

Illness perceptions and emotional well-being in men treated for localized prostate cancer[☆]

Lara Traeger^a, Frank J. Penedo^{a,b,c,*}, Jeffrey S. Gonzalez^d, Jason R. Dahn^c,
Suzanne C. Lechner^{a,b}, Neil Schneiderman^{a,b,c}, Michael H. Antoni^{a,b,c}

^aDepartment of Psychology, University of Miami, Coral Gables, FL, USA

^bSylvester Comprehensive Cancer Center, University of Miami School of Medicine, Miami, FL, USA

^cMiami VA Medical Center, Miami, FL, USA

^dFerkauf Graduate School of Psychology, Yeshiva University, Bronx, NY, USA

Received 4 December 2007; received in revised form 25 February 2009; accepted 31 March 2009

Abstract

Objective: Emotional adjustment to cancer survivorship may be influenced by how patients interpret treatment side effects and other cancer-related experiences. The current study examined cognitive representations of illness, as conceptualized by the Self-Regulatory Model (SRM), in men treated for localized prostate cancer (PC). More severe PC perceptions were hypothesized to predict poorer emotional well being, particularly among men experiencing greater post-treatment sexual dysfunction or general life stress. **Methods:** The Perceived Stress Scale, Expanded Prostate Cancer Index Composite, Illness Perception Questionnaire-Revised, and Functional Assessment of Cancer Therapy were administered to 214 men within 18 months of completing treatment for early stage PC. **Results:** Perceptions that PC was less comprehensible, was less likely to be controlled by treatment, and was more likely caused by one's own personality and behaviors

Keywords: Illness perceptions; Prostate carcinoma; Quality of life

remained associated with poorer emotional well being after adjusting for relevant medical and demographic factors. Life stress moderated the relationship between perceived consequences of PC and emotional well-being, such that more severe perceptions of negative consequences predicted poorer emotional well-being only for men experiencing higher life stress. Degree of sexual dysfunction did not moderate any relationships between cancer perceptions and emotional well-being. **Conclusion:** Within 18 months of completing treatment for localized PC, more severe perceived consequences of PC were associated with poorer emotional well-being, particularly among men experiencing greater life stress. Interventions that target distortions in illness perceptions may enhance emotional adjustment among the most distressed PC survivors.

© 2009 Elsevier Inc. All rights reserved.

Introduction

Prostate cancer (PC) survivors comprise 42% of the five million male cancer survivors in the U.S. [1]. The growing number of long-term survivors and the physical and

psychological sequelae of PC emphasize the importance of research on the factors that influence quality of life (QOL) outcomes during the posttreatment phase.

Radical prostatectomy (RP) and external beam radiation (EBR) are the most common treatment options for localized (Stage I or II) PC. Both can cause chronic adverse effects on sexual and urinary function [2,3] that are greater than declines observed in the general older male population [4]. While the effects of treatment on urinary function may be time-limited [5], erectile dysfunction (ED) present at 1 year after treatment can be considered permanent for some men [2].

[☆] This study was supported by National Cancer Institute grants 1P50CA84944 and U01CA861.

* Corresponding author. Department of Psychology, University of Miami, P.O. Box 248185, Coral Gables, FL 33134, USA. Fax: +1 305 284 9214.

E-mail address: fpenedo@miami.edu (F.J. Penedo).

Emotional well-being

While concern about disease-specific problems tends to persist years after treatment [3,4], research is more equivocal about whether general emotional well-being is impacted in the long-term [6,7]. Treatment for PC may reduce the distress caused by diagnosis [2,8]. Alternatively, survivorship has been described as a long-term process of responding to changes following both diagnosis and treatment [9]. As treatment side effects can be chronic [3,10] and insidious (e.g., long-term microvessel and neural damage may cause sexual function to be affected much later after EBR) [11], cumulative experiences may continue to impact emotional well-being. Individual variance in general QOL further indicates that certain factors may place subsets of PC survivors at risk for poorer psychosocial outcomes.

PC perceptions and the Self-Regulatory Model

Limited research in different cancer populations suggests that post-treatment emotional well-being may be influenced by cancer beliefs and expectations. Of note, the most common concerns of breast cancer patients have been shown to be pain, financial burden, and recurrence and/or death; these concerns have predicted greater emotional distress in the months after surgery [12]. While cancer recurrence is also a central concern among men with PC [13], most reports of QOL in PC have focused on the persistence of bother over treatment-related side effects [3,4,14]. Few, if any, studies have comprehensively explored how PC survivors perceive their overall illness experience.

Research based on the Self-Regulatory Model (SRM) indicates that one's cognitive representation of any health threat comprises a cluster of perceptions which affect behavioral and emotional responses to diagnosis and treatment [15]. These perceptions include: the label applied to the illness and the symptoms associated with it; perceived illness duration; beliefs about the causes of the illness; perceived consequences of the illness on one's personal life; and beliefs about the extent to which the illness can be controlled by oneself or one's treatment [16]. Numerous studies support these dimensions [17] and demonstrate that they are germane to different illnesses [18]. Little research, however, has tested this framework with post-treatment cancer patients.

PC perceptions and emotional well-being

Across disease groups, illness perceptions as conceptualized by the SRM have been linked to several QOL outcomes [19–21]. Generally, perceptions of controllability are positively related to adaptive outcomes and negatively related to psychological distress, while perceptions of negative consequences are related to poorer outcomes. Of note, only perceived controllability has been related to objective disease state [22].

Among PC survivors, perceptions about treatment-related side effects are important predictors of well-being [14,23]. QOL is also influenced, however, by cancer concerns (e.g., financial burden) that are not limited to physical symptoms [12]. For instance, at 6 months post treatment, men who perceived that their illness was disruptive to significant others and imposed hardship on them were more likely to report poorer general QOL [24]. As indicated by the SRM, patients may develop an overarching cognitive representation of their illness that subsumes specific symptom concerns and that influences coping and QOL outcomes.

An assumption of the SRM is that cognitive and emotional responses to illness develop in parallel and interact with each other [25]. While the emotional constructs of this theory have generally received less research attention, the concept of parallel processing nevertheless provides a route through which illness perceptions may influence emotional well-being. Limited evidence suggests that if PC survivors are unable to adjust to new limitations following treatment, they may be at risk for greater perceived hardship [26]. A comprehensive approach to studying illness perceptions among men with PC may thus lead to a more global understanding of survivor concerns, facilitate identification of distorted cognitions that may influence emotional well-being, and provide mechanisms for reducing distress.

Present study

Prior work in other chronic illness populations suggests that disease factors may influence the relationship between illness perceptions and emotional well-being [27,28]. For instance, among patients with severe renal disease, belief in personal control was related to greater depression in patients who had previously experienced a failed renal transplant, and to lower depression for those who had not [27]. In the context of PC, severe illness perceptions may therefore be more salient predictors of poor emotional well-being for men who are experiencing greater post-treatment sexual problems.

Men with elevated life stress also may be at particular risk for decrements in QOL following PC treatment. Although not well documented in PC, stress has been shown to exacerbate the relationship between perceived control and emotional well-being in cardiac patients [29]. Results emphasize the importance of including general life stress in models of illness perceptions and emotional well-being.

The current study explored whether illness perceptions were related to emotional well-being in posttreatment PC patients. Specifically, we hypothesized that the following illness perceptions would be associated with poorer emotional well-being: greater perceived negative consequences of PC, greater belief in personal and behavioral causes of PC, lower perceived personal and treatment control over PC, and lower perceived comprehension of one's condition. We also hypothesized that these relationships would be stronger for (1) men with greater sexual dysfunction and (2) men with greater life stress.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات