

Risk For Anxiety And Depression Among Men With Prostate Cancer

Victoria G. Morris, PhD*, Kimberly P. Rogers, PhD*, Kara Doughtie, MA, Madyson Popalis, MPH, & Melissa F. Miller, PhD, MPH

Research and Training Institute, Cancer Support Community, Philadelphia, PA; *affiliation at time of work



Greater social support is associated with lower anxiety and depression risk in men with prostate cancer.

INTRODUCTION

- Anxiety, depression, and suicidality are commonly found in men with prostate cancer.
- The aim of this study was to identify sociodemographic, clinical, and social factors associated with anxiety and depression risk in men with prostate cancer.

METHODS

- 118 men with prostate cancer** completed the Cancer Experience Registry, provided sociodemographic and clinical information, degree of symptom and side effect burden in the prior month (16 items), completed the CancerSupportSource anxiety and depression risk 2-item subscales, PROMIS emotional and instrumental support 4-item subscales, and open-ended questions.
- Bivariate analysis was used to identify independent variables (sociodemographic, clinical, and social support) associated with anxiety or depression risk.
- Multivariable logistic regression was used to determine which variables significantly predicted risk (1=at risk; 0=not) for anxiety and depression.

Sociodemographic Characteristics	Mean/n	SD/%	Clinical Characteristics	Mean/n	SD/%
Age, years (range 24-85)	M=66	SD=10	Current Cancer Status		
Race & Ethnicity			Remission/NED	49	42%
Non-Hispanic White	99	84%	Localized	27	23%
Non-Hispanic Black	11	9%	Metastatic	31	26%
Hispanic	2	2%	Unsure	11	9%
Non-Hispanic other	4	3%	Currently Receiving Treatment	57	48%
Annual Household Income			Years Since Diagnosis (median=3)		
Less than \$40,000	25	21%	≤ 2 years	43	36%
\$40,000 to \$79,999	35	30%	3 to 5 years	27	23%
\$80,000 or above	33	28%	≥ 6 years	48	41%
Prefer not to share	25	25%	Stage at Diagnosis		
Employment Status			Localized	80	68%
Full- or part-time	41	35%	Metastatic	34	29%
Retired	63	53%	Don't know	4	3%
Unemployed due to disability	12	10%	Had a caregiver since diagnosis	88	75%
Unemployed, other reason	2	2%			

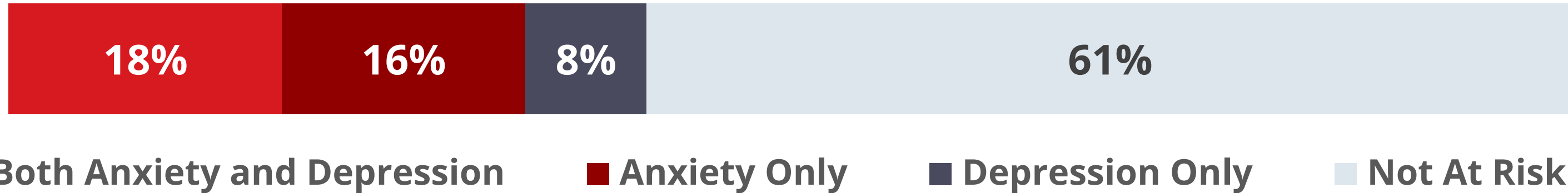
Note: Percentages may not total 100% due to missing data.

Contact Information:
Melissa F. Miller, PhD, MPH
Senior Director, Research
melissa@cancersupportcommunity.org

Funding provided by:
Astellas Pharma US, Inc, Bristol Myers Squibb,
Genentech, Novartis, and Pfizer

RESULTS

2 of 5 Respondents Were at Risk for Anxiety or Depression



Age, Cancer Status, Disability, and Support Affect Anxiety and Depression Risk

	At Risk for Anxiety		At Risk for Depression	
	Odds ratio	95% CI	Odds ratio	95% CI
Age (years)	0.88**	0.81-0.95	0.96	0.89-1.04
Cancer Status (remission/no evidence of disease)	Ref		Ref	
Localized	2.07	0.43-9.91	10.84*	1.40-84.2
Metastatic	2.07	0.52-8.28	2.99	0.50-17.9
Employment Status (FT/PT/Temp)	Ref		Ref	
Retired	2.29	0.51-10.23	0.78	0.14-4.40
Unemployed due to disability	1.19	0.21-6.93	11.09*	1.22-101.0
Unemployed, other reason	---		0.21	0.01-8.16
Has NOT had a caregiver	5.02*	1.25-20.1	0.43	0.08-2.45
Emotional Support (higher score=greater support)	0.81*	0.66-0.99	0.87	0.71-1.07
Instrumental Support (higher score=greater support)	1.09	0.85-1.41	0.67*	0.50-0.92

Note: Adjusted for race/ethnicity, marital status, and total symptom and side effect burden
**p<.01; *p<.05

- Younger age, NOT having a caregiver, and low emotional support were significantly associated with anxiety risk.
- Localized disease compared to NED, unemployed due to disability, and low instrumental support were significantly associated with depression risk.

CONCLUSIONS

- Routine risk assessment for anxiety and depression, in conjunction with multidimensional distress screening, can be utilized to help patients obtain more personalized care.
- Men with greater social support and those with a caregiver had lower odds of being at risk for anxiety or depression. This suggests a need for connecting men with cancer to emotional and instrumental support services available in their communities.

Reference
Brunckhorst, O., Hashemi, S., Martin, A. *et al.* Depression, anxiety, and suicidality in patients with prostate cancer: a systematic review and meta-analysis of observational studies. *Prostate Cancer Prostatic Dis* **24**, 281–289 (2021). <https://doi.org/10.1038/s41391-020-00286-0>

16% Did NOT Receive Wanted Care



Being a Part of a Caring and Supportive Community May Help

What do you think are the main barriers?

“Probably **affordability** and **afraid what others will think**. That is so common in my community of people of color. They stigmatize people who are trying to get help to be better. I always say, ‘You do you and ignore the naysayers.’” (59 years)
“Wanting to deal with it themselves. That ‘I can do this alone.’ I’m strong.” (71 years)

What would you want other patients to know?

“That what they are feeling will pass and they are **never alone**. Reach out to your friends and go online to support groups. There are so many **organizations offering support** to any and everyone.” (64 years)
“Take all help that is offered. There are **many ups and downs** in your journey. Treatments will change based on their positive or negative results. It’s tough to function sometimes. Find someone who has a similar diagnosis to share your life.” (73 years)

