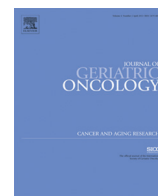




Contents lists available at ScienceDirect

## Journal of Geriatric Oncology



## Psychological stress in geriatric patients with genito-urinary cancers

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## ARTICLE INFO

## Article history:

Received 21 May 2016

Received in revised form 14 November 2016

Accepted 1 December 2016

Available online xxx

## Keywords:

Geriatrics

Urology

Psychooncology

Distress

Psychological stress

Genito-urinary tumors

Acute treatment

## ABSTRACT

**Background:** Two-thirds of all cancer cases affect patients who are older than 65 years, yet the specific conditions of the treatment and supportive care in this age group are poorly studied. There are limited data on the specific psycho-oncological problems in elderly patients with genito-urinary cancers. The aim of this study was to investigate the psychosocial needs of elderly patients with genito-urinary tumors using screening questionnaires and to use such screening questionnaires for an in-patient psychosocial treatment program.

**Methods:** Patients ( $\geq 65$  years,  $n = 319$ ) who underwent surgical ( $n = 295$ ) or medical treatment ( $n = 24$ ) for genito-urinary malignancies between 06/2014 and 11/2015 in our institution were included for prospective stress assessment. This was done with standardized questionnaires for stress screening and for the identification of need for care (NCCN Distress Thermometer and Hornheider Screening Instrument, HSI).

**Results:** The patients scored an average of 4.4 on the Distress Thermometer. According to the survey evaluation, 28% of patients had need for psychosocial care. However, only a minority of patients (4%) did actually communicate any need for psychosocial care. We also assessed the actual utilization of inpatient psychosocial support which is offered to all patients.

**Conclusion:** There is a significant number of elderly patients with genito-urinary cancer with increased psychological stress and a consecutive need of psychosocial care. This is underreported and underused by the patients. Therefore, an easy low-threshold access system with an interdisciplinary and inter-professional collaborative support system would be desirable. Measuring psychological distress systematically can be helpful in treating older patients with malignant diseases.

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## 1. Introduction

Cancer is a life-threatening disease. Approximately 26% ( $n = 852,328$ ) of overall mortality is attributed to cancer died of a malignancy in 2011. In Germany, approximately 70,000 people were diagnosed with a genito-urinary cancer in 2011 (Table 1). Thus, in Germany, cancer was in 2013 the most common cause of death second only to cardiovascular disease. This proportion has increased over the last 30 years by almost 25% [1].

Patients with cancer are threatened by the malignant disease itself and also by the potential side effects of treatment. They are exposed to numerous pressures and may be affected by variety disease- and treatment-related functional limitations. Psychological stress factors are the uncertainty of treatment outcome, the experience of a direct threat to life, the potential change in self-image, in their familiar and

social roles. In addition to physical problems, mental stress can include anxiety and depression, but also more non-specific psychosocial stress (distress).

Geriatric patients have until recently not been considered as a specific group with different needs in medicine. Since the 1960s, gerontology or geriatrics has become established as a separate medical discipline looking at the special medical problems and needs of the elderly and very old. However, this age group is still underrepresented in clinical studies [2].

In clinical geriatrics, it is now recognized that this specific age group should be treated mandatory with an inclusive biopsychosocial medical concept. The interest in clinical oncology in this old age group has initially been low, although two-thirds of all patients with cancer are over 65 years of age. Since then, geriatric assessments have slowly been integrated into the treatment of older patients with cancer [2]. Concerning the specific psycho-oncological problems of elderly patients in urology, literature data is rare. In 2014, an interdisciplinary project was initiated by the Department of Urology of our institution aiming at accurate distress evaluation in patients with cancer with a view to identifying patients in need of psychosocial support. In this study, we investigated the stress situation of elderly patients with genito-urinary

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**Table 1**  
Incidence of urological tumors (prostate, testicle, kidney, bladder) in Germany in 2011 stratified by age (65–74 yr, 75–84 yr and ≥85 yr), based on data from the Robert Koch Institute.

Age group	Gender	Prostate	Testicle	Kidney	Bladder	Σ
65–74 yr	Male	28.644	112	3.063	3.464	35.283
	Female	x	x	1.658	1.081	2.739
75–84 yr	Male	16.229	38	2.004	3.834	22.105
	Female	x	x	1.632	1.427	3.059
≥85 yr	Male	3.689	7	324	1.294	5.314
	Female	x	x	502	1.026	1.528
Σ		48.562	157	9.183	12.126	70.028

cancer using screening questionnaires and the usefulness of such screening for the inpatient psychosocial support program.

## 2. Material and Methods

Patients with genito-urinary malignancies were included. These were consecutive patients treated as inpatients over a period of 16 months. The malignancies concerned were those of the prostate, bladder and kidney. Due to the small number of penile and testicular cancer, these patients have been excluded (testicular tumor  $n = 2$ ; penile cancer  $n = 0$ ). All patients were included irrespective of tumor stage (localized vs. locally advanced, curative versus palliative treatment). Patients were recruited for this assessment during the first outpatient consultation in preparation inpatient surgery or during the inpatient treatment with chemotherapy. All patients were native German speakers or sufficiently fluent in German and unaffected by mental or cognitive disorders. Patients were asked to fill in two questionnaires to assess psychosocial stress and psychosocial need for care, i.e. the Hornheider screening instrument and the National Comprehensive Cancer Network (NCCN) Distress Thermometer. The Hornheider screening instrument (HSI) was developed to identify patients in need of care quickly and reliably at first contact [3]. The NCCN Distress Thermometer has been developed for research in psycho-oncology. It is a clinical tool that can be used routinely in cancer clinics to detect clinically significant distress. The Distress Thermometer is an ultra-short-screening instrument aiming to capture the extent and cause of existing psychosocial stress (distress). It is a screening instrument suitable for patients of all tumor diagnoses and stages. It also is a self-assessment tool and consists of a visual analog scale in the form of a thermometer, which ranges from 0 (“not loaded”) to 10 (“extreme pressure”). It also includes a list of problems with a total of 36 items possibly causing stress in five different areas: practical problems (e.g. housing situation), family problems (e.g. access to children), emotional problems (e.g. sadness), spiritual problems (e.g. loss of faith) and physical problems (e.g. pain). All these items are answered as dichotomous “yes” and “no” options. A value of 5 or higher is considered as an indication of significant stress and the need for psychosocial support [4]. With regard to the selection of the questionnaires regarding the geriatric patient population and the cut-off values, we follow the recommendations of their authors. So these questionnaires are suitable for all age groups and tumor entities.

All questionnaires in our study were self-administered. The results were collected electronically (EXCEL) and analyzed statistically (SPSS). Institutional Review Board approval was obtained. The Hornheider screening instrument (HIS) was evaluated by means of the HSI sum value (threshold  $\geq 4$ ). For the Distress Thermometer a value of 5 or higher indicates significant stress. The data were explored with descriptive statistics (IBM SPSS Statistics 22). Standard descriptive statistics were used to characterize the demographic, clinical and distress variables in the sample. For the analysis of the data, we divided patients into age strata (younger group (65–74 years), middle group (75–84 years) and very old group (+ 85 years)). Demographic and medical

**Table 2**  
Baseline characteristics of the included patients.

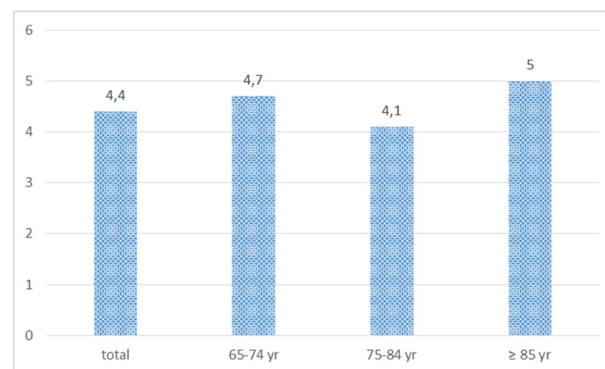
Characteristics	Renal cell carcinoma (n = 41)	Prostate cancer (n = 50)	Bladder cancer (n = 228)	Total (n = 319)
Age				
Median (years)	74	72	76	75
Range (years)	65–84	65–85	65–93	65–93
65–74 years	21	37	96	154
75–84 years	20	12	113	145
+ 85 years	0	1	19	20
Sex				
Male (%)	31 (76)	50 (100)	178 (78)	219 (81)
Female (%)	10 (24)	0 (0)	50 (22)	60 (19)
Therapy				
Surgery (%)	40 (98)	40 (80)	215 (94)	295 (93)
Chemotherapy (%)	1 (2)	10 (20)	13 (6)	24 (7)

data (age, gender, staging, treatment, medical history) were obtained from the patient database and medical records.

## 3. Results

319 patients with genito-urinary malignancies over 65 years of age who underwent surgical ( $n = 295$ ) or medical treatment ( $n = 24$ ) were included. 261 were male (81%) and 60 female (19%). Table 2 shows the baseline demographic and clinical data. All genito-urinary tumor entities independent of tumor stage were included, except for testicular and penile cancer. The average patient age was 75 years (SD 5, 7; range 65–93 years). The average rate of self-reported distress level was 4, 4 (SD 2, 38) (Fig. 1). A cut-off point for the Distress Thermometer  $\geq 5$  was used implementing psychosocial care. Depending on the Distress Thermometer results, 54% of patients (50%–60% in the different age strata) had an increased need of psychosocial support (Fig. 2). This showed a discrepancy with the self-reported need for support according to the HSI results. The self-reported need was significantly lower ( $p < 0.001$ ) as the need assessed by the distress thermometer (28% over all age groups versus 4% as by self-reported need) (Fig. 3). Regarding evaluation based on tumor entities, patients with testicular cancer did not show evidence of need for psychosocial care. In contrast, patients with bladder, prostate or renal cancer showed a demand for psychosocial care in about 28% (bladder cancer 28%, prostate cancer 26%, and renal cancer 29%). There was a low positive correlation between the scores of the HSI and the Distress Thermometer (Spearman  $r^2 = 0.462$ ).

The need for support was significantly related to referral acceptance ( $p < 0.001$ ). Patients with an elevated distress level who did not wish support also had problems to accept an offer of psychosocial counseling. The main identified stressor were pain (31%), limitations of mobility



**Fig. 1.** Self-reported average stress level of elderly patients with genito-urinary cancers as measured by the Distress Thermometer (cut-off  $\geq 5$ ). No significant difference in terms of age groups ( $p > 0.05$ ).

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