

## BEHAVIORAL GROUP-BASED THERAPY IMPROVES QUALITY OF LIFE RELATED TO URINARY INCONTINENCE IN MEN RECOVERING FROM RADICAL PROSTATECTOMY

### Hypothesis / aims of study

Health related quality of life (HR-QoL) outcomes have a substantial impact on men facing the difficult choice of whether to undergo treatment for early-stage prostate carcinoma. Ultimately, the dual goal of cancer cure and QoL preservation are critical; men with prostate cancer are willing to make a decision that optimizes quality of life rather than maximizes survival (1). Prostate carcinoma (PC) is the most common solid-tumor malignancy and is the second leading cause of death among men. Radical prostatectomy (RP) is a primary treatment for localized disease. Although RP is highly effective at suppressing recurrence and extending survival (2), treatment benefits are often offset by serious treatment-related decreases in QoL primarily associated with treatment side effects such as urinary incontinence (UI) and erectile dysfunction (ED). This study evaluated the efficacy of 24-week, group-based, behavioral therapy in improving quality of life (QoL) among men treated for localized prostate carcinoma (PC) by means of radical prostatectomy (RP) who presented treatment-related dysfunctions: urinary incontinence (UI) and erectile dysfunction (ED).

### Study design, materials and methods

Thirty men were assigned to 24-week behavioral group therapy. The intervention was designed to improve QoL by helping participants to identify and effectively manage stressful experiences. It focused on treatment-related sequelae from PC. Differences in variables were compared between the beginning and end of the study by means of Student's t test for paired samples. Multiple analysis was carried out by stepwise multiple linear regression following bivariate Pearson's correlation analysis. This was achieved for all predictors (i.e. general health perception, ED and UI impact) and relevant covariates (i.e. age, work/retirement status, alcohol addiction, attitude towards cancer and surgery, sexual satisfaction, and future plans).

### Results

Thirty men were assigned to 24-week behavioral group therapy. The intervention was designed to improve QoL by helping participants to identify and effectively manage stressful experiences. It focused on treatment-related sequelae from PC. Differences in variables were compared between the beginning and end of the study by means of Student's t test for paired samples. Multiple analysis was carried out by stepwise multiple linear regression following bivariate Pearson's correlation analysis. This was achieved for all predictors (i.e. general health perception, ED and UI impact) and relevant covariates (i.e. age, work/retirement status, alcohol addiction, attitude towards cancer and surgery, sexual satisfaction, and future plans)(table).

Variable	Before treatment		After treatment		p
	Mean	sd	Mean	sd	
ED	9.7	0.9	13.2	1.1	0.000
General health perception	43.3	2.9	30.0	3.0	0.000
UI impact	37.8	6.1	26.7	4.9	0.023

### Interpretation of results

The mean time elapsed from surgery to attending the behavioral group therapy was 14.8 months (sd = 6.2; median = 16.5) and, for 63.3% of the patients, this time exceeded 12 months. There was no significant correlation between this time and the predictor variables. General health perception scores decreased by the end of the study (p = 0.000), as did the UI impact score (p=0.023), thus denoting improvement in both factors. The difference in UI impact scores correlated negatively and significantly with both age (p = 0.04) and work/retirement (p = 0.05). Multiple stepwise regression showed that age was the most important variable (r<sup>2</sup> = 26.0%). Considering age and work/retirement

simultaneously, there was an increase of 10.3% ( $r^2 = 36.3\%$ ). ED increased by the end of the study ( $p = 0.000$ ), and the difference between the ED scores correlated positively and significantly with sexual satisfaction alone ( $p = 0.029$ ), which signifies that previous sexual satisfaction had a positive influence over erectile dysfunction ( $r^2 = 15.8\%$ ).

#### Concluding message

24-week behavioral group therapy was effective in improving the perceived QoL among men treated for PC. There were changes associated with the therapy, particularly the improvement in UI and ED.

#### References

1. Litwin MS: Measuring health related quality of life in men with prostate cancer. J Urol.1994; 152:1882-87.
2. Neulander EZ, Soloway MS: Failure after radical prostatectomy. Urology 2003; 61:30-36.

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**HUMAN SUBJECTS:** This study was approved by the Federal University of São Paulo and followed the Declaration of Helsinki Informed consent was obtained from the patients.