





# Does psychological preparation improve pretreatment anxiety in patients with prostate cancer?

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Prostate cancer (PC) is more common in developed countries, but its incidence is increasing throughout the world. Most cases are detected when the tumor is still intraprostatic, and the prognosis is good<sup>1</sup>. Despite the high survival rate, some common outcomes of treatment exert a negative impact on the quality of life<sup>1</sup>, which can lead to a feeling of regret with regards to the therapeutic option<sup>2</sup>.

Psychological stress is common among patients with PC and emerges mainly in the form of anxiety and depression<sup>3</sup>. Treatment options for PC are radical prostatectomy, radiotherapy, and hormone therapy, all of which have some side effects, the most common of which are urinary, sexual, and gastrointestinal disorders<sup>1</sup>. Surgery generally results in erectile dysfunction<sup>1,4</sup>. Radiotherapy is associated with gastrointestinal dysfunction and an increase in the frequency of urination<sup>4</sup>. Hormone therapy is associated with hot flashes and mood swings<sup>1</sup>. One study demonstrated that measures of stress, anxiety, and depression

were more stable among patients submitted to surgery, whereas a rapid decline in these measures was found in those submitted to radiotherapy, followed by a slight improvement in the long term<sup>3</sup>.

Regret regarding the decision to undergo treatment is common, affecting 11 to 18% of patients<sup>2</sup>. Miles et al.<sup>5</sup> found that four out of every 10 patients with PC have some negative outcomes associated with treatment and related to sexual or urinary function, with an impact on one's sex life. Moreover, the authors found that 22% of patients were dissatisfied with radical prostatectomy, and 11% were dissatisfied with radiotherapy. Moreover, 5% had the impression that they had made the decision too hastily and felt that they should have sought a second opinion or opted for conservative treatment. Although most patients are satisfied with the treatment, these figures indicate that patients should be made better aware of the possible complications inherent to surgical or radiotherapeutic procedures<sup>5</sup>. Thus, the prognosis, adverse

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effects of treatment, and the impact of these on the quality of life should be taken into consideration when deciding which treatment to employ<sup>1</sup>.

Investigating the patients' perceptions regarding the risks associated with the treatment of localized PC, van Stam et al.<sup>4</sup> found that 68% of them did not understand the differences between surgery and radiotherapy with regards to clinical outcomes and the risk of adverse effects, which could lead to the obtainment of inadequate informed consent and experiences of unexpected or disappointing outcomes. Another study found that 71% of patients accepted the first medical opinion regarding treatment and the rest opted for alternative treatment, considering it more effective at combating cancer without being concerned with the possible complications of the therapeutic option<sup>5</sup>.

Preoperative patient education is part of a physician's routine and is challenging when there are risks involved, such as urinary incontinence and erectile dysfunction<sup>6</sup>. It is important to consider the patient's preoperative anxiety related to concerns about the

disease, hospitalization, anesthesia, and surgery as well as the fear of the unknown. Such anxiety could be significantly reduced through patient education<sup>7</sup>. Moreover, short-term psychological interventions can prevent preoperative anxiety in patients with cancer<sup>7</sup>. A patient-centered approach has the potential to improve the quality of the care provided, generating empathy, and a sustainable patient-physician relationship. It is possible that urologists are not adequately trained to prepare patients psychologically with regard to complications related to the treatment.

AFAQ, BRS, LCFS, FNFJ - Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; drafting the work or revising it critically for important intellectual content; agreement to be accountable for all aspects of the work, ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved; final approval of the version to be published.

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