

Restoring Quality of Life: Managing Side Effects/Pain Control

Quality of Life After Prostate Cancer

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I. Cycle of Reactions after Prostate Cancer Diagnosis

Patients go through a cycle of reactions after a diagnosis with prostate cancer, and it is very much determined by how a patient is responding to treatment, whether or not they have side effects and the severity of those side effects. As a prostate cancer survivor, it is not enough to say, oh, I am done with treatment, have a nice life.

1. Cycle 1: Time of Diagnosis

At the time of diagnosis, patients want to know what prostate cancer is and what it means. They also want to know about treatment and coverage, and they wonder what lies ahead for themselves and their family.

Some individuals react by constantly being on the internet gathering information about prostate cancer. They begin to get familiar with the terminology, and some patients come to their physician with a great deal of knowledge. It is a very hectic time, and it is very stressful because patients are trying to gather information and there are oftentimes people around them providing counseling.

2. Cycle 2: During the Treatment

Once patients have picked a treatment, they hope the treatment will take care of it, and many patients still pick the prostatectomy for psychological reasons among others. Patients begin to question whether they should be having particular side effects and for how long. They also want to know what they do about the side effects.

The dominant issues and themes are that patients are dealing with the side effects and the effect on their quality of life. They are also trying to keep up to date about treatment options, and patients are making or suspending major decisions.

II. Changes

There are a whole series of changes that come with prostate cancer treatment that are not that well documented. The physical changes include a different energy level, stamina or ability to carry out daily activities. Patients may experience weight gain, at least 5 to 10 pounds, and they may be experiencing hot flashes as well as urinary control problems.

In terms of relationship changes, most of the time I insist on meeting with a patient and with his spouse or partner. For some of them, temporarily there is a shift from spouses/lovers to patient/caregiver.

Some adopt the role and it is fine, but the problem is if it becomes a chronic relationship shift, the patient doesn't want to feel like a patient all the time. There is often also a change in the frequency and quality of time spent with significant others.

In addition, sexual relationship changes that occur with prostate cancer treatment may include the areas of sexual desire, erectile function and orgasm response. There is a sharp decrease in the frequency of sexual activities, which can be a major thing, and that includes intimacy. There is often an adjustment period where couples stop having sex, particularly if the patient has had surgery and needs recovery. The problem can be that the temporary stop becomes permanent. Other changes include a change in the shape and length of the penis as well as a change in attention, concentration and memory especially from ADT. There can be a change in attitude, motivation or self-esteem and a host of character changes. These can be temporary, but some of them can be quite resistant over time.

III. Cycle 3: After the Primary Treatment

Particularly after surgical treatment patients respond with thoughts of whether they can go back to normal life and how they can maintain their quality of life with the side effects. They also tend to think about whether they are cured or in remission and what lies ahead. Often, patients go back to work or go back to whatever they were doing, except that a lot of couples continue to struggle with sexuality. The best indicator that a couple will recover is the importance and quality of their sexual relationship and intimacy before the cancer.

IV. Relationship Between Quality of Life and Prostate Cancer

Not everyone places the same importance on the different components of quality of life, and patients and families need to remember that quality of life does not directly impact survival/longevity. The role of a psychologist or mental health practitioner can be to help the patients look at the extra things that may be difficult.

V. Cycle 4: The Medical Event/Incident (If Applicable)

In the event of a recurrence, the cycle will begin again with many of the same emotions. For some, it will be more, and it will feel like a big deception and big disappointment. There is a lot of anxiety about running out of treatment options, and there are a lot of thoughts about what will happen in the future. Patients then have to go back through the same process of making the treatment decision and dealing with the side effects, which again dramatically impacts the patient's quality of life.

VI. Conclusions

Most patients are very resilient, and most bounce back and adapt. The one aspect, however, that seems to be very difficult for patients and partners is the area of sexuality.