychological side effect, and the association of erectile functioning and depressive symptoms with decisional regret were investigated. Men with localized PCa initially managed with AS or RP (N=292) were matched according to length of therapy (mean 47.9 ± 15.4 months). Subjects completed mailed questionnaires assessing decisional regret, changes in erectile functioning, depressive symptoms, and sociodemographic variables. Clinical data were obtained from case report forms. Differences among the two treatment groups (AS and RP) were calculated using t-tests and χ^2 -tests, relationships of decisional regret with erectile functioning and depressive symptoms were computed using multiple regression. Men were on average 70 ± 7.2 years old. The two treatment groups differed markedly regarding decisional regret ($p < .001$, $d = .50$), changes in erectile functioning ($p < .001$, $d = 1.2$), and depressive symptoms ($p = .01$, $d = .30$), with men after RP reporting higher values, respectively. Regression analyses showed that after adjustment for age, tumor risk category, and changes in erectile functioning, depressive symptoms were still significantly associated with decisional regret ($B = 0.52$, $p < .001$). Additionally, when predicting decisional regret, the interaction of changes in erectile functioning and depressive symptoms reached significance for men after RP ($B = 0.52$, $p < .001$), but not for men under AS ($B = -0.16$, $p = .14$). With increased changes in erectile functioning, the association of depressive symptoms with decisional regret became stronger in men after RP. Decisional regret is a phenomenon more prominent in men after RP than in men under AS. Erectile functioning and depressive symptoms interact in their prediction of decisional regret. Screening and treating depressive symptoms might constitute a starting point for interventions aiming to reduce decisional regret in this target group.

Keywords : active surveillance, decisional regret, depressive symptoms, erectile functioning, prostate cancer, radical prostatectomy

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